
Carol Vlassoff
GENDER EQUALITY
and INEQUALITY
in RURAL INDIA
Blessed with a Son

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Carol Vlassoff

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GENDER EQUALITY AND INEQUALITY IN RURAL INDIA

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I dedicate this book to the people of Gove village who answered every knock.

"The traveler has to knock at every alien door to come to his own, and one has to wander through all the outer worlds to reach the innermost shrine at the end."

(From "Journey Home" by Rabindranath Tagore)

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Preface

I first visited India in 1971 when I was 27 years old. I had dreamed of this since my third year in university when my anthropology tutor, the late Dr. Aminul Islam, introduced me to an exotic dish, *keema matar* (minced mutton and green pea curry), so hot and spicy that I drank water for hours afterwards. He was born in Bengal (later Bangladesh) and experienced the partition of India in 1947. Among the many things he taught me was a love for Rabindranath Tagore and a resolve to visit India one day.

Arriving in Delhi was an eerie experience on a dark, hot evening, soon after the Indo-Pakistani war had broken out. It was darker than usual because of a blackout to protect the city, and the Taj Mahal in Agra, from potential air fire. Undeterred, my ex-husband, Michael, and I purchased a second-hand Royal Enfield motorcycle and set off on a tour of India. Not far out of Delhi we stopped in a small town to rest and soon found ourselves surrounded by a group of agitated men shouting, "Pakistani, Pakistani." A plain-clothed police officer intercepted the crowd and demanded to see our passports. He gave them a cursory look and ordered, "Police station! Follow me." He hopped on a bicycle and we slowly drove behind, the crowd following at our heels, their anger apparently transformed into curiosity. The police chief scanned our documents and turned to the officer, frowning, "These are Canadian citizens! Why are you bringing them here?" After offering us a cup of tea he sent us on our way.

This was my introduction to India and there were many more unnerving experiences to come. Although the war lasted only 13 days people were unusually jumpy and suspicious of foreigners. Thinking back on it later, it struck me that the sight of two helmeted, white faced strangers riding into town on a motorcycle and not speaking a word of their language, must have been astonishing to people. On other such occasions someone would always appear (just as the policeman had done) to straighten out any misapprehensions.

We traveled throughout the country, visiting India's many historic monuments and sites—Khajarajo, Ajanta and Ellora, Benares (now Varanasi), Kerala, Tirupati, Pondicherry (now Puducherry)—to name a few. We were often pestered by "touts," offering to be our guide when we preferred to enjoy the magic of these places on our own. In restaurants and other public places people openly stared at us, making us uncomfortable. People who spoke a little English frequently struck up conversations in order to practice, especially the traveling businessmen we would meet in cheap hotels. Typically, they would insist that we visit them if we were traveling to their hometowns and typically, they would be unavailable when we called. Later an Indian friend explained that they probably felt embarrassed to invite us home because they felt that their homes might not be up to our standards. When we boarded a boat to Karachi after six months of traveling through India I felt no regrets, only relief that I was leaving behind its daily hassles. Little did I know that I was to go back three years later for a tryst with that country that has lasted the rest of my life.

When I returned to Canada I enrolled in a Masters program in sociology with a major in demography at the University of Western Ontario. I knew that I wanted to work in international development in the area of population. After completing my degree I was keen to pursue a doctorate, focusing on the social and cultural reasons for high fertility in developing countries. I wanted to study in a place where I could understand these issues first hand, preferably in a developing country, but I was also concerned that it should be a recognized university in Canada. I shared this interest and concern with Dr. P. Krishna, a professor from the University of Alberta, who suggested that I apply for a Shastri Indo-Canadian Institute scholarship that offered Canadian scholars the opportunity to study in India. He also suggested the Gokhale Institute of Politics and Economics, University of Poona (now Pune) which, he said, had a strong rural focus, and gave me the name of the Head of the Demography Department, Professor Kumudini Dandekar. Fortunately, the Shastri Institute approved my PhD application and Professor Dandekar agreed to accept me as a student.

In my application I had prepared a proposal to study traditional folk methods of family planning, and I assumed that Professor Dandekar's approval implied that she had sanctioned the study topic as well. Several days after my arrival, during which I settled happily into the pleasant Deccan Gymkhana area of Poona, she informed me that I would have to find a different subject. At first I tried to

argue but soon realized it was getting me nowhere. She adamantly explained her position: folk methods were so rarely used nowadays that trying to study them would be a frustrating and fruitless quest. Later, when doing the village study described in this book, I realized the wisdom of her words. Only a few itinerant women sold such medicines, they rarely visited the village and few village women used them. At the time, however, this sudden change of direction came like a bolt from the blue. I felt rudderless, not knowing where to seek help. I also experienced a strong sense of empathy for Indian students who choose to study in Western countries such as Canada, where students are expected to challenge their professors, to enter into debates with them. In India the advisor, aptly called the "guide," is an expert on all questions, and the student is expected to graciously accept his or her advice.

The methodology of my PhD research, the first of three major studies of the village of Gove, is described in Chapter 2. A few words about the three phases of the project may help to explain the timing and rationale of its longitudinal approach. The topic for my doctoral thesis concerned cultural traditions and their influence on family planning among rural Indian women. Change was occurring rapidly, as women were increasingly opting for modern methods of contraception, especially female tubal ligation (popularly known as "sterilization"). After completing my PhD in 1978 I began to visualize another study at some point in the future in order to follow the process of modernization in the village and how it affected other changes, especially in women's position and gender relations. However, as I began to build my career in international development, this seemed a distant aspiration. My opportunity came in 1987 when I moved from a position at the International Development Research Centre (IDRC) to a post at the World Health Organization (WHO). I secured funding from IDRC to do a resurvey of Gove. In a gap between jobs I was able to complete a second study. Professor Dandekar had retired by then, but I continued my institutional link with the Gokhale Institute.

Organizing the third village study in 2007–08, after retiring from WHO, was more of a challenge. I had been away from India for many years, my work with WHO having taken me to the Pan American Health Organization (PAHO). I had not returned to Gove since the mid-1990s. Although, since finishing the 1987 study, I had planned to do a third and final study, I found myself putting it off, feeling that I had lost my ability to communicate in Marathi, and generally anxious

about how people would receive me. Several of my close village contacts and friends had passed away and I found it difficult to imagine Gove without them. However, I remembered that Dr. Stephen Moses of the University of Manitoba, an ex-colleague from IDRC, was heading a large HIV project in Bangalore. I decided to contact him about my concerns. Stephen answered my message instantly, saying, "Carol, why not come for a visit? That way you will see how things are and you can decide what you want to do. I will help you." I made my bookings the day I received Stephen's reply and began to send messages to old friends and colleagues. One of these was Dr. Shobha Rao of the Agharkar Research Institute (ARI) in Pune, with whom I had collaborated on several WHO projects and some of my village research. The recent death of a mutually cherished friend, Dr. Vidya Pitre, had brought us even closer together. In India, Shobha facilitated my link with ARI as a host institution for the third study. I also visited Stephen and his family in Bangalore. I went to Gove, insisting that Shobha accompany me, and within a few days, my Marathi had returned to a comfortable level and I was able to understand a great deal.

I spent the next several months in Canada preparing this study, applying for grants, drafting my questionnaires and obtaining ethical clearance from the University of Ottawa, with which I have been associated since 2006. I secured funding from the Swiss Tropical Institute (now Swiss Tropical and Public Health Institute) and Health Canada, and returned to India in September, 2007 for a final, five-month study.

In 2010, two years after completing the final study, I received a Shastri Indo-Canadian Institute faculty fellowship to return to India to share my preliminary findings with researchers and others in different institutions, as well as with people in Gove itself. I spent three months in India, again institutionally connected with ARI, traveling to institutions in Pune, Mumbai, Bangalore, Chennai, and New Delhi, presenting and discussing my results with Indian scholars and experts, as well as with the villagers. Their feedback was extremely valuable for the interpretation of the results contained in the chapters of this book.

I hope that my study will encourage others to engage in longitudinal research of this kind, especially in the area of gender, health, and development where change is urgently needed. Such research provides rich material about processes of change over time and how populations respond to, and are affected by them. Perhaps most beneficial

of all are the rewards the researcher gains from this approach. Long-term contact with a community is a unique opportunity for personal growth, connectedness, and contemplation. The faces, reactions, and responses of the villagers constitute a mirror in which the researcher's own maturation and development are reflected.

A question I struggled with over the period of this study, and one that any researcher who dedicates a great deal of time and effort working in a single community needs to consider, is how to compensate the community for its cooperation and helpfulness. In the first study I had often provided medicine and facilitated treatment for people who could not otherwise afford it. Another function in great demand was photography and I became the endless provider of family photos. Interestingly, going back for the second and third studies, people would show me these pictures, usually framed and sometimes garlanded if the family member had passed away. In 1987, I established a small village trust, run by a local committee, for girls' education that had supported the college education of several deserving girls. This resulted in a paradigm shift—that it was possible for girls of any caste or economic class to pursue a higher education and that they were capable of surmounting obstacles such as taking public transportation, participating in extracurricular activities, and generally coping with the challenges of city life. In 2008 I started a sports program for adolescent girls, including providing equipment and arranging for an instructor for regular exercise classes. I held feedback sessions with village women to explain my main findings in simple language and tried to engage them in a discussion of how things could change. I prepared posters with key messages that I mounted at strategic places in the village, including the high school where I made several presentations to the students. Nonetheless, many older women never came to understand the purpose of my research and would often ask, "What are you going to do for me? I need a pension. Are you going to give me one?" This question would leave me feeling uncomfortable and inadequate.

Many of the more educated villagers, especially the leaders, told me that they were looking forward to this book, not so much for themselves but for their children and grandchildren who would be able to learn about the history of Gove. "How many other villages have such a record?" one man pointed out. Future generations, more fluent in English, will find these chapters easier to understand than present Gove residents, particularly the elderly. But it is important that all villagers have the opportunity to see these results and recommendations,

especially as they are based on the information that they and their families provided. It is therefore hoped that a Marathi translation, at least of the key findings, will be possible in future.

Finally, I have tried to be as faithful to the history of Gove as possible and to present my observations and conclusions objectively and honestly. I fully acknowledge that there may be inaccuracies in my understanding and interpretation of some situations and events, and for these I take full responsibility.

1

The Importance of Sons in Indian Culture

People will tell you they want three children, two sons and one daughter. But this means nothing unless they have one or two sons. Take my neighbour. She had seven daughters before being blessed with a son. You will always say, "Maybe the next one will be a boy," and go on having children up to old age.

(Shekuntala,[1] Gove village, Field notes, 1975)

At the beginning of the longitudinal study described in this book Shekuntala's statement illustrating the preference for sons was widely acknowledged in India. Now, almost four decades later, in a country that has generated phenomenal economic and technological advances, it is useful to reflect on how much has changed. To what extent does Shekuntala's pronouncement ring true today? In the following pages this question is addressed in the context of rural India by an in depth exploration of factors relating to the desire for sons, including both its motivations and consequences. While previous research has examined these interrelationships at a single moment in time, this study is unique in covering a span of over three decades, 1975 to 2008.[2] It presents both qualitative and quantitative data on historical processes and outcomes in a Maharashtra community where impressive economic development has taken place, and analyzes the degree to which gender equality[3] is also occurring in the context of economic progress. Before discussing the study in detail, this chapter presents

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a brief overview of the evolution and development of son preference in Indian culture, and the accompanying decline in women's position. Previous research on son preference in India, and its influence upon fertility decision-making and outcomes, is then briefly reviewed.

A Brief History of Women's Position in India

From ancient times Indian women have been seen as the responsibility of others, whether as daughters, wives, or mothers. This was captured in the prescriptions of Manu, the law-giver, writing around the beginning of the Christian era: "She should do nothing independently even in her own house. In childhood subject to her father, in youth to her husband, and when her husband is dead to her sons. She should never enjoy independence" (Basham, 1967, p. 182). It is widely agreed that, in the early Vedic period (c. 2500–500 BC) women enjoyed considerably more freedom than in later times. They married in adulthood (as opposed to childhood subsequently) and were free to choose their own husbands. Many remained celibate (Altekar, 1938). Married women severed all ties with their parental home upon marriage and became, in effect, the property of their husbands' family, but they enjoyed autonomy in running the household and were not treated as servants to others in the joint family, as in later periods (Altekar, 1938). Couples aspired to having many children, and ten sons were recommended (Altekar, 1938). The wife had no property or inheritance rights but her *stridhana*, usually jewellery, given to her upon marrying, was intended for her own use and not as an offering to her husband or his kin (Altekar, 1938).

In the later Vedic period religious changes began to affect women's position. The upper castes became increasing preoccupied with rituals, among which was a decree that only a son could perform oblations, a religious ceremony, to the dead. Some religious scriptures reflected the declining status of girls, such as the *Aitareya Brahmana*[4] which states, "The son is a boat of salvation, a light in the highest heaven. A wife is a comrade but a daughter misery" (Thomas, 1964, p. 58). Interestingly, Gautama Buddha (563–483 AD), although revolutionary in many respects, considered women inferior to men; a nun could never advance to the level of the male brethren (Basham, 1967).

The status of women deteriorated considerably during the post-Vedic period (c. 500 BC–500 AD) when Puranic Hinduism gained momentum in an effort to reinstate Hinduism over Buddhism. Upon

marriage a wife effectively became part of her husband's property and caste laws were rigidly enforced. Much of the population became "untouchable" and women began to be treated "as a sort of perverse animal" (Thomas, 1964, p. 218). Child marriage became universal and parents who failed to marry a physically mature daughter were guilty of a serious offence (Altekar, 1938). Female education—now considered a waste because girls married so early—declined. Women's education became associated with the class of dancers and prostitutes, professions requiring a wide knowledge of the arts. By 1000 AD only about 10% of females were literate and by the time of the Muslim conquests that took place from the thirteenth to sixteenth centuries, female literacy had died out completely (Altekar, 1938). The wife could not eat with her husband and had to be thankful for the leftovers on his plate (Altekar, 1938). A girl could be widowed in childhood, well before her marriage was consummated, and remarriage was strongly censured. The widow's status in society also deteriorated and, by 600 AD, she was virtually banished from society. Her husband's death was attributed to her misdeeds in present and previous lives (Fuller, 1900). *Sati*, the self-sacrifice of the widow on her husband's funeral pyre, came into vogue around this time, and was more prevalent in northern areas of India where Brahmins were the predominant caste (Altekar, 1938). The practice of female infanticide appeared in some sectors of society, especially among the Rajputs in Northern India, who rose to power between the sixth and twelfth centuries.

Purdah, the total seclusion of women, seems to have been inspired by the Muslim rule, (Altekar, 1938). While it may have been adopted by Hindus partly to protect their women from Muslim capturers, it was also considered a mark of "respectability and high breeding" (Altekar, 1938, p. 207). Because of the exclusion of women from public life little is known about them during this period (Altekar, 1938).

British rule in India in the nineteenth and first half of the twentieth century had both positive and negative influences on women's position. Progressive measures included the prohibition of *sati* in 1829 and reforms in female education in the 1850s, in which schools were opened to both girls and boys. However, in the absence of reforming the practice of child marriage (which did not take place until more than half a century later), these educational changes had little impact because girls had to withdraw from school at an early age. Other progressive amendments included the sanction of widow remarriage in 1856, the denouncement of *purdah*, the passing of The Child Marriage Restraint Act of 1929, and the extension of voting rights to women

in most states in the 1920s. Less benevolent effects of British rule on women's status included an expansion of dowry which, according to Indian experts, was not curbed officially until after independence with The Prohibition of Dowry Act of 1961 (Srinivas, 1975). Prostitution also flourished during this period, frequently the result of poverty and the suppression of women's freedom (Thomas, 1964).

