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**A MICRO STUDY OF CULTURE AND FERTILITY
IN RURAL MAHARASHTRA**

Carol Vlassoff

**International Development Research Centre
Ottawa - Canada**

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Background and Objectives

The present paper discusses the advantages of incorporating a micro-approach into larger demographic surveys, using a study conducted by the author in rural India as an illustrative case. The study sought to examine the relationship between cultural factors and fertility and family planning among rural Indian females. The main objectives of the study were to explore the nature and degree of traditionalism among these women, and the extent to which cultural attitudes and values influenced fertility and family planning practice.

Women were selected as the focus of the investigation because the subjects of most previous research on Third World modernization were men (Lerner, 1958; Kahl, 1968; Inkeles and Smith, 1974), providing little insight into the cultural values of females. Mothers, moreover, are central agents in children's socialization and, as such, in future societal change (Fawcett and Bornstein, 1973). There is also some evidence that wives' opinions are more important than their husbands' in influencing contraceptive practice (Chandrasekaran, 1959; Khalifa, 1973).

The research design was a combination of the micro-study and survey approaches. This strategy was decided upon for several reasons: the greater manageability of the

data collection which was done by the author personally; the sensitivity of many of the questions, necessitating trust and acceptance among the villagers; and, most important, the desire to understand the complex phenomena of culture and fertility motivation as comprehensively as possible. While it was anticipated that more traditional women would have higher fertility and lower contraceptive use than more modern women, the accurate identification and measurement of modernity in the village context were themselves questions to be resolved. It was felt, therefore, that in-depth acquaintance with local beliefs and practices would not only clarify the meaning of this concept but would also greatly enhance the analysis and interpretation of the survey's findings.

The primary criterion for the selection of a research site was that it be, as far as possible, "typical" of rural Western Maharashtra, an agricultural region where subsistence farming predominated. The principal cash crops, sugar-cane, peanuts and hybrid sorghum, were grown by the wealthier farms. Subsistence crops were "local" sorghum, rice, wheat and vegetables. In spite of its largely traditional character, the village had adopted a limited amount of modern agricultural technology, including fertilizers, pesticides and some irrigation.

The community chosen for the study seemed, in most respects, characteristic of the region in terms of economic, social and demographic indicators. It had a population of 2100, 87% of workers were engaged primarily in agricultural

occupations, and literacy levels were 32% for females and 57% for males. The nearest commercial centre, 14 kilometers away, was easily accessible by road for only six months a year. The village had been affected by certain modernizing influences: a primary and high school; daily newspapers from the district headquarters, Satara, posted outside the Council office; considerable out-migration to Bombay, 270 km. distant; and a small cooperative seed processing plant, operated by the village on a commercial basis. The area had also been influenced by the national family planning program which had been fairly intensive in Maharashtra for over two decades. Following the failure of a major 1965 campaign promoting intrauterine contraceptive devices, the program concentrated on sterilization, encouraged by mass communication and local leaders. However, legislation for compulsory sterilization was never passed in Maharashtra.

Methodology

The village study commenced in November, 1975, after nine months of preparatory work including language training, questionnaire design and field trips to select the pretest and study areas. In general, the villagers were receptive and friendly, expressing a desire for their village to be chosen for the survey. Nonetheless, when the author first moved to the village, the responses of the residents were mixed. Some were hospitable and open, some polite but

reserved, others were obviously suspicious. An almost universal reaction, however, was of irrepressible curiosity, about both the study and the researcher. Although the researcher was an expatriate, most village women (and many men) failed to comprehend this fact. A concept of a world consisting of many nations was entirely strange to them and most people simply assumed that the foreigner came from a distant Indian state such as Assam or Himachal Pradesh.

One soon learned to be as open as possible to the villagers' queries and to gracefully accept their presence during most daily activities. Even routine household chores -- cooking, cleaning, laundry, bathing -- were frequently observed with considerable interest. Gradually, these informal interchanges created an atmosphere of mutual trust and understanding and villagers were delighted to observe the researcher's gradual adoption of local customs and practices. Along with the goodwill came certain hardships and inconveniences -- occasional shortages of food and water, isolation during the monsoon, the almost unbearable summer heat and the continual presence of rats and vermin.

