Position of Women in the Ladiya Society: Demographic Perspectives

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A B S T R A C T

Position of women has been assessed in terms of demographic perspectives among an offshoot population of a depressed class, namely the Ladiya of Pathariya Jat village of Sagar district, Madhya Pradesh, India. Fertility as well as infant mortality both is found to be considerably high among the womenfolk. It reveals that the Ladiya mothers opt for frequent child bearing in order to make up the loss due to infant mortality, despite the consequent risk of their health as well as survival. The present study, however, inferred that to improve overall status of the women, effort should be made to improve their level of educational attainment and increase their active participation in economic activities for better employment. This will help the women to have more autonomy in decision making to overcome the high rate of infant mortality and birth rate – as well as natural growth rate of the study population.

Key words: women autonomy, reproductive performance, offshoot Ladiya

Introduction

In general, the attitude of the males towards the females that persists on the traditional garb is shaped by a notion of superiority which has rather been to imposing and repressing. History tells that the women have, most of the time, suffered at the hands of the men. Elements of incompetence, incapability, lack of understanding etc. have often been regarded as attributes of the women. Status, in fact, is a relative term, which can be measured, in general, by the level of autonomy enjoyed by the process of decision making by a particular group. Overall improvement in the status of women not only ensures high quality of life but population control too. If women have more autonomy in decision making, then they will be having more say in deciding the number of children, spacing between the children and certain other aspects of fertility. Status of women thus determines the process of fertility to a considerable extent[1].

Dyson and Moore[2] emphasized the relationship between fertility and women's autonomy in India. According to them fertility varies as a negative function of women's autonomy in India. They have also linked female autonomy and child mortality. Visaria and Visaria[3] are of the opinion that the pace of demographic transition can be hastened only if women gain in autonomy.

The speedy decline in fertility in Kerala State of India is often attributed to the high status enjoyed by Kerala women. Thus, an increased status of women in the society as well as within the family may help her to act rationally particularly in matters relating to reproductive behaviour.

There is good number of studies on the position of women among different communities in India. Majority of those studies are based on control of women over material and social resources, as well as knowledge, opportunities and alternatives available to them. But there are very few studies which have dealt with the linkage between demographic transition and the status of women[1,3,4]. Moreover, such studies are still scant in the Central part of India. Present study is an endeavour to deal with the position of women in the Ladiya society in terms of demographic perspectives.

Material and Methods

For the sake of present study the Ladiya residing in Pathariya Jat village of Sagar district, Madhya Pradesh have been taken into consideration. The Ladiya are an

offshoot of a depressed class, who are traditionally engaged in skin and hide tanning[5]. As they are sparsely distributed in different villages of Sagar district a Ladiya predominant village (i.e. Pathariya Jat) was deliberately chosen and all the Ladiya households in that village were covered during survey. They are landless people with dependence on labour in urban area. Their men are mainly engaged as daily labourer (30.21%), bidi worker (26.56%) and masonry (25%), whereas most of the women are engaged in bidi making occupation (75.53%). However, a good number of them are also housewives[6].

An exhaustive schedule was prepared for the sake of data collection. This schedule was filled in case of 188 informants of the village. To get the women's view the filling of schedules was restricted to the women informants. However, in order to examine the effects of mothers education, occupation and age at marriage on fertility and infant mortality 60 mothers were chosen, who have completed fertility.

Results

Fertility

Crude birth rate (CBR): CBR among the Ladiya is found to be 45.04, which is higher than Madhya Pradesh State level data (32.9 for rural areas) but much higher than national level (29.5). However, the mean of live births among them is 5.28. This also indicates a high level of fertility among the study population.

Mother's education and fertility: It could be seen from Table 1 that illiterate mothers have a higher average number of children (8.20) than the literate mothers. Also the just literate mothers have a higher average number of children (6.10) than the primary and above educated one (5.25).

Mother's occupation and fertility: As can be observed in Table 2 that the average number of children increases from housewife mothers (6.57) to mothers engaged in

miscellaneous activities (8.17) through the bidi binder mothers (7.74). Fertility thus increases with the increase in physical labour oriented job.

Mother's age at marriage and fertility: Average number of children is greater when the women marries at a younger age, particularly below 15 years of age (7.47) which decreases as the age at marriage increases. Average number of children among the mothers belongs to 15–19 years and 20 and above years age at marriage category found to be 7.47 and 5.25 respectively (Table 3).

When the relationship of fertility with these socio-demographic factors is examined it is found that the number of children is positively related with mother's occupation and age at marriage. But the relationship with mother's education is negative. However, all these relationship are found to be statistically insignificant (Table 4).