Gandhi championed women's rights during the struggle for independence, and Indian women were active in the Non-Cooperation Movement and other political demonstrations. India's Constitution, which came into effect on January 26, 1950, guaranteed women equal rights, status, and opportunities, and sanctioned positive discrimination actions by the State in favor of women.[5] The Hindu Marriage Act of 1955 raised the age at marriage to 15 for girls and 18 for boys, prohibited the practice of polygamy and entitled women to seek divorce. Inter-caste marriage was also legalized by the Special Marriage Act, 1954. In 1956 The Hindu Succession Act liberalized property rights for female family members. The Prohibition of Dowry Act in 1961 stipulated penalties for giving and accepting dowries in marriage arrangements. In 1978 the Child Marriage Restraint Act (a revision of the Child Marriage Restraint Act of 1929) raised the legal age at marriage to 18 for girls and 21 for boys. The National Commission for Women Act in 1990 passed legislation to establish a national body to safeguard women's rights and welfare. In 2001, the universal primary education program (*Sarva Shishka Abhiyan*) was launched, as was the National Policy for the Empowerment of Women, intended to advance, develop, and empower women in areas such as decision-making, economic enhancement, education, and access to contraception. The National Policy also called for greater advances in female education and compulsory birth registration (which enforced the registration of children on both sexes), both important steps toward the goal of universal compliance with the legal age at marriage for girls by 2010. To eliminate gender disparities in inheritance, the Hindu Succession Act of 1956 was amended by the Hindu Succession (Amendment) Act of 2005 to give daughters equal inheritance rights with sons, including in ancestral property which was previously inherited only by sons. This issue is discussed in more detail in Chapters 6 and 8.

Unfortunately, these enlightened policies appear to have had limited impact on female empowerment and gender equality in India. Although officially prohibited, dowry remains firmly embedded in marriage transactions (Rastogi and Therly, 2006; Diamond-Smith

et al., 2008; Unnithan-Kumar, 2010), and the practice of child marriage remained entrenched in parts of Indian society for decades after the 1978 legislation. A study based on data from the National Family Health Survey (NFHS), 2005–06, found that 45% of women aged 15–24, including from both rural and urban areas, were married before the legal age of 18, and 20% of these had had a child within their first year of marriage (Raj et al., 2009). While gains in female school enrollment and literacy have been substantial over the past decades, overall adult literacy remained at 74% in 2011 and the gender parity index for literacy (female/male ratio) was 0.80 (Registrar General of India, 2011). In the following section several reasons for the limited impact of India's progressive gender-related policies and programs are discussed, based on previous research.

Why Are Sons Important?

In India an estimated 250,000 "missing girls" were reported in 2008. In other words, the number of girl babies fell dramatically short of the number who would have been born in the natural course of events (World Bank, 2012b). In India, with abnormally unbalanced sex ratios at birth, "a deadly combination" of declining fertility, son preference and the widespread availability of sex selection technology were the underlying causes of this phenomenon (World Bank, 2012b).

In the modern context of Asia's declining fertility, most couples still want at least one son and will often forego having daughters entirely in order to have a small family (Arnold et al., 2002; Seth, 2010; World Bank, 2012b). If the first child is a girl, however, they are more likely to continue having children until they have a son. The widespread availability of sex selective technologies (amniocentesis and ultrasound) in the 1970s and of legal abortion since 1971 have had the combined effect of allowing couples to determine the sex composition of their families (Arnold et al., 2002; Seth, 2010; World Bank, 2012b). Sex selection in favor of males has continued, despite economic growth and development in other spheres of society (Guilmoto, 2009; World Bank, 2012b). In addition to discrimination against girls at birth, there is considerable neglect of female children in terms of health interventions and child care. In India it has been estimated that discrimination accounts for about one-fifth of child mortality (Das Gupta et al., 2003). Throughout their lives until the

age of 60, females in India suffer greater mortality than males. In more developed countries, the reverse is true (World Bank, 2012b).

Childless women are regarded as inauspicious (Bhargava, 2005) and occasionally childlessness has been used as a justification for men to seek other wives (Vlassoff, 1978; Das Gupta et al., 2003).[6] Because marriage has little meaning without children, wives are motivated to begin childbearing soon after marriage. The necessity of having at least one son is deeply rooted in Indian culture. Women are expected to bear sons as part of their self-fulfillment as women and to help them gain respect in their husbands' households (Das Gupta et al., 2003). A desire for sons often implies a desire to avoid having daughters because of the costs that they entail. All of these factors play a role in family size considerations and behavior.

> In patriarchal societies such as India, kinship-related practices, including lineage and inheritance, have traditionally been patrilineal, i.e. through the male ancestral line. Daughters, on the other hand, typically marry into their husbands' households (patrilocal), often forfeiting their rights to land and inheritance in their natal community (Agarwal, 1994). A wife becomes part of her spouse's family, while her original place in her ancestral home is assumed by a sister-in-law who moves into it. It has been forcefully argued that this "broad organizational logic" within the kinship system effectively removes women from the social order: . . . only men constitute the social order, and women are the means whereby men reproduce themselves. Women are the biological reproducers, but it is through the father that a child acquires a social identity and is incorporated into the social order. (Das Gupta et al., 2003)

The strength of this system varies across India, being more rigid in the northwestern part of the country, but it is the backbone of the organization of Indian society. Changes in inheritance legislation have been made throughout India but they continue largely unimplemented in practice (Das Gupta et al., 2003). This issue is discussed in more detail in the next section.

Closely associated with patriarchal norms of lineage and inheritance are economic considerations in the preference for sons. Economists have noted that children represent different "utility functions," including a consumption utility (the pleasure that children represent to their parents), income utility (the monetary contributions that children provide), and security utility (support provided to parents, especially in their old age) (Leibenstein, 1957, 1974; Becker,

1981; Tisdell and Regmi, 2005). In India, economic motives for son preference can be located within this broad framework. In its patriarchal society, sons are expected to remain in their native households and provide economic contributions to their parents throughout their adult lives, including old age support when their parents are no longer able to work. Because daughters marry into their husbands' families, their parents lose both income and security utility, although not necessarily consumption utility, referring to the contentment that parents derive from their relationships with their children (Pande and Malhotra, 2006). The costs of daughters are significantly greater overall, not only because of the investment made in their upbringing and education but also because they occasion significant dowry and marriage expenses (Das Gupta et al., 2003). As noted above, dowry was intended as a gift to the bride from her extended family at the time of marriage, intended for her personal use. It was also meant to strengthen the new bride's position in her in-law's family and to provide insurance in case of hardship (Naik, 1996; Rastogi and Therly, 2006). Over time, however, this bridal endowment has become the groom's entitlement and has come to be seen as the financial compensation for the burden the bride places on her in-laws (Diwan, 1990). Although dowry has been prohibited in India since 1961, large gifts are still demanded or expected by prospective husbands, causing a major strain on the resources of families with female children, especially on the poor (Rao, 1993, 2006; Dalmia and Lawrence, 2005).

The main religious reason for son preference is based in the Hindu belief, more prevalent among India's higher castes and briefly mentioned earlier, that only a male child can offer the appropriate oblations for the soul of a deceased parent (Das Gupta et al., 2003) and that, if these are not performed by a male descendant, the ancestors will be tormented in the afterlife (Patel, 2007). Such beliefs have also been found among other religious groups in India, including the Sikhs (Das Gupta, 1987) and the Muslims (Murthy, 1996).

Apart from the growth of gender disparities with the resurgence of Hinduism, very little seems to be known about the link between caste and son preference. However, it would seem that disadvantages along one spectrum, such as caste, would exacerbate other disparities such as educational and gender differences. Many researchers have explored the interactions between caste and gender, especially the gaps between high and low caste women in socioeconomic characteristics, such as education and mobility (Deshpande, 2002; Chandrasekhar and Mukhopadhyay, 2006; Siddhu, 2011). Lower castes are generally

found to be somewhat disadvantaged, especially girls or women of the scheduled castes and tribes (previously designated as "untouchables"). Overall, research on health outcomes by caste and gender has been inconclusive. One study found significant mortality differences among lower caste groups but few sex differences (Subramanyam et al., 2006), while another large study of child undernutrition in India found no significant nutritional disparities by caste, gender, or rural residence (Subramanyam et al., 2010). Generally, the results of research on caste differences in socioeconomic and health status highlight disparities between the lowest and highest castes, but empirical evidence of gender differences, especially with respect to son preference, is lacking.

While socioeconomic, cultural, and religious factors may combine to produce a psychological preference for a male over a female child in India, the pleasure of having children is not limited to sons. As will be seen in this analysis, parents receive considerable pleasure (consumption function) from girl children as well as from boys. The tradition of married daughters returning home to their families for childbirth or other visits is well established in India (Vlassoff, 1990a) and in fact, one of the Hindu festivals, *Nag Panchami*, is a day when married women, especially those recently married, traditionally return home to be with their families.[7] In a study in Tamil Nadu that examined the reasons behind the widespread preference for one boy and one girl it was found that boys were desired for economic and social reasons, whereas girls were valued for affection and emotional support, household help, and maintaining a good family name (Diamond-Smith et al., 2008). However, the same study noted that female respondents expressed an aversion to having more than one daughter because of the costs associated with dowry.

Role of Son Preference in Family Size Preferences and Fertility: Evidence from the Research

It is clear from the foregoing discussion that there are deep-seated reasons for son preference in Indian culture. A considerable amount of empirical research has been devoted to the degree to which economic aspects of son preference influence the number of children that couples desire and ultimately have, while some studies have also focused on kinship determinants. There is very little empirical research on

the other (religious and emotional/psychological) motivations for son preference and actual fertility. In the following sections the kinship and economic literature is briefly reviewed in order to provide a broad conceptual framework for the present study.

Kinship considerations. Studies of kinship considerations and demographic outcomes in India have focused mainly on aggregate associations between fertility and kinship motivations, such as continuing the family line and inheritance, rather than on data from individual women or couples. For example, a well-known study by Dyson and Moore (1983) separated data by Northern and Southern Indian states, and found that variations in women's autonomy based on "marriage distance" (the distance from parents that daughters moved when they married) were linked to differences in fertility and child mortality. These distances were greater in Northern India, where the separation of young women from their native kin was enforced more strictly than in the South. Thus, female autonomy was lower in northern states, accompanied by higher rates of fertility and infant and child mortality. The states of Maharashtra and Madhya Pradesh were intermediate between northern and southern areas in most indicators.

Even more strongly than Dyson and Moore (1983), Das Gupta et al. (2003) argue for the overarching importance of kinship in determining son preference. Broad associations at the aggregate level are provided as evidence for regional variations, but most attention is given to Northwestern India where kinship considerations are more prominent. Again, no data are presented at the individual level to indicate whether kinship issues are factors motivating the fertility choices and behavior of individual women or couples. However, it seems logical that concerns about lineage and inheritance are so engrained in traditional culture that they influence, to a greater or lesser extent, fertility behavior, including sex selective abortion. Moreover, there is considerable evidence that gender inequalities persist throughout India, and that whatever north-south differences may have existed previously have diminished in recent years (Rahman and Rao, 2004; Pande and Astone, 2007).

Economic motives. Economic motives for fertility have received most attention in Indian empirical studies on son preference, in terms of both the labor contributions and the old age support that children provided. These motives, in fact, have been the subject of considerable controversy, some arguing forcefully that economic considerations underpin decisions about childbearing and family size, while others have reached different conclusions.

The argument that, in India, children provide greater benefits than costs was put most strongly by Mamdani (1972) whose research in a northern Indian village found that having a large family was a rational choice because of the potential labor contributions children provide. Other researchers supported these findings (Repetto, 1972; Caldwell, 1976, 1977, 1978;[8] Cain, 1977; Corbridge and Watson, 1985). Counterarguments were made by Cassen (1978), who held that there was not sufficient evidence to support arguments for the economic utility of children or its link to fertility behavior, and that the opportunity costs of child-rearing had not been fully assessed. Vlassoff (1979) also disputed the Mamdani argument, based on findings from adult men and adolescent boys concerning children's labor. In a parallel study of the village discussed in this book, Vlassoff (1979) found no evidence of a link between the perceived utility of children's labor and fertility. Village men generally reported that the need to invest in their sons' education, in the face of declining landholdings and economic opportunities in the village, made the costs of many children prohibitive. Additionally, children's work formed only a minor part of household labor inputs.

The second economic argument in favor of high fertility as a rational choice for parents is that of old age support and security. Again, two different arguments have been proposed, one (by Mamdani and others) maintaining that children are needed as insurance in old age, especially by poor rural families, and the other by Vlassoff and Vlassoff (1980) finding no evidence of strong filial support to aged parents. Moreover, in the latter study, while some fathers considered their sons to be important sources of old age security, no significant relationship was found between these considerations and actual fertility. In fact, an adequate level of security among older men was determined more by their income than by the number of children they had. Regional variations in India in poverty levels, land ownership, and irrigation may have partly explained these different findings.

In the years following these economic debates, there has been a shift toward a more balanced understanding of the broader development context in which family planning and fertility decisions are made. It is now acknowledged that development processes, especially industrialization and globalization, have brought more and less developed economies closer together, with the move away from subsistence production to monetized economies (Caldwell and Caldwell, 2005). The shift in production to monetization fuelled a steep rise in the nonagricultural work force, partly because the mechanization

of agriculture reduced the need for agricultural workers, and partly because a demand was created for an industrial workforce that was skilled and preferably educated. Countries accordingly put into place universal education systems that expanded throughout Asia in the last half of the twentieth century (Caldwell and Caldwell, 2005). Fertility declines accompanied this process, as couples began to concentrate on the "quality" versus the quantity of children. The choice then hinged on whether to spend money on having and raising more children or on other kinds of investment and consumption. Interestingly, in India and other Asian countries with strong son preference the move toward smaller family size was associated with heightened, rather than reduced, pressure for couples to have fewer daughters (Choe and Han, 1994; Das Gupta et al., 2003). Moreover, it has been observed that income earnings from economic development have not led to greater equality in the distribution of resources between males and females (Rosenzweig, 1993). Advances in gender equality therefore lagged radically behind progress in other areas. In the face of this situation India has made a number of important efforts at the policy and program levels to redress gender disparities.

India's Family Planning Program and Son Preference

In the area of reproductive health[9] India has been in the vanguard globally in terms of legislation, policies, and programs. Public measures to promote family planning began with India's National Family Planning Program in 1947 which, by the 1960s, had become the largest government-sponsored family planning program in the world (Ledbetter, 1984). Its goal was to stabilize the country's population growth, while reducing the adverse effects of multiple births on women's and children's health (Visaria, 2000). In its first decades the Program focused mainly on promoting and providing services for two family planning methods, the male vasectomy and the intrauterine device (IUD) for women (Dandekar and Bhate, 1976). In the 1960s increasing global and national concern over rapid population growth and its negative impact on economic development brought a shift in Program emphasis from a more balanced concern with improving maternal and child health outcomes to a more vertical preoccupation with the achievement of demographic targets (Visaria and Chari, 1998). Around the same time, with the advent of female tubal

ligation technology, women increasingly became the focus of family planning efforts (Srinivasan et al., 2007). The Medical Termination of Pregnancy Act of 1971, which permitted abortion for a range of health, humanitarian, and social reasons, was at least partly linked to the overall fertility reduction strategy (Arnold et al., 2002). During the 1970s time-bound family planning targets were introduced, with the use of economic incentives to encourage people to undergo sterilizations, which (although relaxed somewhat in the post-Emergency period) remained largely in effect throughout the 1980s (Santhya, 2003).

The use of sex selection technologies began in the 1970s in India. In 1975 the government banned their use in the public sector but the procedure of amniocentesis was allowed to continue for health reasons, providing that doctors did not reveal the sex of the child to parents (Arnold et al., 2002). Maharashtra was the first state to pass a law prohibiting sex selection in 1988, followed by other states and the federal government in 1996. In the private sector, however, the practice continued unabated for another 20 years (Arnold et al., 2002).

