

CULTURAL PATTERNS IN RELATION TO FAMILY PLANNING IN INDIA *

by

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Biological factors are not the sole determinants of human reproduction. Equally important and possibly more complex are the social processes which produce those configurations of human behaviour designated as cultural patterns. The extent to which the capacity to procreate can be made to express itself in the making of the future generation depends largely on such cultural factors. The first purpose of any society is to assure its own survival. Where environmental and/or cultural conditions produce a high rate of mortality, survival demands a correspondingly high rate of fertility. Every society that survives must have a fertility rate high enough to balance its mortality rate. Cultural devices to secure such essential fertility are extremely various and quite persistent. If factors producing high mortality rates are altered by methods which do not penetrate deeply into the social consciousness of the people, the cultural incitements to high fertility may be left relatively untouched. The long lag between the fall of death rates and the lowering of birth rates observed in Western Europe is a familiar illustration of this principle. The practical conclusion to be drawn from these considerations is that any successful attempt to lower fertility rates must work with a knowledge of existing cultural patterns concerned with the conditions of fertility.

Contemporary experience in Ceylon, India and other countries in the East brings out clearly the potentialities for accelerated population growth if programmes to lower mortality are not accompanied by efforts to reduce fertility. A proper understanding of cultural factors determining fertility in a given society is a necessary basis for any effective programme to reduce that fertility. Two questions stand out as foremost in this connection :

(1) Are group attitudes and behaviour in respect to fertility being perceptibly changed, as a result of economic and social changes, or are the cultural factors affecting fertility so deeply ingrained as not to be altered by such economic and social changes as are now occurring ?

(2) What cultural components can be identified as effecting such changes in fertility as may be observed ?

The extent to which satisfactory answers to these questions can be obtained rests on the availability of suitable field techniques by which basic information can be collected. Some attempts have been made by the Government of India to work out such techniques. The methodology for three studies will be described in this paper. Since much of the material collected has not yet been analysed, the paper attempts no conclusive evaluation of the findings, but uses data as illustrative of the value of the methodology in studying some of the cultural determinants of fertility.

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A study of "The Reproductive Patterns of Bengalee Women," sponsored by the Indian Council of Medical Research, attempted to assess the efforts of urbanization on reproductive patterns. Calcutta, once known as the second largest city in the British Empire, was chosen as the setting of the study. Three areas were selected within Calcutta. The population of these areas may be roughly characterised as lower middle class Hindu in one, upper middle class Hindu in the second, and middle class Muslim in the third. A rural area 21 miles from Calcutta and predominantly Hindu was also included to provide a base for measuring differences between rural and urban reproductive patterns. About 2,000 women from each area were selected for interview by women workers.

The schedule used for the enquiry related mainly to factual and easily procurable data, such as complete pregnancy history, present age, age at marriage, literacy, and knowledge and use of methods of family limitation. The survey did not go deeply into questions of attitudes and motivations affecting family size. Only a rough attempt was made to classify each woman interviewed as "fatalistic" or "rational" in her ideas regarding the number of children born.

The three Hindu groups display an interesting relationship of fertility with urbanization, literacy, and economic status. The average number of children born to women throughout their reproductive span was 5.5 for the upper middle class group, 6.0 for the lower middle class group and 7.2 for the rural group. In regard to attempts at family limitation the same order was observed: 38 per cent. of the upper middle class, 13 per cent. of the lower middle class and 0.3 per cent. of the rural women reported any attempt to limit family size. The methods of family limitation most frequently reported were condom, "safe period," and coitus interruptus. The classification of these women as "fatalistic" and "rational" in their attitudes to family size followed a similar trend: 30 per cent. of the upper middle class women were classified as "fatalistic" in comparison with 46 per cent. of the lower middle class women, and 87 per cent. of the rural women.