TABLE 3
MOTHER'S AGE AT MARRIAGE AND FERTILITY

Mother's age at marriage	Number of mothers	Live Birth		
		No.	Mean	S.D.
Up to 14 years	41	326	7.95	2.39
15–19 years	15	112	7.47	2.42
20 & above years	4	21	5.25	1.48

TABLE 4
ASSOCIATION OF SOME SOCIO-DEMOGRAPHIC FACTORS WITH NUMBER OF CHILDREN

Pearson's correlation	Correlation Coefficient
Mother's education	–0.2246
Mother's occupation	0.0910
Mother's age at marriage	0.0100

Infant mortality

Infant mortality rate (IMR): Rate of infant mortality is found to be 110 *per* 1000 live births among the study population. This is higher than Madhya Pradesh state level data (104 *per* 1000 live births) and much higher than National level (69 *per* 1000 live births). Infant mortality rate thus indicates a very high level among the Ladiya.

Mothers Education and infant mortality: It is apparent from Table 5 that incidences of infant mortality are

TABLE 1
MOTHER'S EDUCATION AND FERTILITY

Educational status	Number of mothers	Live Birth		
		No.	Mean	S.D.
Illiterate	46	377	8.20	2.32
Just literate	10	61	6.10	1.87
Primary & above	4	21	5.25	1.92

TABLE 2
MOTHER'S OCCUPATION AND FERTILITY

Occupation	Number of mothers	Live Birth		
		No.	Mean	S.D.
Housewife	7	46	6.57	1.76
Bidi binder	47	364	7.74	2.57
Miscellaneous	6	49	8.17	1.57

TABLE 5
MOTHER'S EDUCATION AND INFANT MORTALITY

Mother's education	Number of mothers	Total live births	Infant mortality	
			No.	%
Illiterate	46	377	48	12.73
Just literate	10	61	4	6.56
Primary & above	4	21	1	4.76

very high among the illiterate mothers (12.73 percent) than the just literate and primary and above educated mothers. However, the primary and above educated mothers show (4.76 percent) considerably lower percentage of infant deaths than that of the just literate mothers (6.56 percent).

Mother's occupation and infant mortality: Table 6 describes infant mortality in terms of mother's occupation. Percentage of infant mortality decreases from the mothers engaged in miscellaneous activities (14.29 percent) to the housewife mothers (8.70) through the bidi binder mothers (11.54). However, the incidences of infant mortality are considerably low among the housewife mothers than the mothers of other two categories.

Mother's age at marriage and infant mortality: Infant mortality is highest (13.50 percent) among the mothers who marry below 15 years of age. In turn, the mothers belong to the category of 15–19 years age at marriage experienced half of the infant mortality (6.25 percent) than the mothers of earlier category. Infant mortality, however, is considerably higher among the mothers belong to 20 and above years age at marriage (9.52 percent) than their earlier counterpart (Table 7).

Relationship of infant mortality is found to be negative with mother's education and age at marriage, while the relationship with mother's occupation is positive. All these relationship are, however, found to be statistically insignificant (Table 8).

TABLE 6
MOTHER'S OCCUPATION AND INFANT MORTALITY

Mother's occupation	Number of mothers	Total live births	Infant mortality	
			No.	%
Housewife	7	46	4	8.70
Bidi binder	47	364	42	11.54
Miscellaneous	6	49	7	14.29

TABLE 7
MOTHER'S AGE AT MARRIAGE AND INFANT MORTALITY

Mother's age at marriage	Number of mothers	Total live births	Infant mortality	
			No.	%
Upto 14 years	41	326	44	13.50
15–19 years	15	112	7	6.25
20 & above years	4	21	2	9.52

TABLE 8
RELATIONSHIP OF SOME SOCIO-DEMOGRAPHIC FACTORS WITH INFANT MORTALITY

| Pearson's correlation	Correlation Coefficient
Mother's education	–0.2434
Mother's occupation	0.1314
Mother's age at marriage	–0.1319

Path analysis

In order to find out the causal model to depict the relationships among the socio-demographic variables and fertility as well as infant mortality the path analysis is performed using multiple regression equations. For this purpose the method suggested by Wonnacott and Wonnacott[7] is followed. In this connection each factor was assigned independent scores. Each variable is scored according to the nature of corresponding sub-variables. This is as follows:

SCORE ASSIGNED

Variables	Code	1	2	3	4
Dependent variables					
Infant mortality	(Y1)	Nil	1	2	3 & above
Fertility	(Y2)	1–2	3–4	5 & above	
Independent variables					
Mother's education	(X1)	Illiterate	Just literate	Primary & above	
Mother's occupation	(X2)	Housewife	Bidi binder	Miscellaneous	
Mother's age at marriage	(X3)	Up to 14 years	15–19 Years	20–24 years	25 & above years