It was only in the 1990s that the Family Welfare Program evolved from a mostly vertical focus on family planning to a more comprehensive approach that emphasized integrated reproductive health care services at all levels of the health sector. This shift has been attributed to the momentum created by international commitments toward gender equality, including a holistic approach to women's reproductive health (Pachauri, 1999; Santhya, 2003). In 1996 the government abolished method-specific contraceptive targets that had guided the Program for decades. The Reproductive and Child Health Program, launched in 1997, emphasized high quality and comprehensive health services, client satisfaction and decentralized, participatory planning to the local community level. The National Population Policy in the year 2000 provided a balanced framework linking the goals of sustainable development, population stabilization, and reproductive health.

There is considerable evidence that family planning policies have had an important impact on fertility decline in India, especially in its Southern states (Donaldson, 2002; Santhya, 2003; Matthews et al., 2009). However, the vertical approach and the focus on targets, used by the Program for many years, have been widely criticized for emphasizing numbers rather than the health of women and their families, as well as for giving more prominence to sterilization compared to other methods (Santhya, 2003; Connelly, 2006; Robinson

and Ross, 2007). Moreover, the sex ratio in India remains unnaturally balanced in favor of males (World Bank, 2012b). A recent study of sex selection among lower middle class women in Northern India by Unnithan-Kumar (2010) concluded that women's decision to abort female babies was based on their practical understanding of the economic realities of gender discrimination and of their social obligations within a patriarchal family system.

The relative success of fertility reduction policies, compared to gender equality policies, has called into question traditional theories positing women's empowerment as a necessary component of fertility decline. It can be argued that other factors, including the diffusion of family planning information, especially its active sterilization campaign, have largely driven this phenomenon in India (Vlassoff, 1979; Caldwell and Caldwell, 2005). In the subsequent chapters this issue is examined in more detail through focusing on changes over three generations in a rural community in Maharashtra, and the degree to which policies have been successfully implemented there. Maharashtra is an appropriate setting for investigating this question because it is one of the states where son preference has remained strong and entrenched, with an estimated 925 females per 1,000 males (Government of India, 2011), despite widespread economic and social development in other spheres.[10]

Subsequent Chapters: Arguments and Evidence

In this section a brief outline of the subsequent chapters and their contribution to the overall theme of this analysis is presented. Chapter 2 contains a methodological overview of this study, including a description of the process of the selection of the community and the research methods used. Chapter 3 provides an introduction to the study village, its broad characteristics, and changes over time. Each chapter thereafter focuses on one aspect of son preference from a longitudinal perspective. The reasons for son preference are investigated empirically, going beyond previous research to provide comparisons of the same population and geographical setting over more than three decades. The broad thesis to be developed, based on the study's qualitative and quantitative findings, is that, notwithstanding economic development, progress in the area of gender equality has fallen markedly behind. Son preference continues to dominate reproductive choices, as well as the social and economic fabric of the community. This will be illustrated by interviews with groups of respondents of different

gender and age composition on issues related to son preference and how it has affected reproductive choices and behavior (Chapters 4 and 5), issues of inheritance and land holdings (Chapter 6), gender differences in the achievements and aspirations of unmarried adolescent youth (Chapter 7), and the situation of widows, focusing on the support they receive from sons and brothers (Chapter 8). Finally, Chapter 9 draws together the conclusions of the study and their implications for policy change in rural India, and ends with practical recommendations to redress gender inequalities in India.

2

Methodology of the Village Study

Age reporting of girls was always an area of inaccuracy due to the tendency for parents to underestimate ages of unmarried daughters who, parents believe, should be married at puberty. Thirty percent disagreement was found between parents' age reporting on the Household Schedule and that reported by the girl herself on the Adolescent Schedule.

(Vlassoff, 1978, p. 73)

In this chapter the broad methodology of this longitudinal study is described in order to set the general context for the study, while in each of the following chapters a more detailed methodology is presented as it pertains to the specific study population described therein.

In all three periods,[1] 1975–76, 1987, and 2007–08, the study used a combination of qualitative and quantitative (survey) methods. The same core information was collected on social, economic, and demographic characteristics of village households and respondents, in order to allow for a quantitative assessment of change over time. After the first study, the research broadened from a mainly demographic focus on women, fertility, and family planning to a more anthropological approach incorporating research on village institutions, such as educational and health services, migration, inheritance patterns, and challenges facing special groups such as widows. Respondents were asked to elaborate on their answers whenever possible and qualitative

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responses were recorded. Other qualitative methods included key informant interviews (with male and female leaders and village council members, school teachers, students, health professionals, etc.), in depth interviews, informal group discussions, focus group discussions, and participant observation.

The strategy of combining quantitative and qualitative approaches was chosen in order to have measurable results from questionnaire data, as well as more comprehensive contextual information about the community to enhance the analysis and interpretation of the findings. It was felt that the complex phenomena of rural culture, gender relations and many social, economic, and demographic factors could not be understood without an in depth understanding of local beliefs and practices. The sensitivity of many of the study's questions also necessitated deeper exploration than would have been possible based on simple "yes/no" or other precoded responses.

The village study, part of the author's PhD program and supported by the Shastri Indo-Canadian Institute, began in November, 1975, after nine months of preparatory work at the Gokhale Institute of Politics and Economics, University of Pune, her host institution. Preparatory activities included a literature review, language training in Marathi, questionnaire design, pretesting, and field trips to select the study village, Gove. The village was one of six communities randomly chosen by the author's PhD supervisor, Professor Kumudini Dandekar, for two earlier surveys (Dandekar and Bhate, 1976). It was anticipated that there would be fewer problems of acceptance (especially of a foreign researcher) in a village that had already been exposed to social research, and that the previous surveys would provide useful background information for the study.

The village selection was based on four broad criteria: it should resemble, in demographic and socioeconomic characteristics, other villages in Satara District; it should be fairly large to allow for the inclusion of a wide variety of respondents; it should be within a day's journey of Pune and accessible in all seasons; and, if possible, it should have some modernizing influences, in order to determine how village women were affected by these changes.

In May, 1973 the author made a trip to the six villages. Two were eliminated quickly because they had populations of under 1,000 people and were considered too small. Two others, located on main highways and thus in regular communication with urban areas, were not typical of most rural Maharashtra communities. The two remaining villages were similar in size, "ruralness," and socioeconomic

characteristics, but Gove was chosen because it was closer to Pune (100 km compared to 150 km) and because agricultural progress was more visible there, including an experimental hybrid seed processing plant.

Why Focus on a Single Village?

The reasons for focusing on a single village were several: the greater manageability of the data collection which was done by the author personally; the sensitivity of the subject matter, especially aspects relating to sexual issues, family planning, abortion, and, in the later studies, HIV and sex selection; and, most important, a desire to understand the complex phenomena referred to above. In the first study especially, the identification and measurement of women's cultural attitudes, and how these could be differentiated as more or less modern within the village context, were a special challenge, especially for an expatriate researcher. It was felt, therefore, that an ongoing familiarization with local beliefs and practices would not only clarify the meaning of concepts to be studied but would also greatly enhance the analysis and interpretation of the findings. Focusing on one village allowed for a much deeper understanding of the community and its members than would have been possible using large-scale surveys of selected individuals from different villages. The experience of living in the community allowed for continual clarification of findings and interpretations that could not otherwise have been explained. For example, discrepancies or distortions in the survey information, such as the issue of age reporting (highlighted in the introductory quotation from the author's field notes), could be cross-checked or further explored with respondents. The trust built through longer, continuous contact with the villagers facilitated such investigations.

A further benefit of sustained participation in the life of a community was that it facilitated the discovery of new hypotheses. As Aaby (1984, p. 1) observes, large-scale surveys tend to be dominated by prior expectations or hypotheses and hence "the unexpected is frequently unobserved or neglected because there is no way to revise the initial research design." In participant observation, by contrast, looking for unexpected or new experiences is part of the overall research endeavor, permitting considerably greater power of explanation. Aaby also highlights another advantage, not generally recognized, of having complete data on all households in a study area. Such data facilitate the reorganization of information at different levels of aggregation, a

procedure which would not be possible with sample data alone. For example, when searching for an explanation of high case fatalities in a measles epidemic in a Guinea-Bissau community, he found no correlations with variables expected to be significant, such as nutrition, housing conditions, or other socioeconomic factors. While coding the list of children who had died from the epidemic, the researchers noted that deaths had occurred to those with adjacent numbers on the list, suggesting that such children belonged to the same family. They therefore organized their data from individual to household level in order to incorporate characteristics of siblings and other family members and discovered that measles attacks were more severe when several children in the same household were ill simultaneously (Aaby, 1984). This tracing of individuals back to their residences was possible because of the existence of a complete census of village households and individuals within them. Such insights were also possible in the present study because of the availability of different sources of information concerning the same individual (e.g., household and individual-level questionnaires, qualitative observations, etc.).

Pretesting

In the longitudinal study described below, pretesting of the study instruments was carried out in different villages within 40 km of Pune. The pretests were conducted with the help of Pune researchers from the Gokhale Institute (in the two first studies) and ARI in the third study. After the pretest, the author revised the questionnaires and finalized them for the principal study in Gove. One important recommendation arising from the first pretest was to keep the questionnaire as short as possible because women were busy with domestic and agricultural chores and could hardly spare the time for the interviews. Thus the questionnaires were revised to make them as concise as possible, resisting the temptation (a common pitfall in social science research) to include questions that were potentially interesting but not directly relevant to the study's goals.

Pretesting played an essential role in the preparation and revision of the study's questionnaires, but it also allowed for the testing of research strategies. For example, privacy in the interviews was considered essential because of the personal nature of the questions, but it was also recognized that obtaining it could be a challenge in the context of crowded village households. Mothers-in-law frequently objected to their daughters-in-law being interviewed alone.

Since the younger woman's status was much lower, and because the mother-in-law often had considerably more leisure time, she often offered to be interviewed instead. Several key informants pointed out that mothers-in-law who interfered in this way feared that their daughters-in-law would complain about their treatment or divulge family secrets. While such substitution was clearly out of the question, the problem of obtaining privacy was felt to be a real obstacle. During the pretest, therefore, several trial interviews were conducted in the presence of other family members in order to assess the feasibility of this approach. The results were highly problematic. Some respondents were shy, some giggled and ran away, and some asked others to reply for them. Often others interfered and offered their own interpretations and sometimes the respondent's answers were debated by those listening. Often, too, other neighbors, hearing the lively discussion, would drop in and give their opinions. It was therefore clear that privacy was mandatory for obtaining reliable information, and was insisted upon in all questionnaire interviews in the Gove study (further discussed below).

The First Study—November 1975 to July 1976

The first village study was conducted in 1975–76, but is referred to subsequently as 1975 for the sake of brevity. When the researcher moved to the community, the *Gram Panchayat* (village council) made arrangements for accommodation and logistics. Rooms were provided in the second story of a sprawling Brahmin home in Gove, where a hospitable welcome was received. The head of the household was a village elder who was highly respected in the community and acted as an unofficial arbitrator of local disputes. His home was the only one (of 25 Brahmin families) saved from destruction during the anti-Brahmin violence in Maharashtra in 1948, sparked by the assassination of Mahatma Gandhi. The explanation given for this fortunate exception was that this family resided in the village, managed its own land (as opposed to operating it as absentee landlords), and ran a household dairy business. As the wife of the Brahmin elder recounted:

> *Gove had a lot of independence fighters and, because of the river, the British never found them. That way, we were also protected by the river from the degree of violence experienced by Brahmins in more accessible areas. Still, our house was partly burned in a fire. It took us three days to put it out by continually pouring pails of water on the*

> *roof. We didn't dare spend the night here. We gave our valuables to other villagers to keep for us and we had to close down our business. Finally, I got so worried I fell ill, so my family came to take me home for awhile. Generally, however, the village people treated us very well . . . We had land and a business here and they used to tell us not to worry about anything. Still, it was a very hard time for us. (Gove village, Field notes, 1975)*

At first, the reactions of the general community to the researcher were mixed. Some people, especially the leaders, were welcoming and open; some were polite but reserved; while others were obviously suspicious. An almost universal response, however, was intense curiosity about the study and the researcher. The following field notes provide a glimpse of these early days and impressions:

> *Most women and many men do not seem to realize that I am not Indian because they have little understanding of other countries. Most assume that I am from a northern Indian state, such as Assam or Himachal Pradesh, where people have fairer complexions. Villagers are endlessly curious. I have had to learn to gracefully accept their presence as observers of most of my daily activities. Even routine household chores—cooking, cleaning, washing clothes and bathing in the river—are watched with considerable interest. (Gove village, Field notes, 1975)*

The first three weeks in the village were spent mapping the area in order to provide a framework for the study's household census. It was also an excellent way of familiarizing the researcher with the main village and its hamlets, orchards, fields and crops, and most importantly, with the villagers themselves. The main village was divided into several neighborhoods, and all houses in each neighborhood were given a household number. Although the households already had census numbers, they were nonsequential and not always readily accessible. It was therefore more logical to use sequential numbers for houses that were next to or close to one another. A household was defined as a group of members who shared a common hearth, in keeping with Indian census definition.

Based on the village map (Figure 2.1), a census was taken of all inhabitants, including their sociodemographic and economic characteristics, using questionnaires administered to all 371 village households. A male research assistant from the Gokhale Institute of Politics and Economics helped administer these questionnaires.

The respondent was the household head or a senior member of the family. This information provided the basis for the selection of eligible respondents for the main survey of married fertile women aged 15–49[2] and adolescents aged 15–19. By the end of the mapping and household census, lasting approximately two months, the villagers came to realize that the research was having no adverse effects and most showed little continuing interest in the study. This was especially

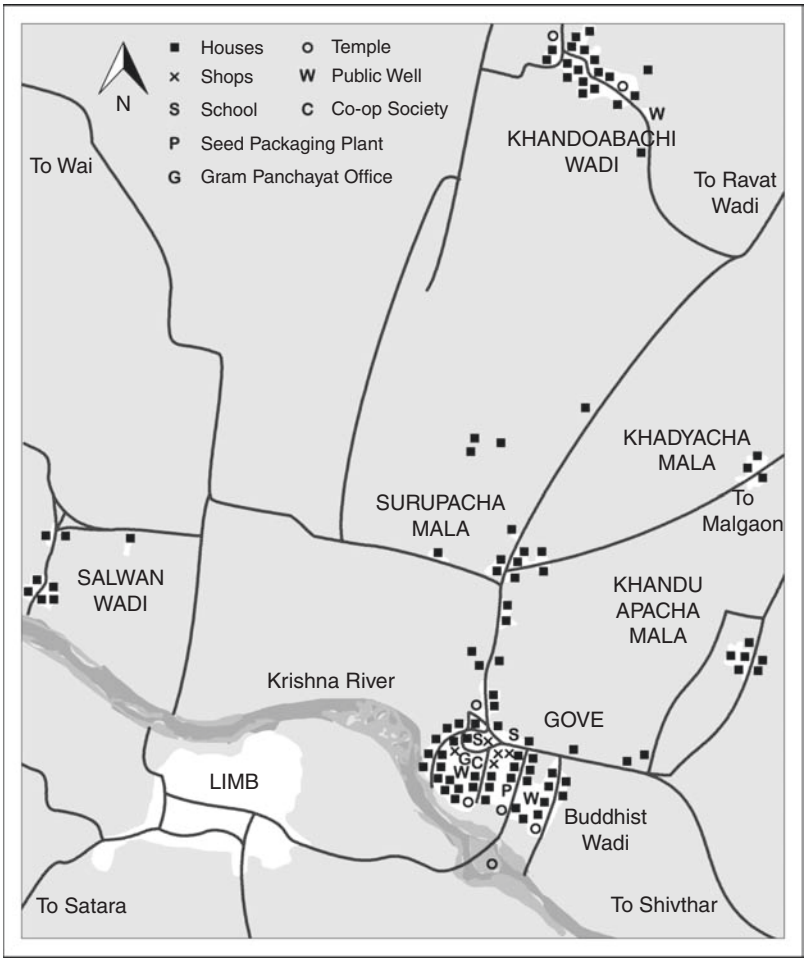

Figure 2.1 Map of Gove and surrounding area, 1975*.