Although an effort was made to delay commencing the survey until several weeks had been spent in the community, many villagers were impatient to see the work begin. The survey was therefore initiated earlier than planned (after one month's residence in the community), but at a more leisurely pace. A local assistant, a female high school

graduate from the "backward" or harijan* caste, was hired to accompany the researcher in all the interviews. The assistant helped to put respondents at ease and, although she spoke only Marathi, she repeated the interview questions when necessary and interpreted the more difficult ones for women who failed to understand. While her selection was made solely on the recommendations of the village leadership, her lowly caste origins sometimes created interesting problems. On the one hand, her presence in the traditional Hindu household was "polluting", yet her prestigious position and relatively high salary (equal to an adult male labourer's daily wage) made it difficult to treat her disrespectfully. Thus she was never actually refused entry into any of the houses, but occasional reticence could be observed, particularly among the older women.

Several days were spent in mapping the main village, a process which promoted direct contact and familiarization with the residents. A complete census of socioeconomic and demographic characteristics of village households was also carried out. This provided the basis for selection of eligible respondents for the main survey: 349 married women aged 15-49. By the end of these initial steps (lasting approximately six weeks) the villagers recognized that the research was having no adverse effects and showed little continuing interest in the nature of the study. This was especially true of women, who found research issues incomprehensible, but never tired of observing and

* Previously known as sudras or "untouchables".

commenting upon the author's personal attributes and activities. In fact, returning to the village several months after the study's completion, people had all but forgotten the questionnaires, yet remembered other, seemingly trivial, events which had occurred during the period.

In order to allow time to observe and participate in community activities only 3-4 questionnaires were administered daily, taking about four hours in total. Interviews were given at times convenient for the respondents, varying according to the agricultural season. Non-survey time was spent in household tasks, chatting with the villagers and attending special functions such as weddings, naming ceremonies for infants and religious festivities. Such involvement in local affairs provided rare insights into the women's deeper concerns: frustration over their inferior treatment by household elders, concealed pregnancies and abortions, folk methods of contraception as well as sexual practices and problems.

Since the survey instruments and results are described elsewhere (Vlassoff, 1978, 1979, 1980, 1982), they are not repeated in detail here. The following sections focus upon selected illustrations of the methodological and substantive contributions of the micro-approach.

Methodological Contributions of the Micro-Approach

The methodological contributions of the micro-approach

to the present investigation can be conveniently grouped into two categories: (1) improvement in data quality and (2) the development of locally relevant instruments. In this section these contributions will be discussed, using concrete examples from the study.

(1) Improvement in data quality

The quality of the data was doubtless improved by the micro-approach, firstly, because it led to considerable cooperation from a group of shy and largely illiterate women, most of whom were totally unaccustomed to articulating their attitudes and beliefs. Since all important decisions were made by men, women were rarely consulted for their opinions. Hence, many women sought to avoid the interviews altogether, or to seek "protection" in the presence of friends and relatives.

To circumvent these problems, areas of the village which seemed most receptive to the research were selected first. The interviewing was begun in the harijan neighbourhood where the researcher's assistant lived. Within each area the most cooperative women were selected first: neighbours, leaders' wives and women who were openly receptive or inquisitive about the survey. Their example helped to assure more reticent respondents that the interviews were innocuous. The most hesitant or uncooperative women were left until the end of the study, by which time their anxieties had generally disappeared.

Cooperation was also enhanced by scheduling the interview at times which most suited the respondents. The researcher's continual presence in the village made such adjustments possible. During peak agricultural periods the interviews were held in the early morning before the women left for work, or late in the day after they returned. In the summer the hot afternoons provided a convenient time, when women generally rested and were in a more receptive mood.