The direction of causal relationship between three independent variables (i.e. mother's education, occupation and age at marriage) and two dependent variables (i.e. fertility and infant mortality) have been conceptualized and presented in path diagram 1 and 2 respectively. Based on these paths the following structural equation was evolved.
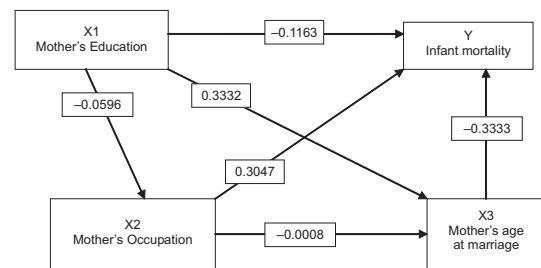
Path diagram 1: for Infant mortality
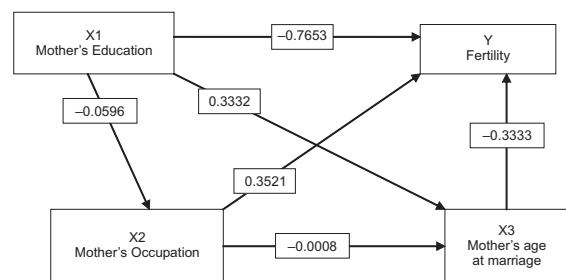
Path diagram 2: for fertility.

For infant mortality:

Y=	–0.1163 X1+0.3047 X2–0.3333X3
X3=	0.3332 X1–0.0008X2
X2=	–0.0596X1

For fertility:

Y=	0.7653X1+0.3521X2+0.3333X3
X3=	0.3332X1–0.0008X2
X2=	–0.0596X1

The total effect of these variables on infant mortality and fertility is as fellows:

For infant mortality:

Direct effect of X1 on Y:		=–0.1163
Indirect effect via X3:	(0.3332) × (–0.3333)	=–0.1111
Indirect effect via X2 alone:	(–0.0596) × (0.3047)	=–0.0182
Via X2 and X3:	(–0.0596) × (–0.0008) × (–0.3333)	=–0.0000
	Total effect	=–0.2456

For fertility:

Direct effect of X1 on Y :		=–0.7653
Indirect effect via X3 :	(0.3332) × (0.3333)	=0.1111
Indirect effect via X2 alone :	(–0.0596) × (0.3521)	=–0.0210
Via X2 and X3 :	(–0.0596) × (–0.0008) × (0.3333)	=0.0000
	Total effect	=–0.6752

Thus it appears that the total effect of mother's education, occupation and age at marriage on fertility and infant mortality both are negative. But the total effect is much higher in case of fertility (i.e. –0.6752) than that of the infant mortality (i.e. –0.2456).

Relationship between fertility and infant mortality

Considering the number of pregnancies of the Ladiya mothers as regressor (i.e. X) and the number of infant deaths among their offspring as regressand (i.e. Y) the correlation coefficient between number of pregnancies of the mothers and the number of infant deaths is found to be +.4599. This suggests that there exists marked positive relationship between fertility of the Ladiya women and the number of infant deaths.

Table 9 describes the infant mortality according to different number of pregnancies. It appears that the rate of infant mortality increases with the increase in number of pregnancies. However, when χ^2-test is performed it is found that there exists significant association between the fertility of the mothers in different categories and respective infant deaths (χ^2 3df=32.46, p<.001).

In Table 10 fertility of the mothers (in term of number of pregnancies *per* mother) in families with different number of infant deaths has been presented. For this purpose mothers in 60 families, who have completed fertility have been taken into consideration. It reveals that fertility of the mothers is considerably high in the families where high infant deaths occurred. However, when fertility of the mothers is compared applying t-test it is found that there exist significant differences in most of the cases. For a clear view of the situation the same is presented in Figure 1.

Social pressure on family size

To explore the social pressure on family size the Ladiya women were asked a series of questions like, how they would feel if they had one child. For this purpose 75 mothers aged 18–45 years were taken into consideration. As Table 11 shows more than 80 percent women expect peer pressure at each of the question if they had one

TABLE 9
INFANT MORTALITY ACCORDING TO DIFFERENT NUMBER OF PREGNANCIES

No. of pregnancies	No. of mothers	Infant mortality (in %) of offspring
1–3	56	7.38
4–6	66	8.71
7–9	46	9.22
10 & above	20	15.62