*Map shows bridge across Krishna River which was not there in 1975, but was built in 1982.

true of women, who found research incomprehensible, but never tired of observing and commenting on the author's personal attributes, Marathi language ability and activities.

For the main survey of married women, described in more detail in subsequent chapters, a local assistant, an 18-year-old high-school graduate, was recruited to accompany the researcher in all interviews. She helped to put respondents at ease and typically repeated the questions for those who did not understand the author's Marathi or were shy about answering questions. In general, cooperation was good, considering that the interviewees were mostly illiterate women, unaccustomed to articulating their views and beliefs.[3] Since all important decisions were made by men, they were rarely consulted about their opinions. To circumvent this shyness, individuals who seemed most receptive to the study, such as leader's wives or those with more education, were asked to do the first interviews. Their example helped assure more reticent respondents that the process was harmless. Following these first interviews a more systematic process of working neighborhood by neighborhood was used, beginning with women from the *Harijan* (backward caste) neighborhood. Because the research assistant was from this area cooperation was easily obtained.

At the beginning of each interview the purpose of the study was explained to the respondent, and she was urged to ask questions or to express any concerns she might feel. Nonetheless, obstacles presented themselves, as the following field notes indicate:

> *Today a woman answered about three-quarters of the questions, then suddenly stood up, said she was tired and had to go. I asked if I could come back later. She said no, she wasn't educated and couldn't answer my questions. As we were leaving, several other women gathered around and began to mock my questions ("How many children?" "What is your age?"). Fortunately, without my asking, several influential village men went to speak with her. In a little while, she came to my room and squatted beside me. She apologized and practically begged me to ask her the rest of the questions. When I finished, she said, "Only that much?" (Gove village, Field notes, 1976)*

Cooperation was enhanced by scheduling the interviews at times convenient to the respondents, made possible by the researcher's continual presence in the village. During peak agricultural periods, for example, the interviews were held in the early morning before women left for the fields, or late in the day after they returned. In the summer the interviews were conducted in the hot afternoons when women

generally rested and were more receptive. The most reticent women were left until the end of the study, by which time their anxieties had generally diminished.

Privacy was insisted upon and achieved by refusing to start the interview or by simply waiting politely until all others had left the room. Sometimes the respondent was taken aside to an outside shed or a shady area under a tree. Occasionally the research assistant would fetch her and bring her to the author's home. If interrupted during the interview, the process was temporarily terminated until privacy could be obtained once again. In many cases, return visits were needed to finish the interviews. Also, most villagers (with the exception of some mothers-in-law) came to accept that the interviews concerned "women's matters" and therefore privacy was expected. The rapport established with the community helped to obtain compliance.

The research team understood that mutual understanding and cooperation were enhanced by patiently addressing women's fears and concerns. For example, gentle probing revealed that one woman's unwillingness to be interviewed stemmed from a tragic succession of infant deaths she had experienced and her premonition that the interview would revive these painful memories. Another was afraid that the interview would expose her husband's leprosy, something the family had tried to conceal from the larger community. Still others were afraid that the study was connected with the sterilization program and that cooperation would result in their being enlisted for the operation. Since these doubts and fears were closely related to the nature of the study, it was important not to overlook the views of such women. Although dialogue with them and the occasional need for return visits often slowed down progress, the result was a high response rate of 99% of all eligible women.

The number of married women's questionnaires administered daily was limited to four in order to allow time for same day coding, data checking, and field notes. Household tasks were also time consuming. For example, all meals had to be prepared by the researcher who learned to cook local food and use a hand-pumped kerosene stove to make *roti* (Indian bread), *dahl* (spicy lentils), and *bhaji* (vegetables). Clothes had to be washed in the river along with other village women and water had to be carried from a well for daily use. The rest of the time was spent talking with villagers, visiting the temple where people often sat and chatted, and attending special functions such as weddings, infant-naming ceremonies, and festivals. This involvement in local affairs provided opportunities to socialize with women

on an informal basis, and eventually to gain insight into their deeper concerns, such as concealed pregnancies and abortions, folk methods of contraception, sexual problems, and mistreatment by family members (especially husbands and mothers-in-law).

A survey of adolescent girls was also undertaken by the author, accompanied by a married Gove woman, the Brahmin daughter-in-law in the author's village home. The young assistant who helped with the married women's questionnaires was unable to assist with the adolescent interviews because she herself was eligible for them, being in the same age group. These interviews were left to the end of the study period, by which time the author's Marathi was comprehensible to the interviewees and the married assistant, known and trusted by the girls, helped to put them at ease. A sample of 40 adolescent boys was selected for comparison and interviewed by the male research assistant, mentioned previously. More information on the methodology and results of the adolescent study are contained in Chapter 7.

The fieldwork was completed in August, 1976. The researcher returned to Pune where another 18 months were spent completing the data entry, analysis, and writing of the dissertation. Return visits to the village were made at least once a month for clarifying doubts or questions arising from the analysis, or for special social functions.

The Second Study—July–September 1987

In 1987 the second study was undertaken, again focusing on women and adolescents, and incorporating two new population groups, widows, and temporary migrant laborers. The research team was housed in the same Brahmin household where the author had resided in 1975. In the meantime, unfortunately, the household head had passed away and the home was now occupied by his widow, one of his sons, his daughter-in-law and grandson.

The first step in the three-month research process was mapping the village to update the 1975 information and to provide the basis for the subsequent steps of the study. Household questionnaires were administered to all 464 households, using the 1975 questions, some of which, such as type of household commodities and income categories, were updated to correspond to changing conditions. Whereas in 1975 the author administered all questionnaires personally with the help of one main research assistant, in 1987 research assistants were recruited for all questionnaire interviews. This was partly because of the shorter time available for the study, and partly because the

funding provided by the project was sufficient to train and provide employment for local assistants. Thus, 5 male high school graduates from Gove were selected from a pool of 20 applicants to assist with the mapping and household questionnaires. The team was trained in interviewing techniques and in coding the information from the questionnaires. A local fieldwork coordinator, the son of the 1975 Brahmin village elder who had passed away in the interim, was also appointed. From the very beginning of this second study, he had voluntarily assumed responsibility for many of its logistical aspects. The team jokingly dubbed him "supervisor," and this quickly became his designated role. Every morning he distributed the day's questionnaires, household lists, and maps to the team who assembled on a mat on the long veranda of his home for their daily instructions. He also supervised the coding sessions of the research team in the afternoons and evenings.

For the married women's questionnaires, two female research assistants with postgraduate training were recruited from outside the study area with the assistance of the Gokhale Institute of Politics and Economics, Pune. They had rural backgrounds, lived in the village with the author throughout the period, and were well accepted by village women. The same woman who had assisted with the 1975 adolescent survey conducted interviews with the 1987 cohort. The male research assistants mentioned earlier conducted the interviews with adolescent boys and helped with a new component of the study, a questionnaire for temporary migrant laborers, referred to above.

In 1987 the author's main work was the overall organization of the research, general supervision and spot checks of the interviews, daily checking of questionnaire coding and regular debriefings with the research assistants about their experiences and observations. In addition, in-depth interviews were organized with a selection of village widows, described in Chapter 8. An English-speaking assistant from Pune, a young female lawyer who had recently completed her training and had an interest in the rights of disadvantaged women, was recruited to assist the author with the in depth interviews. She also played a key role in interpreting the tape recordings from these interviews which were reviewed together and discussed after their completion.

General findings and interpretations from these various interviews were discussed with key informants from the village, without disclosing the sources of the information, especially when new findings or hypotheses were emerging. The informants appeared to enjoy these

interchanges and often visited the research quarters to sip tea and offer information and assistance. Overall, the 1987 study was completed in the available time and with few problems, resulting in a wealth of data, mainly due to the efficiency and energy of the research team. A logistical problem, described below, occurred when one of the walls of the house where the author was staying collapsed, taking with it part of the roof. Fortunately, as explained below, no one was inside the quarters at the time of the incident.

> *I was away in Delhi for four days and when I got back my room had collapsed in a torrential storm! Luckily I wasn't sleeping there! It happened at 3 a.m. and, from what I am told, there was a great rumble of brick and mud and a lot of dust. It didn't cave in directly over my bed, but it would have been hard finding an escape route through the rubble. I have moved upstairs to my old living quarters, though the adjoining rooms are closed up because they are also falling down. This area seems to be holding up alright, but I am not terribly confident. There are many holes in the walls and the roof is sagging. (Gove village, Field notes, August 21, 1987)*

Between the different studies, contact was maintained with the village through letters and periodic visits. In 1992 a short research visit was made to collect information on migration, including both in and out-migration to and from the study area and how it affected, and was affected by, economic development at both origin and destination. Focus group discussions and in-depth interviews were held with farmers, in-migrants, and return migrants from Mumbai (then Bombay). Participants were all male, because female migration was almost exclusively for the purpose of marriage. While these results are not specifically discussed in this book,[4] they do inform some of its findings, especially those in Chapters 3 and 6.

The Third Study—October 2007 to February 2008

The third main study was undertaken in 2007–08 (referred to subsequently as 2008). As noted in the Preface, due to the sizeable time gap between this study and the previous ones, the author visited both Pune and Gove six months before initiating the study in order to assure the cooperation of the village and other partners. Technical

and logistical support from the Agharkar Research Institute (ARI), Pune, was arranged during that visit. The villagers offered enthusiastic support from all sectors, including formal and informal village leaders and members of the community. Different options for lodging were presented, among them the village high school guest accommodation which proved to be the most convenient choice. The previously used Brahmin house was not available as the old home was scheduled for demolition and reconstruction.[5]

After returning to India, having completed the draft questionnaires and having obtained ethical clearance from the University of Ottawa, the author spent three weeks in Pune working with researchers from ARI who provided a critical review of the proposed study and helped with the pretesting and finalizing of the research instruments. ARI colleagues also gave ongoing technical advice during the fieldwork. In order to allow for longitudinal comparisons the interview questions were substantively the same as in the two earlier studies, but, as in 1987, they were updated with relevant content (e.g., income categories, household commodities, etc.). A separate project (not described in this book) was conducted with researchers from the Department of Biometry and Nutrition, ARI, on the nutritional status of young village children. A component on HIV-related stigma was also incorporated into the research in 2008 and is discussed elsewhere (Vlassoff et al., 2012a; Vlassoff et al., 2012b).

The selection of the high school guest house for the research office and author's accommodation had several advantages. Unlike the rest of the village, it was not subject to "load sharing" (lengthy electrical power cuts), except after 11 p.m., making it possible to continue working throughout the day and into the evening. Moreover, the quarters had a separate entrance and three rooms, providing a convenient place for teachers and students to drop in for a chat on their way to and from work or on breaks between classes. The guest house was on the bank of the river where the main Hindu temple was located (see Chapter 3) and villagers, both men and women, visited it regularly. Many would stop in for short visits, facilitating continuous interchange with the villagers concerning their activities and local news.

As in the 1987 study, a household questionnaire was administered to all village households by three male college students from Gove who were selected from a pool of 12 candidates interviewed. The team first mapped the village, using the previous maps as a reference and adding the many new houses that had been built over the

interim. The assistants were then trained by the author in interviewing, including the administration of an ethical consent form preceding the interviews. This initial phase took about one month, longer than in the earlier two periods because of the larger number of households. While the household census was being conducted two female research assistants from outside the study area were recruited to conduct the married women's interviews, on the recommendation of the Master of Social Work (M.S.W.) program in Satara. As in 1987, interviewers who were not known to the community were selected for these interviews in order to increase the ease with which women would answer the questions. The two research assistants came from a rural area of a neighboring district, Karad, and both were recent graduates of the M.S.W. program. As such, they had considerable experience in interviewing and community work.

Again in 2008, lists of all currently married women aged 15–49, and all unmarried adolescents aged 15–19, were prepared on the basis of the household schedule information. Samples of adolescent girls and boys were randomly selected from the total population of in- and out-of-school youth. In addition, focus group discussions were conducted with men who had migrated temporarily to places outside the village to work, and a separate focus group was held with wives of temporary migrants. In addition, in depth interviews were held with a selection of village widows. For the male interviews a male research assistant with a Bachelor of Social Work degree was recruited from outside the village. The author conducted the focus group and in depth interviews personally, with the help of the male and female research assistants. These study populations are described in more detail in the subsequent chapters.

In 2008 a component on farmers spanning three generations was added to the study in order to investigate the implications of land division among sons over time. These interviews were conducted by three adult village men who were able to obtain useful information as a result of their knowledge of the area and their respected standing in the community. More details on their selection and role are contained in Chapter 6.

Addressing Methodological Problems

Reconciling data errors and inconsistencies. Misreporting is a long recognized challenge affecting the reliability of demographic data in developing countries (Brass and Coale, 1968; Brass, 1975; Anthopolus

and Becker, 2010; World Bank, 2012a). The problem seems to stem from several factors: the lack of education of many rural people, especially women, a failure to engage the respondent in the subject matter, or cultural or emotional barriers to providing truthful answers. Misreporting was often encountered in this research, more frequently in 1975, but also in the subsequent studies. The problem was particularly acute among illiterate respondents who had difficulty providing numerical information such as age, number of years married, and even, to some extent, number of children ever born (Vlassoff and Vlassoff, 1978). Answers such as, "Why should I know that?" or "You are educated. You tell me," were not unusual. One woman said, "My mother died when I was a child, so I don't know." Often people would give an elderly person's age as 100, illustrating both nonnumeracy and a lack of appreciation for the importance of accuracy in research. Such information was coded as a nonresponse unless there were other ways of determining the accurate information.

Wherever possible, the accuracy of data was checked by "triangulation" of respondents' answers, the validation by cross verification from different data sources, such as official records, reports of others, or asking the same question in different ways. When the respondent did not provide age information confidently, other sources were consulted (e.g., school records for children's ages, death records for child deaths, or marriage certificates for marriage dates). Sometimes the answers of the same respondent to different questions could be cross-checked. For example, age at marriage could be estimated by asking the respondent whether she had started menstruating (reached puberty) at the time of her marriage and if not, how soon afterwards she began menstruating. Menstruation was estimated to begin at 12–14 years, depending on whether the respondent reported starting at a young or older age. If she had already begun menstruating at the time of her marriage, she was asked how soon after this she married. The respondent's age was also checked by calculating the time between marriage and first birth, followed by a detailed pregnancy and birth history. Generally, women were able to provide information on pregnancies, outcomes, and children fairly readily because information on each child was recorded sequentially by name. If there was a long gap (3+ years) between births, the interviewer probed for possible miscarriages, abortions, stillbirths, or child deaths. Routine cross-checking and verification of information were especially necessary in the two earlier surveys because of the lower levels of education of female respondents. By 2008, a large proportion of married

respondents could provide not only their ages and those of their children, but also specific dates for events such as marriage, births, and deaths.

Cultural and emotional issues also affected the accuracy of responses. One of these was the gender issue highlighted in the introductory quote in this chapter, in which the ages of unmarried girls tended to be misreported. Infant and child deaths were a particularly sensitive topic and women would sometimes neglect to mention them. Gentle probing would often reveal such missing information. Sometimes, too, respondents felt responsible for such deaths and hence their memory was especially painful. For example, one woman whose only son had died as a child was vague when questioned about the cause of death. She began to weep and simply replied that he was ill. Later, neighbors explained that the child had poured kerosene over himself and burned to death, and that the mother blamed herself. Such supplementary information provided by others sometimes completed the picture.