The rapport established by the micro-approach made it possible to obtain complete privacy in the interviews. The personal nature of the questions, especially those concerning husband-wife relations, sexual practices, abortion and contraception, made privacy virtually mandatory. Because it was extremely difficult to obtain privacy in crowded village houses several trial interviews were conducted in the presence of other females and/or children during the pretest. A multiplicity of problems emerged: some respondents were shy or tongue-tied; some giggled and ran away; others asked their relatives to respond for them (some relatives answered for them without being asked); respondents' answers were generally debated by the audience; and interruptions of all kinds occurred. It was therefore clear that privacy was a "sine-qua-non" of reliable data.

The result of the above procedures was a very high response rate of 98.6%: only five women refused to be interviewed. These women were known for their eccentricity

and failure to participate in village affairs more generally. Not all other women were equally cooperative, however, and persuasive efforts had to be made in about 24% of the cases. For example, women were encouraged to verbalize their doubts or fears which could then be rationally addressed through frank discussion and reassurance. Return visits were also necessary on many occasions. Mothers-in-law frequently objected to their daughters-in-law being interviewed in private. Since the younger woman's status was considerably lower, they could not understand why they themselves were not interviewed instead. Sometimes it also seemed that they feared their daughters-in-law would complain about their ill treatment, discuss "indiscreet" topics such as sex or abortion, or divulge family secrets. The intervention and gentle persuasion of male village leaders usually helped to allay such fears.

Although these measures were time-consuming and sometimes troublesome, the results improved the representativeness of the conclusions. During the interviews the reasons for women's hesitancy usually became clear. One, for example, had experienced a tragic succession of infant deaths and felt that the interview would stimulate these painful memories. Another, a daughter-in-law from a relatively prestigious family, had feared detection of her husband's leprosy, something the family had tried to conceal from the community at large. Still others were afraid that the interviews were connected

with the sterilization program, and that cooperation would entail eventual enlistment for the operation. Since such doubts and fears were closely related to the nature of the study itself, it was important that such women not be excluded from the analysis.

(2) Development of locally relevant instruments

As mentioned previously, the study aimed at understanding and measuring modernization within the context of rural Maharashtrian women. Many previous studies of the modern-traditional continuum were largely inapplicable because the questions used would have been meaningless to the average respondent. Questions such as, "If...you could not live in our country, what other country would you choose to live in?" (Lerner 1958:45) were obviously inappropriate for women who could not even name another nation, let alone rank countries in terms of preference. Yet it would have been erroneous to conclude that, relative to rural society at least, there were no "modern" women.

The case studies summarized below indicate the fallacy of assuming that all village women are equally traditional:

At the age of five Anjeli married her 18 year old husband. She moved to his home when she was eight and hardly remembers her own parents. She still strongly prefers child-marriage. At 16 she is pregnant but refuses to talk about it. She feels thankful for any number God sends. Her coming delivery will be attended only by her sister-in-law at home. She fears and distrusts hospitals and modern medicine.

Ranibai was married when she was 13 years old and had her first child at 16. One of their children, a son, died of dysentery at the age of one. Her youngest child is 10 years old and she anticipates no more children. Should she become pregnant she will have a sterilization. Ranibai still feels it is too early for her 22 year-old son to marry. Nor will she arrange her daughter's marriage until she has completed secondary school. When her children leave for school each day, Ranibai sits with a slate and copies letters from a junior textbook, teaching herself to read and write.

Malan, 20 years old, has been married for one year. She is intelligent and friendly but assumes a shy and subordinate manner when her father-in-law is present. Her parents-in-law work in the fields while she manages the household affairs. Having free time she works on her B.A. by correspondence. She hopes to complete it in three years. In her view, this will mainly benefit her children since she does not plan to seek employment herself. Eventually she hopes to join her husband who works in a nearby town and to save enough money to raise a small family. Malan does not want a child for a least three years and will limit her family to two. When her husband is home they use condoms, believing that family planning should not be left to God or fate.