TABLE 10
MEAN LIVE BIRTHS OF THE MOTHERS IN FAMILIES ACCORDING TO DIFFERENT NUMBER OF INFANT DEATHS

Families with different number of infant deaths	Number of Families	Mean number of pregnancies *per* mother
0–1	40	5.47±0.45
2–3	13	7.69±0.64
4 and above	7	10.00±1.07

t values : 0–1 *vs*. 2–3 = 2.84* (df=51)
0–1 *vs*. 4 & above = 3.90** (df=45)
2–3 *vs*. 4 & above = 1.85 (df=18)
* Significant at.01 level of probability
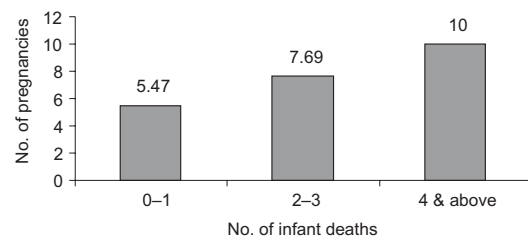** Significant at.001 level of probability

Fig. 1. Fertility of the mothers with different infant deaths.

TABLE 11

PERCENTAGE OF EVER-MARRIED LADIYA WOMEN EXPECTING SOCIAL PRESSURE FROM FAMILY AND SOCIETY IF THEY HAD ONE CHILD

Question	Percent agreeing women (n=75)
If had one child:	
1. Husband, father and mother-in laws would urge you to have more child	80
2. Family members and others would say if your child face serious illness and die due to that there will be nobody to serve you in old age	89
3. You would worry that it would be bad for the child	82
4. You would worry that there will be nobody to compensate the loss if he/she dies of infant or child mortality	85
5. Husband, father and mother-in-laws would say it would not increase earning members in the family	81

child. Which in turn increase pressure among the women to have second or third child.

Discussion

The Ladiya of the present study represent the first stage of demographic transition, characterizing with high level of fertility and infant mortality. Education of mother can improve child bearing and health of entire family. Side by side, the surroundings of a man and his occupation from which he earns his livelihood play an important role in his health habit. Along with these age of mother at the time of her marriage is also an important variable which influence infant mortality. It reveals from the present study that fertility as well as infant mortality both is considerably high among the illiterate mothers. Literate mothers in turn experienced low level of fertility and infant mortality. However, the housewife mothers experienced lower fertility as well as infant mortality than the mothers who are engaged in different kinds of occupation.

It is to be noted that in the State of Madhya Pradesh the level of socio-economic development is relatively low when compared to most of the States of India[8]. The infant mortality rate in this State continues to be higher than many other States[9]. Living conditions of the Ladiya in Pathariya Jat village are deplorable, characterized with marked poverty, lack of sewage and housing which consisted mostly of one or two living rooms *per* household. A high percent of the womenfolk among them are illiterate (71.57 percent[6]). The Ladiya mothers, in the present study, are found to opt for frequent child bearing in order to make up the loss, despite the consequent risk of their health as well as survival.

The theory of demographic transition which is based on the experience of today's low birth rate (or industrialized) countries holds that the trends in birth rate and family size in a population are determined by the trends of economic production[10]. It is apparent from the present investigation that the Ladiya couples are motivated for keeping the level of fertility in high order to cope with the high level of infant mortality due to low level of socio-economic development. It can therefore, be inferred that effort should be made to improve overall status of women by improving their level of educational attainment and raising their active participation in economic activities for better employment. This, in turn, will help them to have more autonomy in decision making to overcome the high infant mortality rate, which determines life expectancy of children surviving and hence birth rate as well as natural growth rate of population too. So, a wide arena of investigation lies ahead for the betterment of the womenfolk of this group of people.

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POLOŽAJ ŽENA U POPULACIJI LADIYA: DEMOGRAFSKA PERSPEKTIVA

S A Ž E T A K

Položaj žena je procijenjivan iz demografske perspektive kod jedne od potlačenih klasa pod imenom Ladiya iz sela Pathariya Jat s područja Sagar, Madhya Pradesh, Indija. I plodnost i smrtnost novorođenčadi imaju značajno visoke vrijednosti kod ženskog dijela navedene populacije. Otkriveno je da se Ladiya majke odlučuju za česte trudnoće kako bi nadoknadile gubitak potomstva uslijed visoke smrtnosti novorođenčadi, bez obzira na rizik za vlastito zdravlje i preživljavanje. Ova studija pokazuje da je potrebno raditi na poboljšanju statusa tamošnjih žena te im pružiti bolju edukaciju i omogućiti aktivno sudjelovanje u ekonomskim aktivnostima kako bi se lakše zaposlile. To bi im pak omogućilo više autonomije i dalo važnost pri donošenju odluka vezanih uz smanjenje visoke smrtnosti novorođenčadi i visoke stope rađanja te bi dovelo do prirodnog prirasta.