The study showed clearly that the age at marriage of women had increased during the 20 years preceding the survey. Among the upper middle class, the increase was 6 years; in the lower middle class, it was 5 years; and in the rural group it was 3 years. The average age of women who married during the five years prior to the survey was 19.3 in the upper middle class, 16.8 in the lower middle class, and 13.7 in the rural group. This item takes on particular interest in light of the fact that since 1930 the Sarda Act has prohibited the marriage of girls before they are 14 years old. Yet 15 to 20 years later about 50 per cent. of rural marriages in Bengal ignored that legal requirement, while urban groups were considerably exceeding it. It would appear that in Bengal, social and economic factors have done more than legal enactment to raise the age of marriage.

The Calcutta study dealt with groups of women displaying marked economic and social contrasts and revealed that higher economic status and urbanization have produced a significant decline in fertility in at least one area of India. This decline was also associated with increased use of methods of family limitation. However, the study did not probe into the *motivations* which are responsible for producing a decline in fertility. An understanding of such motivations becomes important in studying groups of population less sharply differentiated than the urban-rural groups of Bengal. Under such conditions, although pronounced differentials in fertility may not exist, yet current economic and social changes may be of a type to modify attitudes and motivations towards family size. A knowledge of the extent to which such modifications have occurred is needed for the development of a sound family planning programme.

As part of a joint study by the United Nations and the Government of India, on the

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inter-relationships of population, economic, and social changes, a detailed investigation was undertaken into the attitudes and motivations of the population of Mysore State in regard to fertility. In this investigation about 400 couples, married only once and with wife aged between 18 and 34 years, were selected from rural areas ; about 1,200 couples satisfying the same conditions were selected from the five social and economic strata into which the population of Bangalore, the largest city in the State, was divided for purposes of the study. Since these couples were selected from households which had been previously surveyed their economic and social characteristics, such as present age, age at marriage, number of children born, caste, religion, literacy, education and occupation were already available.

Two schedules were used for the fertility Survey — one for the wife and the other for the husband. After collecting a detailed record of her pregnancies, the wife's schedule obtained information as to whether or not she wished to have *more* children. The answer was coded as "Yes," "Indifferent," or "No." For "Yes," detailed reasons were obtained as to why she wished to have more children. Similar questions were also asked to explain the "Indifferent" and "No" answers. This set of questions formed a crucial part of the schedule. The spontaneous response of the woman was first written down. She was then asked a series of questions which served as probes to ascertain the motivations behind her answer. The probes for the woman not desirous of having more children are summarized here :

Is it because she finds her present income insufficient to provide the family even the bare necessities of life ?

Is it because she is unable to give her present children such education or training as she would like to ?

Is it because she has difficulty in meeting the marriage expenses of her daughters ?

Is it because she will not be able to live as well as she is living now if she has more children ?

Is it because she thinks more pregnancies would be too hard on her health ?

Is it because she has suffered from complications during previous pregnancies ?

Is it because she will not be able to provide adequate personal care to more children ?

Is it because she requires time for other household duties ?

Similar probes were asked of women who answered "Yes" or "Indifferent" to the question about wanting more children. The answer to each of these probes was coded on a five-point scale. The investigator at the end of this phase of the interview, summarized her own judgment regarding the woman's important motivations.

Another section of this schedule is also of great methodological interest. This is the series of questions asked of women who do not wish to have more children, yet have not attempted any method of family limitation. First the woman was asked why she and her husband had made no effort to avoid pregnancy. After her spontaneous answer had been recorded, she was questioned about ten possible specific reasons, and for each reason her own thought, and her report of her husband's thought, were recorded on a five-point scale. These questions are given here in brief form :

1. Do you think that what is ordained must happen ?
2. Do you find it difficult to practise abstinence ?
3. Do you think it sinful to try to avoid pregnancy ?
4. Do you think it harmful to try to avoid pregnancy ?
5. Was it because specific information of contraceptives could not be obtained ?
6. Are you afraid to try something new ?

7. Do you feel that artificial methods would interfere with enjoyment ?
8. Do you feel that artificial methods would be expensive ?
9. Can supplies be obtained ?
10. Is privacy lacking ?

The schedule also asked the woman's opinion regarding a number of topics such as the age at which the girl should marry, the age at which a woman should have her first child, the ideal interval between successive children, and the number of children making up an ideal sized family. The schedule used for men followed closely the one used for the women.