Triangulation of important background information such as the above was often facilitated by villagers who exhibited special interest in the study and concern that the data be as complete and accurate as possible. Often the village helpers or host family members would ask, with respect to someone just interviewed, "Did she tell you about . . .?" and proceed to provide valuable supplementary information which could later be verified with the interviewees themselves or with other reliable sources.

Objectivity in qualitative research. One of the greatest challenges in this study was achieving objectivity and distance as a participant observer. The difficulty consists in being attuned to the community, while at the same time exercising a critical eye and maintaining some distance or objectivity, a problem also highlighted by other researchers (Popper, 1959; Kitcher, 1993; Haack, 2003; Resnik, 2007). Objectivity refers to the need for beliefs, hypotheses, and theories to be based on evidence and rational argument instead of personal or other biases (Resnik and Kennedy, 2010). The researcher's familiarity with the village after the first study made it relatively easy to adopt local customs such as dress, manners, and the observance of certain taboos, such as fasting on certain days. Thus, especially in the two later study periods, it was often difficult to decide what observational material to record and what to leave out. Of course, extensive notes were kept on the specific subjects of interest, but many characteristics of the village or villagers that had seemed unusual and noteworthy

in 1975 no longer appeared so in 1987 or 2008. On the other hand, a comprehensive ethnological investigation was not the intention of the study, and the failure to maintain complete objectivity had to be recognized and accepted.

In much the same way as participant observation demands a delicate balance between the full involvement of the researcher and impartial dispassion, objectivity may have been sacrificed by involving members of the study population in the research process. This problem was partially rectified by seeking the participation of people with varying social, economic, and demographic characteristics and correspondingly different beliefs and customs. For example, the author met with people of different ages, castes, political parties, and geographical areas of the village. Arguments were also presented to people from different perspectives in order to elicit reactions and assess the degree of intensity with which beliefs were held. This sometimes resulted in the qualification or clarification of an opinion or in the further elaboration of an issue. Moreover, a deliberate effort was made to consult people to whom the author was not immediately attracted, and to obtain their viewpoints. This strategy, which in many ways remained subjective, was preferred to the anonymity characteristic of large-scale surveys. As Caldwell et al. (1984, p. 22) notes:

> Perhaps the most disturbing experience in the social sciences is to meet a research team who . . . "[has] just got out of the field" and who have not the slightest idea of the direction in which their findings will lead because this will be revealed in the computer printouts . . . Seminars among demographers and quantitative sociologists often develop an almost surrealist atmosphere as participants examine cross-tabulations and venture guesses about what the societies concerned must be like.

Moreover, the involvement of community members greatly facilitated the research process, including the determination of convenient times to interview specific populations. For example, knowing that many younger married women would be absent from the village for *Nag Panchami* (see Chapter 1) allowed us to adjust our schedules accordingly. Another illustration concerned women's names. In some situations the husband's family gave the bride a new name when she entered its household. Depending on who provided the information or the degree of adherence to this custom, the woman may have used either her previous or new name. Such confusion was easily sorted out by the village assistants who usually knew the woman or family, thus avoiding the need for further clarification. This was especially

important for 1975 respondents who were reinterviewed in 1987 because they occasionally had different names in the two household schedules.

Privacy. The difficulty in obtaining privacy in interviews has been discussed above. Unfortunately, this subject is not often addressed by research reports from India[6] or by large-scale surveys such as India's National Family Health Surveys, a series of national surveys for India and its individual states (IIPS and Macro International, 2007). The degree to which the presence of others affects survey responses is an important issue and should be discussed in relation to the meaningfulness of research results. The requirement of privacy in the present study contributed considerably to the robustness of the data.

A related issue was the difficulty experienced by the author in obtaining privacy for daily chores and research-related activities such as coding checks and field notes. This was mentioned earlier with respect to acclimatization to the village during the first survey but it continued to be a problem, even in the third study period. This can be seen in the following quote from field notes a day after arriving in the village:

> *Today I unpacked some of my things but could not completely unpack because there is no place to put things. Fortunately I managed to lock my valuables in one cupboard and my (completed) pretest questionnaires in another. I was glad I did because later the teachers came in and looked around, even peeking in my box full of blank questionnaires and removing one to discuss it with the others! Another villager came in and looked through each of my rooms (kitchen, bedroom and front "office"). After he left I noticed that he'd pulled down my bed cover to examine my pillow and sheets! In the village one soon loses one's private identity. Today I feel like the village owns me. (Gove village, Field notes, Oct. 22, 2007)*

While such intrusions were sometimes irritating, it was recognized that the villagers were making every effort to facilitate the study and that it was necessary to be as open about its nature as possible, while keeping specific findings concerning individual respondents confidential. As time passed, common ground was established and community members came to accept that a certain amount of privacy was necessary for the work to proceed on schedule. However, balancing the needs of the study with the social prescriptions of being a guest in the community was a constant challenge.

Gathering in depth information. Another methodological problem was that the information gained from the in depth interviews was often less extensive than expected, sometimes necessitating repeat visits to the same respondents. Some proponents of in depth interviews recommend that the researcher spend several days or weeks with a single respondent or family (Nag et al., 1982), but this was not feasible. Villagers were too busy to accommodate lengthy periods of discussion, especially if the topics were not directly related to their immediate concerns. They would usually ask, "What is it you would like to know?", and answer the questions so that they could get on with their work. Thus shorter, repeat visits were more practical than spending long periods of time with single individuals. Hull et al. (1984, p. 5) also highlight this issue. "The compact geography of a community makes a staged approach to the survey feasible, and allows for shorter, more frequent interviews which are less disruptive to the respondents . . ." Older women had more spare time but they also tired easily, so even they preferred discussions of shorter duration. In some cases, too, respondents tended to conceal painful memories and thus to provide only partial information on a topic at any one time.

Statistical Methods

For the analysis of the data both quantitative and qualitative data analysis packages were employed. For the quantitative data SPSS was used for all surveys, whereas the qualitative data were analyzed manually for 1975 and 1987, and by a computer package, MAXQDA for 2008. For the statistical analysis contained in the following chapters basic descriptive statistics are presented for the most part, with the exception of Chapter 4, where multiple regression analysis is used.

Ethical Clearance

In the two earlier studies ethical considerations were part of the study's approval process in both Canada and India. In 2008, ethical clearance was obtained from the Research Ethics Board, University of Ottawa. As noted above, in all phases of the study the respondents were informed about the nature of the research and their verbal consent to participate was obtained and verified in writing by the interviewer.

3

The Village Context: Changes over Three Decades

Today, returning to the village from Satara, the river had swollen dangerously and, to give the boat enough leeway to reach Gove on the other side, we had to wade further up the bank (where the boat was anchored) in knee-deep mud that felt like quicksand. I was part of the first group of those waiting to cross. We made it safely, drifting downstream quickly with the current, everyone chanting "Krishna Mahadev Ki Jai." The next crossing, however, was nearly a disaster. The boatmen, tired from their exertions, did not push the boat upstream this time, and it missed its landing spot and started swirling down the rapid current. Miraculously, the boatmen spotted three men who were dragging out a tree that had fallen into the river, and threw them a rope. They managed to catch it and pull the boat to safety.

(Gove village, Field notes, 1976)

This chapter describes the rural setting in which the study village, Gove, is situated. It is located in the Deccan plateau of Maharashtra State, on the north bank of the Krishna River about 14 km north east of Satara city (Figure 2.1). Driving from Pune to Satara on the four-lane Mumbai-Bangalore expressway, the turn off to the village is about ten km before Satara. Taking a deteriorated but mainly paved road for about four km to the village of Limb, and continuing a short distance to the river, Gove can be seen on the opposite bank. In 1975

C. Vlassoff, *Gender Equality and Inequality in Rural India*

the road from Limb to Gove was motorable for about five months in the dry season. During the monsoon the river had to be crossed by boat and the road to Limb became a quagmire of slippery, knee-deep mud. A daily bus service from Koregaon to Wai cut through the village during the dry summer months, and there were three buses daily from Limb to Satara. Now, by contrast, the village is in constant communication with the outside world, thanks to the building of a bridge across the river, completed in 1982. Buses, auto rickshaws, trucks, and other motor vehicles share the pot-holed road with bicycles, ox carts, and pedestrians, plying not only from the main highway to Gove, but also to communities further inland.

As one approaches the Krishna River from Limb, Gove looks serene and inviting, rising gently on the opposite bank behind the 300-year-old Sri Koteshwar temple situated on a rocky outcrop in the middle of the river. The Maruti temple beside the river is nestled under a sprawling banyan tree where Gove elders rest during the day. To its right, Koteshwar Road, bordered by houses on both sides and an occasional shop, ascends from the river to the village center. On the other side of the road is an acre of "temple land" that is cultivated by the village for the benefit of Sri Koteshwar.

At the village center a wide set of steps leads up to the main square and the *Gram Panchayat* (village council) and Cooperative Society offices. This is a popular area for men to linger and share news at all hours of the day and night. To the north, continuing along Koteshwar Road, is a small market area where a few villagers sell fresh vegetables and fruit during the harvest season. There is also a tailor, dairy, barber shop, several small general shops, from which eggs, grain, pulses, and other staples can be purchased, and two "hotels" or tea shops selling tea and snacks. Here, too, a sprinkling of men is usually seen. Although the main diet of the community is vegetarian, mutton and chicken are readily available from the largest Muslim family in the village, also located near the village center. In 1975 the same family butchered goats twice in a week.

Continuing past the village center, one arrives at the primary school, behind which the cultivated fields begin. Laxmi Road roughly corresponds to the eastern limit of the village higher caste households, east of which is the scheduled caste area, *Nav Boddh* (New Buddhist) *Westi* (settlement). The main village is separated from the *Westi* by a large green valley and a creek. The *Westi* is named for its largest scheduled caste, the New Buddhists (discussed below) while the *Mangs* constitute the largest of the other scheduled castes who reside

there. The *Mangs* live closer to the river and tend to remain in their own area of the community. The *Westi* has its own well and New Buddhist temple.

To the west of the village center is Gove's most populated area, where the main village well, a number of small general shops, a mill, dairy, a milk products business, and the Bheyranath temple are located. Several small densely populated lanes run off the main road, where a few small home businesses, mainly run by women, are located. These include three beauty parlors, two clothing shops, and a decorations shop. Many of the houses are joined together in a single row, but some are also in the traditional form of *wadas* which consist of several households clustered in a square around a single courtyard. The largest and most historic of these, Mohite Wada, dates back five generations to its original owner, an *Inamdar* or prominent local official with large tracts of land who collected revenue from the people who worked on it. At one time this *Inamdar* was said to have owned over 300 acres of land. The Wada is still a landmark in Gove and has been recently renovated.

In 1975 most of the houses in the village had brick or stone walls, plastered over with mud. Thatched huts were interspersed among bigger, more durable houses with tiled roofs. There were also many partial remains of Brahmin homes that were burnt down during the anti-Brahmin riots mentioned in Chapter 2. In 1975 there were only two private latrines in the village, both in Brahmin homes,[1] and the other adults relieved themselves in designated open spaces. Children generally used doorways and roads. Dogs and buffaloes consumed this waste. Later, through a *Granmpanchayat* program, several public latrines were built in strategic places in the village, and all of the more prosperous houses had indoor latrines. In 2010 Gove (after this study was completed) was declared a "clean village" under the *Nirmal Gram* program of the Indian government. Nonetheless, some people continued to use the outdoors, especially temporary laborers who did not have permanent houses, many of whom lived in the fields outside the village. In addition to hygienic facilities, a *Nirmal Gram* village must comply with a number of other conditions, including proper drainage, waste water management, and clean water.

Whereas in 1975 only two telephones existed in the village, by 1987 many households had land lines. By 2008, telephone communication had greatly improved. In response to the more affordable and convenient mobile technology, most households have given up their land lines. The large majority of households had at least one cell

phone. It was common to see young men driving motorcycles along the Gove-Satara road, talking on their "mobiles," or a woman walking with a basket of washing on her head, talking on her cell phone at the same time.[2]

In addition to the central village, Gove comprises two outlying *wadis* or hamlets, Khandoabachi Wadi and Salwan Wadi. Interestingly, while the overall population of the village has grown considerably, the percentage distributions of the households in the three *wadis* has remained virtually identical over the three decades (Table 3.1). There are also three *malas,* small settlements surrounded by rich, irrigated land and fruit orchards. Khandoabachi Wadi lies approximately three km north of Gove, beyond which is a range of hills, including Chandan and Wandan, two historic hills bordering the wide Krishna valley. The inhabitants of Khandoabachi Wadi mostly belong to the *Dhanger* or shepherd caste which raises goats. Traditionally, this has been less socially progressive than other parts of Gove and people have tended to keep to their own community. In 1975 goats were kept inside people's homes, creating unhygienic conditions. Now this practice has declined, although it still continues in several households. Education in the *Dhanger* community has typically lagged behind the rest of Gove, but in recent years more children from Khandoabachi Wadi have been attending high school in Gove.

Salwan Wadi is located two km up-river from Gove on the river bank across from Limb. The land around it is naturally fertile and some of the village's wealthiest farmers live there. It is surrounded by lush fields and now has two greenhouses which sell flowers to urban areas such as Satara and Pune. The majority of household heads in both Wadis are totally engaged in agriculture.

Table 3.1 Village and hamlet populations, Gove 1975–2008, percentage distributions and number of households

Village	*1975*		*1987*		*2008*	
	%	*No.*	*%*	*No.*	*%*	*No.*
Gove main village	80	297	81	374	81	486
Salwan Wadi	8	30	7	32	8	51
Kandoabachi Wadi	12	44	12	58	11	67
Total	100	371	100	464	100	604
Total population	2,096		2,564		3,250*	

*Includes 14 people in 5 households who were not interviewed but their number (though not their location in the village) is known.

Village Administration

The traditional Indian village was an integrated, interdependent society with strict caste divisions and functions, operating on the principle of self-reliance. "Village leadership was based on status, but status carried with it a code of obligation or duty, and village opinion was usually powerful enough to ensure good government" (Rao, 1965, p. 90). Informally, village elders saw to the needs of the community in a more or less paternalistic way. This system began to deteriorate under Muslim rule, but the British were mainly responsible for its transformation with the introduction of a centralized administration, improved communication, and a new form of land tenure (Maharashtra, Rural Development Department, 1971). Village economic self-sufficiency was dissolved as villages began to expand production for larger Indian and foreign markets beyond the needs of the village population. In this way they were increasingly absorbed into the national and even global economy. After Independence, efforts were made to restore desirable elements of the traditional order that could be integrated with a modern, developmental approach. In 1962 the *Panchayati Raj* system was introduced in Maharashtra as a means of bringing government closer to the community. The *Panchayat* or Council of elected members is linked to the *Zilla Parishad* or District Council.

Gove has benefited from a history of strong leaders, the most important of whom was Jijaba Anna Jadhav, a member of the Congress party and responsible for bringing considerable economic and social progress to the community through the village *Gram Panchayat*. He spearheaded many initiatives such as the construction of community wells, public buildings, electrification, renovations to the high school, replacement of the old *kāhil* (tub), which made river crossing hazardous, by a boat, and plans for a bridge over the river. Unfortunately, "Jijabanna" was killed in a tragic car accident before seeing the bridge's completion. Socially, he was also very progressive, championing harmonious inter-caste relations, female education, and fair arbitration of disputes.

Over time, a second party broke off from the main Congress party to join the new *Rastrawadi* or National Congress, in line with a split at the State level. Two major sugar factories, the Kisan Veer factory in Bhuinj, and the Ajinkatara factory near Satara, are also divided along political lines. These factories are of high economic significance to Gove farmers.