Such cases clearly illustrate significant differences in attitudes and behaviour among village women - in education, age at marriage, fertility and family planning. In order to gauge these differences in more quantifiable terms, indicators were classified into three categories: (1) socioeconomic background indicators, (2) a cultural attitude scale and (3) attitudes related to fertility and family planning. The indicators were selected on the basis of reviews of literature on women in Indian culture, conversations with women of various classes, personal observation of rural and urban females, and

testing, revising and retesting the questions over the study's preparatory period. The intensive village study provided the basis for more adequately testing these variables and interpreting their relationships to the dependent variables, fertility and family planning. For the sake of brevity only those measures which best differentiated women in terms of the independent modernization variables and dependent fertility variables are noted here.

The socioeconomic background variables included education (or literacy)*, number of "modern" household facilities, frequency of travel, husband's occupation**, residence in main village or outlying hamlets, age at marriage, family type and caste. Of these indicators education and frequency of travel were consistently strong predictors of fertility and family planning, while husband's occupation, age at marriage and caste were positively, but more weakly, associated. "Frequency of travel" was computed from several questions about the number, distance and destination of trips to Satara and beyond. For example, "frequent" travel, the most "modern" category, entailed visiting Satara at least four times a year, or visiting

* Education and literacy were virtually interchangeable, since most women only had sufficient formal education to provide basic literacy skills. Only 28 of the 349 women had more than seven years' schooling.

** Husband's occupation was preferred to respondent's occupation as an indicator of modernization because jobs for rural males were more diversified, and because female employment, consisting mainly of housework or agricultural labour, was not incompatible with child-bearing.

Satara twice a year and having visited a larger city once in the respondent's lifetime. The experience of visiting an urban centre seemed to have a significant modernizing effect. Seeing other women walking alone in the streets or eating with their husbands in restaurants, viewing modern Indian and Western movies, exposure to urban markets and the faster pace of city life accelerated the recognition of the existence of different values and lifestyles.

A 20-item bivariate additive scale was also developed in an attempt to differentiate modern and traditional women more precisely than was possible by means of background indicators alone. In the search for measures of modernization the "OM scale" of Inkeles and Smith (1974), intended for cross-cultural application, was carefully examined. It was soon apparent that its relevance to the present study was limited, not only because of its male orientation but also because its questions presupposed considerable sophistication on the part of its respondents (factory workers). On the other hand, the categorization of questions into certain themes such as "active public participation", "aspirations", "efficacy" and "women's rights" (Ibid.: 320) provided broad guidelines for the initial choice of question types.

The first four items of the scale were concerned with scientific versus non-scientific orientation. For example, an attack of smallpox was traditionally believed to represent the punishment of an angry goddess*; hence,

* The Marathi name for smallpox is literally "curse of a goddess".

someone interpreting smallpox in this way was classified as traditional with respect to this item. Similarly, women who felt that a medical practitioner (whether doctor, nurse or village midwife*) should attend a delivery, rather than a relative or other unqualified person, was classified as "less traditional". The remaining 16 items concerned approval of traditional values and customs (dowry, elders' authority), aspirations for sons versus daughters and attitudes towards women's rights and status.

For the most part cultural attitude scores correlated closely with the background socioeconomic variables (see Table 1). One can therefore ask to what extent the more time-consuming efforts involved in preparing this scale were justified in terms of producing superior measures of cultural traditionalism. The comparative advantages of the scale were not, in fact, conclusively demonstrated by the present study, but there were indications that it provided a more sensitive index than background variables, such as education, alone. For example, there was no statistically significant association between mothers' and daughters' educational attainment, yet more "modern" mothers, as measured by cultural attitude scores, had significantly more educated daughters. In other words, it seems that modern

* Although such women did not generally have any medical training they were experienced in matters of child-birth and charged a fee for their services.