The data obtained by this survey have not been completely analysed. It may be of interest, however, to cite some results of a sample tabulation. In regard to the question as to the ideal age at which a girl should marry, the urban preference centred round 16 years, whereas the rural preference was for 13 years. A similar difference was also observed in answer to the question about the ideal number of children in a family. The replies of the urban women averaged 3.5 whereas those of rural women averaged 4.4. 60 per cent. of urban and 40 per cent. of rural women said they would *not* like to have more children.

A casual sampling of answers to questions about the wish to have or not to have children, and the reasons behind that wish, may suggest the range of considerations involved in the opinions expressed. No differentiation is made here between urban and rural responses.

Women expressing the wish to have more children say such things as :

- (1) "Who will be happy over not having children ? We must have children to help us and to save our family name. My husband is trying to marry again because I have no child."
- (2) "If I don't have a male child I shall certainly be criticized by the community."
- (3) "If there are more children the parents will be better taken care of in their old age."
- (4) "I have many troubles but if I have more children by luck one of them may hold a high position, so all will be well with the family."
- (5) "I certainly cannot stop with one or two. People will suspect my husband's potency."

Women who do not want to have more children say such things as :

- (a) "Nowadays it is difficult to provide them food and clothing. We have only one acre and I have to work in the fields and cannot give them the personal care they need."
- (b) "It is difficult to give the education I desire to give my two children even."
- (c) "Poverty is the chief reason that makes me say no to this thought and desire."
- (d) "I fear more will hurt my health."
- (e) "I do not know that there are methods to prevent another pregnancy. If I had known I would not be pregnant now."

A study like the Mysore fertility investigation just described can be of immense value for understanding the existing readiness of the people to accept the idea of family planning and to determine the types of education which may be required to promote this idea. But far more detailed knowledge than that revealed by the Mysore study becomes necessary if a family planning programme is to be introduced in a specific community. Such need was brought out forcibly in the initial stages of the pilot studies in the rhythm method of family planning which have recently been undertaken by the Government of India with technical assistance from WHO and U.N. One of these studies is in progress among the rural population of the Ramanagaram Health Unit in Mysore State. Another has been undertaken in Lodi Colony, New Delhi, which houses junior civil servants in the Govern-

ment of India. A third study which is being conducted in the Lady Hardinge Hospital, New Delhi serves mainly the in-patients of the Hospital, and therefore will not be discussed here. In both Ramanagaram and the Lodi Colony, couples with wives less than 40 years old were interviewed to find those who express readiness to avoid, or to postpone pregnancy for the next two years, and who show willingness to learn a method for doing so. These couples are to be instructed in the rhythm method.

As this method involves abstinence during a specific period in the menstrual cycle, it became clear that to teach the method effectively it was necessary to understand the pattern of sex life in the community and the factors regulating it. Under the conditions of the joint family system still widely prevalent in India, many practices are generally assumed to limit the sex life of married couples. Segregation of the sexes, preventing husband and wife from sleeping together, and decision by elders as to when a couple may have coitus, are two such practices commonly supposed to limit a couple's freedom. Practices of a religious nature are also assumed to prohibit coitus on certain days. Social practices associated with menstruation, pregnancy and lactation are further assumed to impose abstinence at various times. Data which would permit an evaluation of the extent of these practices were collected in a schedule entitled "Conditions of Sex Union" which was used among couples in the Ramanagaram and Lodi Colony areas who had expressed a desire to learn a method of family planning.

Six villages were selected in the Ramanagaram area and 135 husbands were interviewed by men workers. In the Lodi Colony area 142 wives were interviewed by women workers. Although questions were asked regarding highly personal matters no serious resistance was encountered. This co-operation should be mainly attributed to the fact that in both localities the field workers had already established good personal relationships while carrying out the "Attitude Survey" to locate the couples who would co-operate in the rhythm method study.

In passing it may be mentioned that the "Attitude Survey" in Ramanagaram showed that in 78 per cent. of the couples interviewed, one or both partners expressed a desire to avoid, or to postpone pregnancy, and to learn a method for doing so. It may also be noted that a slightly higher proportion of husbands than of wives want to learn a method. In the Lodi Colony area 72 per cent. of the wives interviewed expressed a desire to learn a method for postponing or avoiding pregnancy.