While political alliances are strong in Gove, people join together as one community for all important events, such as marriages and other celebrations. As the local leader of the National Congress party and member of the *Granpanchayat* for many years, Hambirao Dinker Jadhav has played an important role in Gove's development. Under his guidance some major recent improvements have occurred in water sources, especially irrigation (discussed below) and the purification of drinking water, drainage systems, road construction, and maintenance and raising the height of the bridge. Income-generating activities for women were also introduced, resulting in about 30 female micro-credit groups. Special *Gram Sabhas* (village meetings) for women are mandated by the *Gram Panchayat* every year to address issues of importance to women and discuss solutions. An example of successful action undertaken by the women with the backing of the village leadership was the closure of a wine shop that had operated clandestinely in the village for several years, contributing to social and family problems. As a result, drinking and drunkenness visibly decreased in Gove, although alcohol is still available from sources outside the village.

In 2008 the *Gram Panchayat* had eleven members, including four women, with representation from the two *Wadis*, and from the scheduled castes, tribes, and other backward castes.[3] Fifteen percent of the *Gram Panchayat* budget is reserved for the development of the scheduled caste *Westi*.

Access to Health Services

In 1975 there was one small dispensary in Gove but it was closed down, apparently because the doctor was unable to collect his fees and moved to Limb. As a result, villagers had to go to Limb, where there was a small family planning sub-center, for medical assistance. People generally visited village doctors for common complaints, mainly to receive injections. For more serious ailments they went to Satara. There was one family planning nurse at the sub-center who was required to visit Gove once a week for family planning promotion and follow-up of family planning acceptors (mainly those who had been sterilized), but she rarely visited. For sterilization women went to the Satara Civil Hospital or a private clinic in Vaduth, eight km away. In the *Gram Panchayat* office condoms were available free of charge, but little use was made of this facility.

Over the past 30 years the Limb primary health care (PHC) facility had expanded in size, services, and outreach. Established as a fledgling health outpost in the 1964, it became a sub-center serving five communities in the early 1980s, and was upgraded to a full center in 1989, serving 20 villages and a population of 47,000. The PHC services comprise emergency services, maternal and child health care, family planning, immunization, school check-ups, and detection and referrals of infectious diseases such as malaria, HIV, and tuberculosis. All essential medicines and family planning commodities are provided free of charge and are regularly available. Clients are encouraged to give small voluntary donations to the clinic, especially for deliveries, but, according to the Medical Director, few do.

The overall health situation, both in services and outcomes, has greatly improved in Gove over the years due to better sanitation and hygiene in the general population. Public health officials cited progress was noted in a growing awareness about health issues, lower disease rates, and large reductions in dental problems and skin diseases. The PHC medical officers estimated that parasitic infections among school children had fallen by about 50% over the past 15–20 years. These changes were attributed to the efforts of village leaders to promote sanitation, a positive impact of the media and collaboration between the health and education sectors. For example, in 2008, government school health programs provided nutrients, worm medicines, haemoglobin tablets, and folic acid tablets in schools. Under the leadership of the PHC, teachers were recruited to assist with immunization activities and to promote healthy behavior, such as good nutrition and sanitation. School feeding programs were implemented in the area, although the quality of food provided was variable across different schools. However, the replacement of a large portion of subsistence crops, which consisted of nutritious food for household consumption, such as sorghum, pulses, and vegetables, by sugar cane could be linked to greater preponderance nutritional problems in children in 2008. The greater availability of processed foods in the village also played a role: small children were routinely observed sucking on sugar cane stalks, or snacking on candy and biscuits. A nutritional intervention by the ARI during the 2008 study attempted to teach mothers about traditional weaning foods and how to prepare them, using healthy grains, vegetables, and fruit. Such information was essentially unknown to young village mothers.

The services of the PHC[4] were used mainly for family planning, deliveries, and vaccinations, whereas private doctors were consulted

for other ailments. Its focus on family planning had not changed noticeably over the 30 years, even though family planning programs had resulted in low fertility levels (Crude Birth Rate = 16.7 in the area covered by the PHC in 2008). Family limitation efforts were strongest in the first of the three study periods, which coincided with the Emergency period (June, 1975 to March, 1977) in India in which the government imposed rule by decree. Many atrocities were documented during this time with respect to forcible family planning measures, largely because health workers were given targets and incentives, and there were instances of abuses in Gove. For example, several women described a situation of panic that overtook the community with the arrival of the "family planning jeep," which, they said, carried off unwilling persons who failed to escape to the fields. In one case, a woman reported that her husband had been forcibly taken for an operation. "I threw myself in front of the jeep in protest," she said, "but my husband was caught. The other men ran in all directions!" After the Emergency coercive measures were significantly reduced as a result of popular pressure. Nonetheless, incentives were still used to motivate health workers to promote the 1–2 child family ideal three decades later. In 2007 a pilot project was initiated in Satara District, the "Honeymoon Package,"[5] which provided monetary incentives for couples who postponed their first birth by two to three years. In addition to child spacing, this initiative aimed to improve the health of mothers through delaying their first birth. This initiative was actively promoted by the Limb PHC.

In 2008 there were four private homeopathic and ayurvedic doctors in Gove, and one ayurvedic doctor in Khandoabachi Wadi. People in Salwan Wadi used private doctors in Limb. Village doctors employed a combination of *ayurvedic*, homeopathic, and *allopathic* (modern) approaches, although people generally preferred allopathic medicines because they felt better faster. They treated common ailments such as influenza, hepatitis, respiratory infections, diarrhoea, dysentery, water-borne and parasitic diseases. Occasional malaria cases were detected. Anaemia was a major problem among both adolescents and women, linked to the problem of low birth weight. Women also suffered from calcium deficiency and arthritis. According to one doctor, all adolescent girls had haemoglobin counts well below the limits. Joint pain and sexually transmitted infections (STI) were relatively common in both men and women. All doctors reported that they regularly saw AIDS patients. In Khandoabachi Wadi hygiene-related illnesses were the most common health problems, resulting in viral

and bacterial infections. Another main problem was osteoarthritis, caused by the strenuous work of the *Dhanger* people.

In 1975 HIV was not yet known, and even in 1987, when it was emerging as a daunting health problem elsewhere, it was not recognized as a significant threat in India. However, by 2008, Satara District had become one of the high HIV prevalence areas of Maharashtra, also one of India's highest prevalence states, and HIV was considered by health authorities to be the District's second highest public health priority (personal communication Civil Surgeon, March, 2008). Several people in Gove had been affected by HIV, either by being infected themselves or by caring for HIV-positive relatives. Local PHC staff reported that they detected an average of ten STI cases from the village each month and one of the five private village doctors said he referred eight–ten clients a year for HIV tests. Full HIV-related services, including free antiretroviral treatment has been available at the Satara Civil Hospital since December, 2007. HIV awareness was high in Gove, but community stigma toward those suffering from the illness remained significant (Vlassoff et al., 2012a).

Socioeconomic Changes

Agricultural development. The most important economic change in Gove over the study period was the transformation of agriculture from dry land subsistence farming to cash crops as a result of irrigation. This was made possible partly because of the construction of the Dhom Dam upstream on the Krishna River, completed in 1978. Two canals were diverted to Gove, converting the former dry, mainly sorghum growing area into intensive sugar cane production. Around the same time there was a proposal to build another dam that would flood Gove and the surrounding area. However, the community objected forcefully and the proposal was never acted upon, but Gove farmers agreed to give up some of their land to those from other villages who were displaced by the dam. Accordingly, the rehabilitation scheme levied a "slab," or a percentage of land, on Gove farmers. For the larger landholders more land was taken (e.g., for 30 acres, the slab was 3 acres) and a smaller slab was seized for those with smaller holdings.

Gove-digar, the village that was developed on the land recuperated from Gove's farms, is now a thriving community. However, events surrounding the land transfers were deeply resented by many Gove

families because, according to their accounts, they were not fully apprised of their legal rights and obligations and a variety of irregularities occurred. It was alleged that some illiterate farmers signed over (by thumbprint) more of their land than was legally required because they did not understand what they were being asked to do. Similarly, it was not clear that the newcomers actually received amounts of land equivalent to what was given up by Gove farmers.

Canal irrigation from the Dhom Dam was key to Gove's economic growth, especially in areas located closest to the canals such as Khandoabachi Wadi. However, the dam was by no means the only factor in Gove's development. Most of the irrigation in the village was due to the work of the farmers themselves, who used lift irrigation from their own wells, made possible by the increasing availability of electricity. While the farmers had to invest in the construction of wells, many preferred to install their own systems because they could regulate their own electricity and water use. The Krishna valley thus became the most agriculturally prosperous region of Maharashtra.

Agricultural development and its associated activities led to new demands for migrant labor. As a result, in-migrant contract laborers assumed an increasingly important role in the planting and harvesting of sorghum and other crops, including sugar cane. In 1975 traditional and hybrid sorghum were grown, mainly in the wet season (though a small winter (*rabi*) crop was also produced) and only one-third of farmers had irrigated land for wheat, chick-peas, vegetables, and sugar cane. By 1987 sugar cane had replaced sorghum as the most important cash crop. Sugar cane constituted 75% of agricultural products in Gove. The processing and marketing of sugar cane was controlled entirely by the two factories, mentioned above, which arranged for outside labor to cut and transport the cane, and farmers received payment directly from the factories. In 2008 turmeric was the second most important crop in the village and several families had started green houses with flowers and vegetables for export. Other cash crops included ginger, chillies, pulses, groundnuts, vegetables, papaya, and wheat.

The village Cooperative Society has been in operation since the early 1950s. It gives loans on favorable terms to farmers for agricultural investments, farm equipment, and houses. Those who take loans automatically become shareholders in the Society and receive dividends. As noted earlier, in 1975 a project to introduce higher yielding sorghum into the village had been initiated by the Society, as well as a sorghum seed processing plant which employed an average

of 54 people, about 40% of whom were women. As a result of the large-scale conversion to cash crops, this plant ceased operation. The Society works with two branches of a local bank in the village and by 2008, it had become a profitable operation which invested its assets in improving village facilities.

Land holdings. Table 3.2 shows the changes in land distribution over the three decades of the study. A substantial reduction in the size of land holdings per household has taken place, mainly as a result of population growth and the division of land among sons.[6] Those owning more than five acres fell from 39% to only 9%, whereas those with less than 2.5 acres rose from 61% to 86% of households (including households with no land). It is important to keep in mind that the number of households grew significantly over the same period, whereas the overall land available remained the same or somewhat less due to losses to the rehabilitation scheme. Landless households also increased somewhat, from 16% to 23%, mainly due to loss of land among the poorer households and some in-migration of landless laborers who remained in Gove. The average number of members per household also declined slightly, from an average of 5.7 in 1975 to 5.3 in 2008.

Although household land holdings had declined considerably, land parcels had become more valuable and productive due to irrigation. From a majority of households owning no irrigated land in 1975, all households with at least one acre had some of it irrigated by 2008. However, the amount of irrigated land per household had declined since 1987: households owning more than four irrigated acres had decreased from 22% to 13% (Table 3.3). Similarly, the percentage of households owning less than 2.5 acres of irrigated land had increased from 64% in 1987 to 80% in 2008. This trend is consistent with

Table 3.2 Amount of land holdings, all households, 1975–2008, percentage distributions

Percent of households with	*1975 (N=371)*	*1987 (N=464)*	*2008 (N=604)*
No land	16	20	23
Less than 2.5 acres	45	47	63
More than 5 acres	39	12	9
Mean no. of acres per household	3.9	2.62	1.73
Median no. of acres per household	2.9	2.00	1.00
Ave. no. of family members per household	5.65	5.53	5.34

Table 3.3 Amount of land irrigated, of households owning some land, 1975–2008, percentage distributions

Percent of households with	*1975 (N=371)*	*1987 (N=464)*	*2008 (N=604)*
1+ acres of land irrigated	13	65	40
Less than 2.5 acres irrigated	91	64	80
4+ acres	6	22	13

Table 3.4 Occupational structure, all Gove households, 1975–2008, percentage distributions

Occupation	*1975 (N=371)*	*1987 (N=464)*	*2008 (N=604)*
Agriculture only	76	66	74
Mainly agriculture (with secondary nonagricultural)	11	15	22
Nonagriculture	13	19	4
Total percent	100	100	100

the overall decline in landholdings, noted above. The implications of these changes, and their relationship to fertility and son preference, are discussed in more detail in Chapter 6.

Occupational structure. The occupational distribution of household heads had changed very little from 1975 to 2008, in that the majority remained totally devoted to farming (Table 3.4). However, a decline was seen in the percentage devoted exclusively to nonagriculture (13% in 1975 compared to only 4% in 2008), probably due to the limited absorptive capacity of village businesses and to the proximity of outside opportunities in Satara. The percentage of agricultural household heads who also had a secondary nonagricultural occupation doubled, from 11% to 22%. This observation is consistent with findings elsewhere in India that land division leads to smaller land holdings (Rodgers and Rodgers, 2001) and the diversification of occupations of household heads and other family members.

In 1975, 27% of *Dhangers* were fully employed as shepherds, while others kept only a few sheep and farmed, or worked as wage laborers, as their main occupation (not shown). This percentage changed very little over the three decades: in 2008, 25% of *Dhanger* households raised sheep as their main occupation. As noted above, an important

service performed by this group was fertilizing other farmers' fields by keeping their sheep on them for a few days. This was a fairly lucrative occupation, especially for those who had around 100 sheep. Sheep were also sold for meat, and wool was sheared twice a year. Nonetheless, reported incomes, household commodities, and land holdings were consistently lower among the *Dhangers*.

Poverty indicators. The incomes of individuals and families in Indian villages were not easy to measure because people were engaged in a variety of agricultural and related activities, and payment was sometimes made in kind (as opposed to cash). Although great care was taken to obtain an accurate and comprehensive income estimates for each household, the reliability of the income data was nevertheless questionable. A comparison of the distribution of reported annual household incomes is provided in Table 3.5. It is difficult to compare these levels with the poverty levels for India or Maharashtra as a whole because they refer to household, rather than per capita income. However, if the World Bank classification of poverty as $1–$1.25 per day per adult (Sachs, 2005; Ravallion et al., 2009) is used, all households in Gove fell below the poverty line in all years studied. For example, in 2008, with an exchange rate of about Rs. 40 per U.S. dollar, taking the an average household income of Rs. 36,000 per year (coded as "high income") and dividing it by the average number of adult household members in that category (4.6) the average daily income was only Rs. 21.4 per person, about half of the poverty line cut-off. Income distribution in Gove appears to have remained relatively stable over the three decades, with only a slight increase in 2008, despite evident economic progress. The average number of male earners per household remained similar from 1987 to 2008, with an average of 1.4 male workers, compared to an average of 1.2 in 1975 (not shown). In parallel, the average number of female earners per household declined from 0.56 in 1975 to 0.23 in 1987 and to 0.19 in 2008, or from approximately one in every two households in 1975 to one in five households in 2008. Interestingly, in 1987 and 2008 approximately half of the households with earning female members (52% and 44%, respectively) had no earning male member, indicating that working for wages was often an economic necessity for women's survival.