TABLE 1. Cultural Attitude Scores by Selected Socioeconomic Indicators of Modernization for Women 15-49 (% Distributions)

<u>Socioeconomic Measures of Modernization</u>	<u>Cultural Attitude Score</u>			<u>Total</u>	
	<u>Traditional</u>	<u>Modernizing</u>	<u>Modern</u>	<u>Percentage</u>	<u>No. of Women</u>
<u>Education</u>					
None	42	33	25	100	195
Some*	14	27	59	100	154
Chi sq. = 48.1, d.f. = 2 (Signif.)					
<u>Frequency of travel</u>					
Never	52	24	24	100	58
Rarely	38	35	27	100	83
Sometimes	33	40	27	100	67
Frequent	14	25	61	100	141
Tau c = 0.33 (Signif.)					
<u>Occupation of husband</u>					
Mainly agriculture	36	32	32	100	225
Unskilled, other	27	24	49	100	55
Professional, skilled	15	28	57	100	68
Chi sq. = 18.2, d.f. = 4 (Signif.)					
<u>No. of modern household facilities</u>					
None	36	33	31	100	119
One	33	27	40	100	73
Two	23	28	49	100	86
Three	24	31	45	100	71
Tau c = 0.13 (Signif.)					
<u>Family type</u>					
Complex joint	45	25	30	100	61
Simple joint	26	33	41	100	93
Complex nuclear	33	24	43	100	89
Simple nuclear	22	36	42	100	106
Chi sq. = 13.9, d.f. = 6 (Signif.)					
<u>Caste (adjusted)*</u>					
Harijan	27	27	46	100	41
Low	43	32	25	100	87
High	25	30	45	100	221
Chi sq. = 13.0, d.f. = 4 (Signif.)					
All Women	30	30	40	100	349

* Since only 28 women had more than 7 years' education they are grouped under one category, "Some".

attitudes on the part of mothers, even though the mothers themselves were relatively uneducated, played an important role in influencing intergenerational change. Generally, daughters were significantly more educated than their mothers: only 10% of the girls had no education compared to 56% of the older women, and 30% of the adolescents had more than seven years' schooling compared to only 7% of the adult females.

Several attitudinal items related to family size were included in the questionnaire in order to assess fertility motivations and the degree to which they could be captured by the survey approach. The questions related to attitudes towards the economic value of children, fear of infant and death, religious constraints and other traditional reasons for increasing or limiting child-bearing. These questions proved to be reliable indicators neither of modernization nor of fertility behaviour. Generally, the women found them confusing and, never having thought of the reasons for child-bearing in such explicit terms, had considerable difficulty in doing so. Clearly, separate studies using subtle probes, indirect questions and behavioural observation would be required for a more accurate interpretation of fertility motivation in the village context.

Fortunately, the questions regarding the dependent variables, fertility and family planning, were easily understood and answered by the respondents. The majority of questions were taken from standard knowledge, attitude and

practice (KAP) surveys but were rephrased in local terminology and carefully introduced. For example, pregnancy histories were gathered in a personal way: the respondent was asked to name each child and encouraged to talk about her/him. This put her at ease for further questions regarding expected and ideal fertility which, although potentially difficult, were readily answered. After experimenting with different forms of these questions, it was apparent that a straightforward approach was most appropriate. Women were first asked when they were expecting the next child and, if they indicated that they planned to have another, those with two or fewer children were asked how many they wanted to have in total. Since it was felt that those having more than two might find it difficult to express a desire for fewer than they already had: the question was phrased slightly differently for women with 2+ offspring: "If you could start your life over again how many children would you like to have?" By this method roughly comparable "ideals" for the two groups were obtained.

While some women still seemed to hesitate to give a lower ideal than the number they had themselves, a fairly sizable percentage (35% of those with 4-5 living children and 42% of those with 6 or more) said they would prefer a family of three or fewer children in a new life.

Another important question focused on the role of son preference in fertility decision-making: "If you had only daughters and no sons, how many children would you have to

get a son?" The desire for sons was found to be the major reason for discrepancies between ideal and actual fertility among older women. Most respondents agreed that where there were no sons, it was virtually impossible to stop having children. Further complicating this picture was the feeling that two sons were ideal. Hence, even when a boy was among the first-born, the need for a second son often led couples to have several more children in the interim.