The results of the "Conditions of Sex Union" schedule showed that in both Ramanagaram and Lodi Colony it is a common practice for husbands and wives to sleep together. Only 12 per cent. of the couples in Ramanagaram and 19 per cent. of those in Lodi Colony reported that the husband and wife sleep separately. It was also observed that in Ramanagaram as many as 60 per cent. of the couples who sleep together have a room to themselves. When the room is shared, it is mostly with children under 14 years of age.

Avoidance of coitus associated with religious festivals and fast days was quite common in both Ramanagaram and Lodi Colony; 50 per cent. of persons interviewed reported such avoidance. The phase of the moon plays an important rôle here. New moon days, full moon days, and Ekadashi, i.e. the eleventh day after the new or the full moon, were frequently mentioned in Ramanagaram. Specific days of the week were mentioned by some in this area, especially Sunday, Monday and Saturday. The days when a man has a shave and bath, days of the sowing of the field, days of solar and lunar eclipses were also mentioned in some cases. The reasons for avoidance in Lodi Colony related either to the phase of the moon or to well known festivals. The number of days of avoidance for religious reasons mentioned by individuals ranged from 2 to 120 per year in Ramanagaram

and 1 to 79 in Lodi Colony ; the median was 24 days in Ramanagaram and 19 days in Lodi Colony.

Avoidance of coitus *before* the onset of menstruation was extremely rare in Ramanagaram ; in Lodi Colony 15 per cent. of the women reported such avoidance for periods ranging from 1 to 9 days. Avoidance of coitus for at least 8 days *after* onset is practically universal in both areas ; 60 per cent of the women in Ramanagaram and 40 per cent. of those in Lodi Colony reported avoidance for 8 days or more *after* onset. In rare cases coitus was avoided for 15 days after onset. Whereas in the Lodi Colony area fear of pregnancy was given as a frequent cause of such avoidance, this reason was rarely mentioned in Ramanagaram. A large number in Ramanagaram reported that avoidance occurred because of " custom " or because " it may affect the husband's health."

In both areas abstinence from coitus during the wife's pregnancy was reported. On an average this abstinence began after about 5 months in Ramanagaram and 6 months in Lodi Colony. Abstinence during lactation was also reported in both areas. In Ramanagaram 80 per cent. of the cases reported such abstinence for six months or more ; in Lodi Colony the period of abstinence seldom exceeded three months. In both areas, such avoidance was frequently explained on the basis of the health of the mother, the child or both.

The results of the investigation show a close similarity between patterns of sex union in Lodi Colony and Ramanagaram. The couple appear to enjoy freedom, within the limits of their housing facilities, to determine the occasions when they have coitus. Institutional taboos of a religious nature are being observed by about half the population in both areas. Abstinence during pregnancy and lactation are also generally accepted. Of special significance is the fact that when menstrual onset is the chief determinant of abstinence, the timing of coitus appears to coincide with the days of the woman's ovulation.

It is interesting to speculate on the possible sources of a traditional belief that brings the chosen time of coitus exactly into the part of the menstrual cycle which contemporary knowledge indicates to be the time of greatest likelihood of pregnancy. We may have here a case of a cultural pattern which was designed long ago to increase fertility, but which is now observed either with no knowledge of its relations to fertility or with a curiously reversed theory of the reasons for observance. Whatever the origins of the tradition, it presents the inescapable fact that the rhythm method can prove effective for many people in these communities only so far as they can be brought to make certain revisions of their existing patterns of sexual union as they relate to menstruation. This is but one instance of the importance of cultural considerations in developing a family planning programme.

The Government of India, in sanctioning and supporting the three studies reported here, is pioneering in the use of social science techniques in its efforts to evolve a population policy. Obviously these studies do not answer all the questions raised by India's cultural diversity with respect to human reproduction. Additional studies will need to be undertaken in various parts of the country. It may be hoped that the methodology used in these studies improved and modified through critical use, will be found helpful in the expanding effort to enable peoples everywhere to assume conscious direction and control of the powerful forces of human fertility.