Given the problems in obtaining reliable information on household income, data were also collected on ownership of consumer goods or "household commodities," also adjusted to reflect the economic realities of the three periods (Table 3.5). This may be a more reliable

Table 3.5 Poverty indicators, all households, 1975–2008, percentage distributions

Economic status indicator	*1975 (N=371)*	*1987 (N=464)*	*2008 (N=604)*
*Annual income**			
Low	47	52	41
Medium	31	26	31
High	22	22	28
*Number of household commodities***			
0–1	45	78	35
2–4	33	20	20
5+	22	2	45
Number of rooms			
1	26	31	25
2	37	38	35
3	15	14	23
4+	22	17	17
Number of bullocks			
0	64	65	79
1	14	12	8
2+	22	23	13
Number of other farm animals			
0	24	27	47
1	17	22	21
2	17	24	17
3	14	11	7
4+	28	16	8
Total number	371	464	604

*In 1975, low = Rs. 0–4,499; Medium= Rs. 4,500–11,499; High = Rs. 11,500+. In 1987 Low = 0–6,499; Medium = 6,500–13,999; High = Rs. 14,000+. In 2008 low = 0–15,999; Medium = Rs. 16,000–35,999; High = Rs. 36,000+

**Household commodities were adjusted for time period. In earlier period household objects included items such as bicycle and radio. In later period household objects included motorcycle or other motorized vehicle and TV.

indicator of household wealth, although it is not necessarily a proxy, as all families at similar income levels did not necessarily indulge to the same extent in consumer purchases. In Table 3.5 it can be seen that households were better off in 2008 compared to the earlier years, especially 1987. In 2008 45% of households had five or more consumer items, such as a motorcycle, sewing machine, TV, digital camera, toilet, or electrical pump, and only about one-third fell into the lowest category. Another indicator of economic status, the number of rooms in

the household, did not show significant change over the three decades; in fact, the distribution remained very similar, especially between 1975 and 2008. The number of bullocks and other animals owned by village households declined markedly over the period, as can be seen by the rise in households having no farm animals at all from only about one-quarter in 1975 to almost half the households in 2008.

Education. In Gove there are three *anganwadis* (nursery schools) in the main village and one each in the two Wadis. There is a primary school in Gove (main village) and one in Khandoabachi Wadi for grades 1–4. There is also a large high school which attracts teachers and students from outside Gove.

Over the study period educational levels of Gove's population expanded impressively, especially among females. Table 3.6 shows that the educational levels of both girls and boys aged 6–19 increased. In 1975 and 1987, for example, only 2% of girls aged 10–19 had gone beyond secondary education (10th standard), compared to 24% in 2008. Gender equality in education also increased markedly, illustrated by the similarity in percentages of boys and girls at all educational levels in 2008, compared to earlier years where higher proportions of boys were found at higher levels. In fact, by 2008, girls had achieved slightly higher levels of education than boys. Of those aged 6–9, girls averaged 1.72 years of education, compared to 1.68 years for boys, and girls aged 10–19 averaged 8.44 years, compared to 8.18 for boys (not shown). This demonstrates that, in 2008, both sexes had equal access to schooling in Gove.

This study did not systematically analyze the school curriculum, but, especially in 2008, the author was in close touch with the students

Table 3.6 Education by age group and sex for all individuals aged 6–19, 1975–2008, percentage distributions

Age group	*1975*					*1987*					*2008*				
	0	*1–7*	*8–10*	*11+*	*N*	*0*	*1–7*	*8–10*	*11+*	*N*	*0*	*1–7*	*8–10*	*11+*	*N*
FEMALES															
6–9	59	41	0	0	122	9	91	0	0	117	13	87	0	0	89
10–19	19	71	8	2	259	9	60	29	2	275	0	37	39	24	300
MALES															
6–9	38	62	0	0	125	4	96	0	0	100	17	83	0	0	108
10–19	5	75	18	2	266	3	51	37	9	331	0	40	38	22	354

and teachers throughout the research period. Living in the high school quarters, lectures could be heard because they were often broadcasted by loud speaker, on special days such as World AIDS Day and on anniversaries for Indian leaders. The course material seemed to conform to State requirements and did not seem to vary by rural or urban conditions, although students participated in community enrichment programs. Social and health issues were included in the curricula but the content tended to be technical and not closely related to the practical needs and lives of students. For example, sex education and information about HIV prevention were treated in a technical, scientific manner, with little attempt to involve students in these discussions. Outside funding had been provided to the high school for a project designed to increase HIV awareness among youth. When the author visited in 2007 to plan the third phase of the research the teachers proudly showed her the project documents with pictures of its activities. When she returned to the village a few months later, the project had been prematurely terminated, reportedly due to pressures from conservative forces in the village. The topic of the relevance of education is discussed in more detail in Chapter 7. A positive development in the high school educational system was an increase in female high school teachers, from only one in 1975 to two in 1987 and four in 2008.

Religion and caste. There were three religious groups in Gove, Hindus comprising the largest group (Table 3.7). In the first study there was one large Muslim family in the village living in two households, sons of the first Muslim to settle in Gove, and two smaller Muslim families. In 2008 one son of the larger family still remained in Gove and owned a large parcel of land, along with the other remaining heirs who lived elsewhere. Having been in the community for more than three generations, and also because it fulfilled an important function in the village, this family was integrated within the largely Hindu population. There were five other Muslim families in Gove in 2008, relatively recent migrants who worked as wage laborers for others. The New Buddhists, converts to Buddhism from Hinduism as a result of a movement that began with Dr. B. R. Ambedkar's conversion to Buddhism in 1956, have found a new identity in the Buddhist faith. However, as Dr. Ambedkar was a *Mahar*, previously one of the "untouchable" castes (responsible for the disposal of animal carcasses), the New Buddhists are still considered part of the "scheduled castes."

Of the three religious groups, the Buddhists were traditionally the poorest economically and heavily indebted to rich village

Table 3.7 Religious affiliation, all Gove households, 1975–2008, percentage distributions

Religion	*1975 (N=371)*	*1987 (N=464)*	*2008 (N=604)*
Hindu	90	90	93
New Buddhist	9	9	6
Muslim	1	1	1

moneylenders. For example, in 1975, they constituted 91% of low income families (not shown). However, considerable improvement in their economic circumstances was seen over the last decades: in 1987, 70% of New Buddhists fell into the low income group (not shown), compared to 44% in 2008 (Table 3.8). In 1987 and 2008 respectively, 8% and 18% of the New Buddhist households belonged to the highest income group, compared to no households in 1975. The poor circumstances of villagers from the *Harijan*[7] caste was the main reason for high out-migration of many members of this group, including whole families, which can be seen by the declining percentage of Buddhist households over the past two decades (Table 3.7). However, the absolute number of households remained almost the same (33 in 1975 and 34 in 2008), and those who remained in the village, mainly older family members, had fared relatively well economically, compared to previous decades. Some had small pensions from former employment and found it more economical to live in the village than to remain in urban areas after retirement.

Gove had 22 Hindu castes,[8] based on the traditional occupational categories. The Marathas constituted the large majority of high caste families, whereas the number of families in other castes was small. In 1975 about 65% of occupational caste (Balutedar) families still performed their traditional work whereby certain services, such as washing clothes, making ropes, or carrying water, were performed in exchange for other goods, such as grain or pulses at harvest time. Even in 2008, some members of Gove castes continued to perform traditional tasks, but cash was now requested instead of payment in kind.

Superficially, apart from those who lived outside the main village (mainly New Buddhists and *Mangs*), the demarcation between the scheduled castes and the mainstream Hindu villagers was not easy to detect, and respectful social relations were maintained between

them. The New Buddhists continued to observe Hindu festivals such as *Diwali*, and Hindu leaders attended official New Buddhist functions as well. Changes in inter-caste relations over the three decades of this study can be seen in the following field notes and observations comparing the behavior of members of the main Brahmin family:

> *Mr. T.,[9] a Brahmin, rigidly follows pollution rituals. He forbids scheduled castes from entering his house and will not take food cooked by other villagers. In the village, he believes, such distinctions should be upheld. Sometimes he talks about the backwardness of his neighbours, their lack of sophistication and their ignorance. But he feels no urgency for change. Because of government laws, he says, old traditions are bound to die out, but this will take "at least another hundred years." Reforms such as caste abolition or the elimination of dowry (he gave Rs. 6,000 recently for the marriage of his daughter) threaten his superior position in the village. The status quo represents for him a comfortable life and there is little motivation to undertake change. (Vlassoff, 1978, p. 327)*

Moving ahead to 2008, roughly three decades after the above description was written, a very different picture emerges:

> *Mr. T.'s daughter-in-law, Shobha,[10] is in charge of the household. Her in-laws and husband died several years ago. Now she manages the household with her son and his family. Burdened by a number of hardships in the interim, Shobha had to sell what remained of their land. Now they survive on her wages as the Gove postal clerk. Shobha's daughter-in-law provides meals for the PHC doctors and takes in sewing. The person who purchased their land gives them grain and lentils. People of all castes enter the household now and Shobha participates in bhajans (singing devotional songs) with other villagers. She says that she feels at home in Gove, that people will always look out for her.*

While, by 2008, overt inter-caste discrimination had largely disappeared, caste identities remained an integral part of village society and were especially important in the arrangement of marriages. Marriages between members of different castes were still rare, not only in the village, but elsewhere in India as well. Caste inequalities can be clearly seen in Table 3.8, which shows income distributions by Hindu caste and the two non-Hindu religions in 2008. Although New Buddhists are considered scheduled castes, they are shown separately in the table in order to highlight the inequalities between them

Table 3.8 Income and landholdings by caste, New Buddhist and Muslims, all Gove households, 2008, percentage distributions (N=604)

Economic status indicator	*Muslim*	*Neo-Buddhist*	*Caste*		
			Scheduled castes and tribes	*Low caste*	*High caste**
Income:					
Low	50	44	94	47	36
Medium	50	38	6	31	31
High	0	18	0	22	33
Amount of landholding:					
None	83	55	92	46	16
1–1.5 acres	0	20	8	16	34
1.6–2.5 acres	0	15	0	12	19
2.6+ acres	17	10	0	26	31
Number of households**	6	34	17	142	402

*Includes one Brahmin household.
** Three households did not provide caste information.

and the non-Buddhist *Harijan* castes. The vast majority of scheduled castes and tribes were in the poorest income category, compared to 47% of low caste, and 36% of high caste Hindu households. The scheduled castes had virtually no land, except for the New Buddhists who had a little more. The low castes had more land than the scheduled castes, but less than the high caste households. The large Muslim family, mentioned earlier, was relatively well off, whereas the others, later in-migrants to Gove for work, had no land and low incomes.

Demographic Changes

Age-Sex Structure. The total village population grew from 2,096 (including 997 males and 1,099 females) in 1975, to 3,250 in 2008 (including 1,667 males and 1,569 females).[11] In Figure 3.1 changes over the study period in the age structure of the village population by 10-year age groups for 1975 and 2008 can be seen. First, the 1975 age structure was typical of the period before the demographic transition, with high birth rates complemented by high mortality. The youngest population group, represented by the age groups 0–19, represented

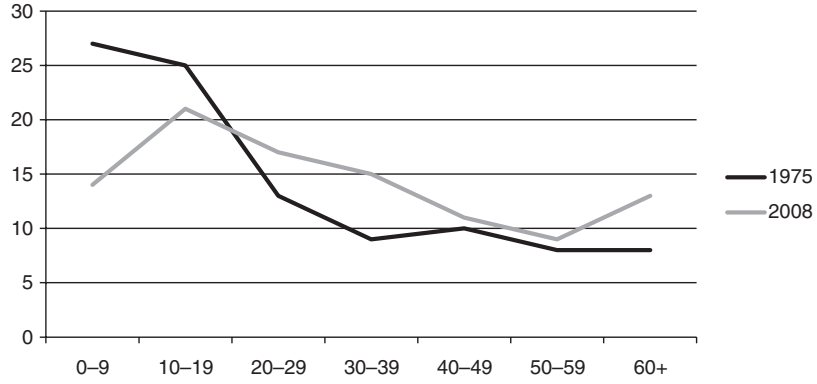

Figure 3.1 Age distributions of Gove population, 1975 and 2008, percentages.

the largest proportion of the population (52%), while the older population, aged 60+, represented only 8%. In 2008, by contrast, the youngest age groups represented only 35% of the population, whereas the age group 60+ represented 13%. In 2008 the percentage of population in the age group 0–10 years was half that in 1975, showing a dramatic decline in fertility. The 2008 curve is representative of post-demographic transition distributions. In the two groups, at around age 20, the percentages of population began to even out, with percentages in the 2008 population then declining more slowly. In 1975, the percentages over age 20 dropped off remarkably, probably due to out-migration of men to urban areas to work, a practice that was very common 30 years ago but declined considerably since then (see section on migration). In the oldest group, due to the inclusion of all those aged 60+, there is an evening out in 1975 and a slight increase in 2008.

In Figures 3.2 and 3.3 the age and sex distributions of Gove's population are shown for 1975 and 2008. In the youngest age group, 0–10, boys outnumbered girls in both years. The sex ratio evened out for those in the mid-20s in both years, resulting from the influx of females for marriage and the initial period of male out-migration for work. In 1975 females remained in the majority throughout the adult age groups, although the difference became less after the mid-40 group when men began to return to the village to live. Similarly, in 2008, the percentage of women surpassed men in percentage distributions until about age 50, when similar trends were observed for both sexes.

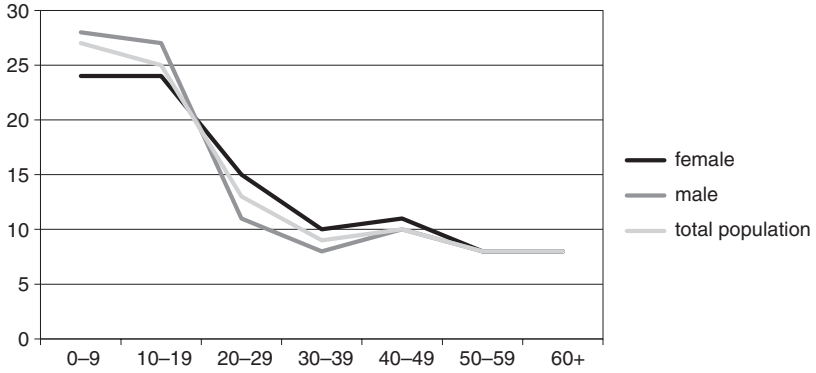

Figure 3.2 Age distribution of Gove population by sex and total population, 1975, percentages.

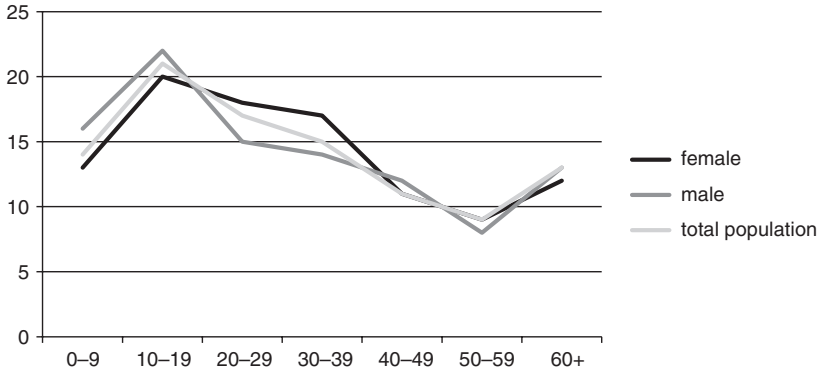

Figure 3.3 Age distribution of Gove population by sex and total population, 2008, percentages.

Marriage and divorce. In India as a whole, and even more so in rural areas, celibacy is rare. There is considerable pressure for young people to marry, and marriages are typically arranged by parents. Families do not expect to support their daughters beyond adolescence, and hence, a successfully arranged marriage bestows on parents a feeling of a mission fulfilled and, to a lesser extent, on their daughters. Sons are expected to support their parents in old age; marriage expands the support base to wives and future children and is a first step toward securing the continuation of the family line.