Through daily contact with the villagers, including children, adolescents and older men and women, opportunities were provided for the further investigation of many subjects, both directly related to the study's central theme and somewhat outside the realm of the investigation. Two sub-studies, one on adolescent attitudes (elaborated in Vlassoff, 1980) and one on the condition of village widows, were therefore incorporated into the larger analysis. These are mentioned here only to demonstrate how the flexibility provided by continuous residence in a community allowed for modifications in the study design and the introduction of new elements at a later stage.

Substantive Contributions of the Micro-Approach

The substantive insights acquired through the micro-approach were perhaps even more important than the methodological contributions in the present investigation. Participation in village life yielded rich contextual material on local institutions, beliefs and practices,

useful in the interpretation of survey results, and in the development of hypotheses for further investigation. Illustrations of the more significant contributions are given in the following two sections.

(1) Findings and interpretation

Generally, fertility preferences among village women were relatively low (mean desired number 3.4) indicating the presence of modern values favouring smaller families. The main reason for preferring fewer children was economic: women felt that large families created a financial burden for parents. Of those having fewer than their desired number, 83% expected to meet their ideals exactly, sterilization being the chosen means for achieving these ends. Sterilization had therefore come to play an important part in helping women to meet their family size goals.

In spite of fairly low family size preferences, actual fertility often exceeded ideals, especially in the 35-49 age group. The latter cohort had borne, on average, 5.6 children (with 4.5 surviving), the 25-34 age group, 3.8 children (with 3.2 surviving) and the under 25 age cohort, 1.1 children (with 1.0 surviving). The desire to have a son was the most persistent obstacle to family size limitation.

Interestingly, cultural attitudes and the other modernization indicators used in the study were more closely associated with desired or ideal family size than with actual fertility. The expectation that traditional women

25-34 age group, were negatively related in the oldest cohort. That is, in the latter group, traditional women were more favourable towards, and had made greater use of, sterilization than more modern women.

An explanation for this seemingly unusual finding was furnished by familiarity with local beliefs and practices. Sterilization, it seemed, had a special appeal for Indian peasants because it was generally undertaken at advanced ages, when reproduction is frowned upon and abstinence frequently practiced. Being sterilized at older ages therefore demanded little modernization since no traditional values were called into question. Younger females, on the other hand, required a more modern outlook to adopt a terminal method because they were digressing from traditional roles in their decision to stop childbearing relatively early in life.

Although the study was mainly concerned with fertility, observations were also made of other demographic phenomena, including mortality, migration and nuptiality, which could be applied to future research on these subjects. Mortality, for example, was higher during the rainy season than at other times. This was no doubt partly due to the lack of access to medical facilities and to damp and changeable weather conditions, but an unusual behavioural change was also noted at that time. Whereas the villagers generally obtained their drinking water from wells, they chose to drink from the river during the monsoon because they preferred its taste. Unfortunately, the river was

exceptionally polluted during this period, due to the greater quantities of waste and debris carried from upstream settlements.

Some interesting characteristics of migration were also observed. There was a high level of rural-urban migration, particularly of working-age males. Unexpectedly, Bombay attracted the majority of migrants, in spite of the fact that two large cities, Satara and Pune, were much closer to the village. Such migration was generally temporary, of several months' to many years' duration, and contacts with the village were strongly maintained. In many ways it seemed that urban life was merely an extension of rural conditions: the migrants lived in cramped squatter areas, along with relatives and friends from the village, eating and sleeping in shifts and socializing mainly with former villagers. Migrants' wives joined their husbands for periods of time in order to look after the shopping, cooking and housework for groups of 4-20 men. This was done on an informal rotation basis, with one wife replacing another after 3-12 months. With the help of village friends, and sometimes in their company, the researcher visited a few of these migrants, providing interesting glimpses of their urban existence. Such follow-up would not have been possible on the basis of survey data alone, since formal addresses were virtually meaningless in the city's sprawling slums.

(3) Development of new hypotheses

Although cultural factors were seen to have a significant, independent influence on fertility and contraceptive use, certain community-level variables were observed which may have been even more crucial in determining family planning acceptance. It has been seen that sterilization was in fact utilized by more traditional women, a finding which was interpreted above in terms of cultural acceptability. Other factors, however, including leadership and the strength of the family planning program, were also important determinants. It was therefore hypothesized that community leaders who are both influential and popular can be effective agents in family planning promotion, even in relatively traditional areas. It would be interesting to test this hypothesis in several Indian villages where the strength and popularity of leadership varied, but where other characteristics, such as the degree of official family planning intervention, were similar. Correspondingly, one could investigate the significance of family planning program inputs by comparing communities where such influences differed considerably but where other factors, including leadership, were controlled.

A further hypothesis which emerged from the study was that, in the Indian setting, significant changes can only be realized through the active cooperation of males. This was clearly illustrated when the young research assistant married at the end of the study. She had been exposed to

daily interviews and discussions about fertility and family planning, and was well informed about contraceptive methods. She did not want children for three or four years after marriage and, in fact, hoped to do further studies. Her husband apparently agreed with this scenario, but refused to use preventive measures. She therefore became pregnant almost immediately, giving birth to her first child within one year and to her second within two years. She later admitted that in her distress she had attempted abortion, using pills her husband procured in Bombay. Surprisingly, he seemed willing to subject his young wife to life-threatening risks which could easily have been avoided with a modicum of cooperation and forethought.

Generally, areas where women were advancing in status, such as education, were widely sanctioned by village men. The reason, in the case of education, was primarily economic: the increasingly small size of landholdings (3.9 acres on average) as a result of the subdivision of land among sons after the father's death, made it virtually impossible to employ all one's offspring on the land, and children were therefore kept in school longer. Also, in the case of boys, education was a prerequisite for employment outside the village, and for girls, a few years of schooling were increasingly seen as an asset for marriage negotiations. Other reforms, such as prohibition of dowry, property rights for women, equality in marital and family decision-making and the sharing of household tasks, had not gained much acceptance among village men. Perhaps they

viewed such changes as more personally threatening, their adoption requiring too large a shift in customary patterns. Women, adhering to cultural role definitions, were unlikely to support innovations when their husbands failed to do so. While this hypothesis is difficult to operationalize, studies on family-level decision-making patterns may shed some light on the process of male-female interaction and its effects.

Complementary of Micro-Approach and Other Strategies

The previous sections of this paper have concentrated primarily on the contributions of the micro-approach. Obviously, this approach is hardly complete in itself and is ideally combined, as in the present study, with other research strategies. In this concluding section, then, a few observations are to be made concerning the complementarity of the micro-study and survey approaches.

Clearly, the micro-study requires considerably more commitment in terms of time and intensity of observation. Large-scale surveys, on the other hand, suffer from the basic problem of "distancing [the researchers] from the very phenomena they are investigating," and other weaknesses well documented by Caldwell (n.d.:4). Thus, as Caldwell also notes, some compromise between the two approaches is required, such as conducting a micro-study, preferably by the principal researchers themselves, before the introduction of the larger survey, or intensive

investigation of a sub-sample of the survey population. The former strategy was in fact used, to some extent, in the present study, although for the most part, the qualitative investigation accompanied, rather than preceded, the survey.

The micro-approach also provides the basis for longitudinal studies, facilitated by previous knowledge about the community and easy identification and familiarity with the respondents. Assuming that the characteristics of the community are similar to those in the surrounding area, the later survey could even be conducted using a larger sample in the same region. Checks of various kinds would, of course, have to be introduced in order to assure comparability of the new survey population with the old, but this should be possible on the basis of selected community-level indicators gained from the initial study.

Plans for a resurvey of the village discussed here, focusing mainly on fertility and family planning and the effects of interim social and political changes, are, in fact, currently underway. It is expected that re-entry into the community will be relatively smooth and that the original sample can be largely identified because names, maps and other records have been retained. Contacts with the village have also been maintained through letters and occasional visits. Although quantitative data will be collected from selected respondents through interviews, the study will be essentially a micro-level one, in order to strengthen both the new survey findings and the interpretation of the previous analysis.

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