These tendencies are shown in Figures 3.4–3.7, depicting the distributions of males and females by marital status in each age group for 1975 and 2008. Interestingly, the graphs appear to be very similar for males in both years and for females in both years. Marriage was earlier for girls, starting in the teens, whereas for boys it was around 20 years. However, the age at marriage for girls was higher in 2008 than in 1975 whereas, for boys, it was only marginally higher. There were greater percentages of single women than men in the younger age groups because women were more likely to be separated or widowed at earlier ages, and to remain unmarried thereafter. Among men, the percentage widowed was much smaller at all ages because remarriage

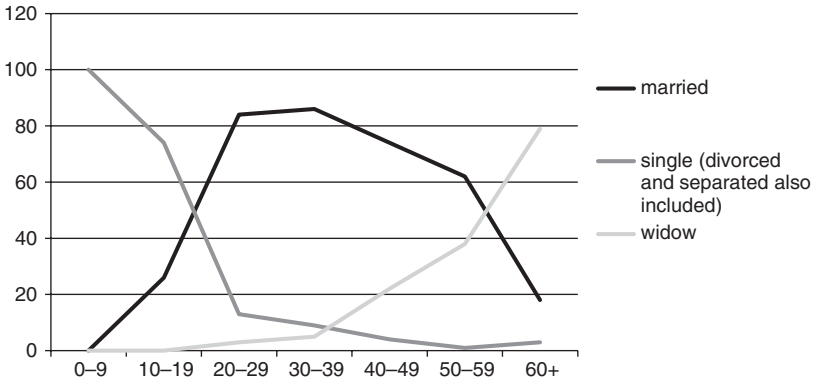

Figure 3.4 Marital status for all females, 1975, percentages.

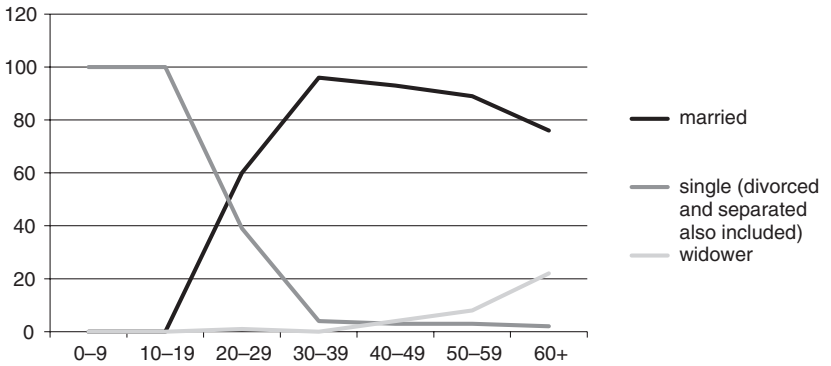

Figure 3.5 Marital status for all males, 1975, percentages.

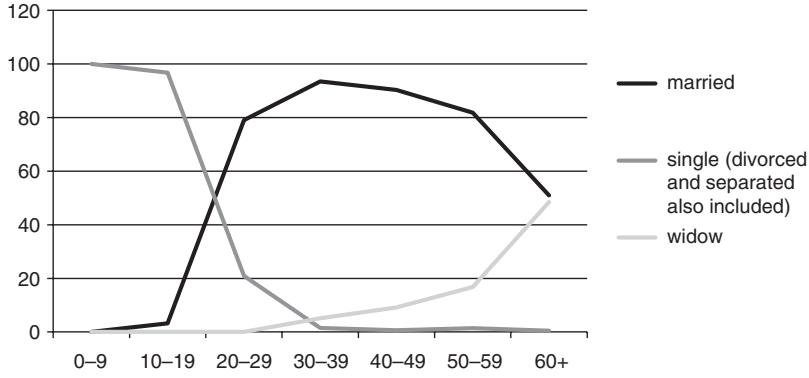

Figure 3.6 Marital status for all females, 2008, percentages.

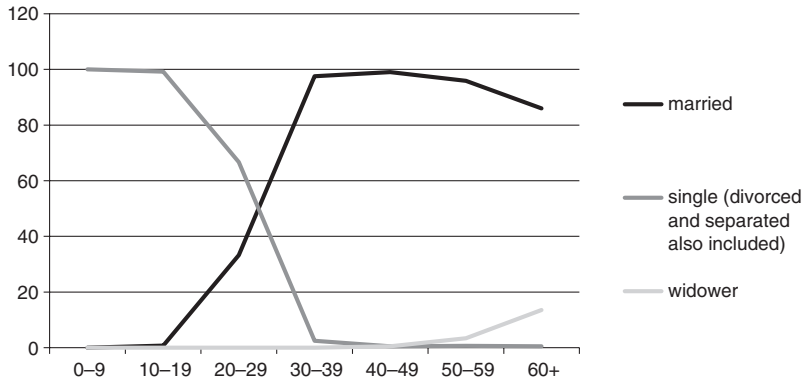

Figure 3.7 Marital status for all males, 2008, percentages.

was considered acceptable for men (but not women). The percentage of men widowed began to grow in later years, especially after age 60 in 2008, reflecting a popular belief in the village that widowers over 60 should not marry, but should devote themselves increasingly to spiritual matters.

In 1975 the acceptable age at marriage for girls ranged from 13 to 20, and for men, from 18 to 35. By 2008 the norm was for girls to marry only after completing their secondary schooling (at least 10th standard) and no earlier than age 18. For boys, acceptable ages ranged from 21 upward to the mid-30s. The first months and years of marriage were a difficult and lonely time for young wives, most of

whom did not see their native families regularly, and many of whom were treated unkindly by their mothers-in-law and sometimes, by their husbands and other family members. They were frequently given heavy and tiresome duties, they were not allowed to circulate freely in the village or to make friends, and they were not free to express their needs or concerns. Although the economic situation of their households had improved, for the most part, over the study period, their psychosocial situation had changed very little. Opportunities for communication with their husbands were limited, and it was not until their first child was born that a more open, accepting atmosphere began to develop. Even then, young wives were expected to remain subservient to elder family members, especially mothers-in-law.

Polygamy, although illegal for Hindus, was practiced by 9% of Hindu husbands of women aged 15–49 in 1975, and in nearly half of these marriages, more than one wife lived together in the same household. The most common reason given for polygamy was the failure of the first wife to bear a child, but there was also some prestige attached to being able to afford more than one wife. In 1987, only 5% of respondents had polygamous husbands, and by 2008, polygamy had practically disappeared, especially among younger villagers. Any sense of admiration for polygamy that may have previously existed was no longer apparent in the community.

Family type. The family, with its important social and economic functions, occupies a central place in the social structure of the village. Family type was classified according to the customary "nuclear" and "joint" categories, with "simple nuclear" referring to a couple or single household head, living with or without children, "complex nuclear" referring to a couple and children plus one or more additional single member(s), "simple joint" referring to two couples and their children, without any additional member, and "complex joint" referring to more than two couples and children living together, with or without other single members. Table 3.9 shows that, in 1975, somewhat more households belonged to the complex nuclear and simple joint structures than in 2008, when there was more of a bifurcation between simple nuclear families and complex joint families. This seems to indicate that, when sons inherited land, they either moved out on their own, or stayed in extended family settings with their parents and/or brothers and other household members in order to maximize income from joint earnings. The distribution was remarkably similar for 1987 and 2008, except that the percentage of complex joint families had grown.

Table 3.9 Family type, all Gove households, 1975–2008, percentage distributions and average number of members

Family type	*1975 (N=371)*		*1987 (N=464)*		*2008 (N=604)*	
	%	*Ave. no. members*	%	*Ave. no. members*	%	*Ave. no. members*
Simple nuclear	50	3.9	49	3.9	52	3.6
Complex nuclear	22	5.8	19	6.0	17	4.9
Simple joint	20	7.3	24	6.7	19	6.0
Complex joint	8	10.5	8	11.1	12	8.4
Total percent	100		100		100	

Most families were patrilocal or patrilineal, meaning that, after marriage, the wife became a member of her husband's family and no longer officially belonged to her native kin. In some cases, she was even referred to as a guest when she visited her native place after marriage. As noted previously, some women were also given new names at that time.

Family type, although often discussed as if it were a permanent feature of Indian households, is more correctly viewed as a series of phases through which most village families pass (Shah, 1973; Vlassoff and Vlassoff, 1983) over their lifecycle. While the father is alive sons, both married and unmarried, tend to live together, sharing the responsibilities of the joint economic unit. As the father ages, the sons, especially the elder ones, attain increasing authority, until eventually the father becomes essentially "a benevolent supervisor of household affairs" (Shah, 1973, p. 38). After the father's death, the land is typically divided among the sons who often break up and form their own family units, frequently dividing the old household into separate living quarters.

In Gove the joint family provided both economic and social benefits, especially security against hardships in a situation where no such institutional provisions existed. This function was especially evident in old age and in cases where certain family members were incapable of earning an adequate living on their own. For example, relatives often cared for orphaned nephews or nieces, and better-off brothers assisted widowed sisters or the children of other family members. Similarly, relatives in urban areas sometimes took a relative's child to live with them and provided for their education.

Migration patterns. In and out-migration, both temporary and permanent, occurred in the village. The most frequent type of migration

was the permanent migration of women upon marriage into and out of the village. Permanent out-migration of whole families was very rare, as most out-migrants maintained land or a home in the village. The other kinds of migration were temporary out-migration and in-migration, described below.

(1) *Marriage migration*. As in most parts of India marriage typically took place between partners from different villages. This custom seemed to be increasing: in 1975, 15% of married women aged 15–49 were native Gove residents, compared to only 6% in 2008. Most in-migrant married women had rural backgrounds (95% in 1975 and 93% in 2008), and only a small percentage were from outside Satara District (10% in 1975 and 14% in 2008).
(2) *Temporary in-migration*. Temporary in-migration to Gove increased noticeably over the years as a result of agricultural development and irrigation. Migrants came mainly from poorer, drought-stricken areas of Maharashtra and Karnataka and worked as daily laborers or contractors for specific short-term tasks, such as digging wells or farm-maintenance activities. Most migrants were poor and had little land and few employment opportunities in their native villages. Upward mobility was witnessed among the more entrepreneurial contractors. For example, in 1987 one contractor from Karnataka reported that he had purchased equipment for digging wells and, with hired laborers from Karnataka, he was able to assume two or more contracts at once.
(3) *Temporary out-migration*. In 1975 and 1987 there was a large amount of out-migration of working age men to Bombay. Notwithstanding the presence of two cities, Satara and Poona, closer by, Bombay attracted the lion's share of migrants due to the fact that unskilled work was more readily available there. This migration was generally temporary, of several months to many years' duration, but contact with the village was steadily maintained through visits and payment of remittances to families at home. In 2008 temporary out-migration was still an important phenomenon in Gove, as expressed by men and women in focus group discussions. The economic motivation for migration had become even more essential due to land division and the need for at least one son to provide a steady source of urban wages, or at least to lessen the burden on the land and family at home. This issue is further discussed in Chapter 6 which deals with the experiences and contributions of individual farmers and urban workers across generations.

As also noted elsewhere (Rodgers and Rodgers, 2001), the increasing contact of villagers with the outside world was associated with improved communications, including mobile telephones, radio, and television. Flows of cash into the community had resulted in different consumption patterns and interdependence with urban areas. The degree to which these impressive modernizing forces in Gove also resulted in concomitant changes in gender relations and the distribution of resources between males and females will be examined in the subsequent pages of this book.

4

Empowerment, Gender Attitudes, and Reproductive Decisions among Married Women, Then and Now

Deepa,[1] aged 23, has a B.A. degree. She wanted to study further and get a job but she was pressured into getting married instead. She was hoping to get an educated husband working in a service occupation but her husband is a farmer. However, the family is well off and has about 16 acres of land. "My husband and in-laws have a very nice nature," she says. "In fact, my father-in-law would have let me study further but, because my husband is a farmer, I don't think it would be fair." Although her in-laws are good, they make all the decisions. She had one girl, and everyone was happy, but there is still a lot of pressure on her to have a son. "I can't say what will happen," she confides. "I would opt for a sterilization after the next child, no matter which sex, but I don't make any decisions."

(Gove village, Field notes, 2008)

The need to redress gender inequalities has long been recognized in India. As noted in Chapter 1, policies to reduce discrimination against women go back more than half a century, and positive discrimination in favor of females was endorsed by India's Constitution in 1950. Nonetheless, the reduction of long-standing gender disparities within a society is a slow and gradual process, and it is therefore useful to monitor change through a longitudinal lens. To what extent have

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women in rural areas benefited from the increasing wealth generated in India in recent years, and to what extent has progress in women's status, and a corresponding reduction in son preference, accompanied this growing prosperity? The present and subsequent chapters address this question from different perspectives. This chapter focuses on cohorts of married Gove women and how much change has occurred in traditional attitudes, social and economic empowerment, fertility, infant mortality, and family planning. It also investigates the degree to which women's empowerment has affected family size, fertility choices, infant deaths, contraceptive use, and the preference for sons. The use of a repeat survey with virtually identical instruments and a common study approach, employed by the same researcher, makes it possible to answer these questions with reasonable confidence.

As noted in Chapter 1, caste and gender are closely intertwined, and the investigation of women's empowerment would be incomplete without a consideration of the role of caste. For this reason, the variables discussed in this chapter are also analyzed according to caste and religion. Religion is relevant because of the special position of one important religious group, the New Buddhists, mentioned in Chapter 3. While the New Buddhists are no longer formally a caste, they still retain a low social standing in India because of their former "untouchable" status.

Data and Methods

In 1975, 1987, and 2008 lists of all currently married women aged 15–49 were prepared from the census of the village population referred to previously. All currently married women who were still menstruating were eligible for the study and participation was close to 100% in all years. While data are available for all married women in 1975 and 2008, only those aged 15–26 were interviewed using the longer reproductive health questionnaire in 1987 because the others (aged 27 and over) had already been interviewed in 1975 (i.e., had responded to the same attitudinal and factual questions). However, some of these older women were interviewed with a different questionnaire concerning their fertility outcomes, and these results are discussed in Chapter 5.

This chapter contains comparisons of the larger cohorts of women, aged 15–49, as well as of younger married women, aged 15–24. The interest in the youngest age group is that data are available for the

three time periods and because younger women could be expected to show more propensity to change than older women, having been exposed to more education, media influences, and hence to more modern ideas. However, in order to have a sufficiently large sample size for multivariate analysis, conducted to investigate relationships between a number of empowerment and reproductive health indicators, the full 1975 and 2008 cohorts aged 15–49 are compared. There is some overlap between these groups as the age group 15–24 is also part of the larger group aged 15–49.

The questionnaires consisted of a series of detailed questions on the respondent's demographic characteristics, residential background, occupation and time use, social and economic information, cultural attitudes, fertility, infant mortality, and family planning. The same questions were asked in the three study periods, but some of the cultural indicators were updated at each new survey to reflect changing societal norms. For example, some questions, such as approval of antenatal care or modern deliveries, were not included after 1987 because these practices had become routine in the village. The questionnaires were administered by the author with the help of a village assistant in 1975, and by different teams of two female research assistants (described in Chapter 2) in the two later studies.

The selection of indicators discussed in this chapter is based on a considerable body of research demonstrating their appropriateness. Empowerment has been defined as an "expansion in women's ability and freedom to make strategic life choices, a process that occurs over time and involves women as agents who have the ability to formulate choices, control resources, and take decisions regarding important life outcomes" (Lee-Rife, 2010, p. 635[2]). A considerable amount of research has found positive relationships between women's social empowerment indicators, such as literacy, education and physical mobility, and their reproductive health, including later age at marriage and delayed childbearing (Diamond et al., 1999; Behrman et al., 2006; Rihani, 2006), greater use of contraceptive and health facilities (Diamond et al., 1999; Mumtaz and Salway, 2005; Saleem and Bobak, 2005; Adamczyk and Grief, 2011), lower fertility (Diamond et al., 1999; Murphy and Carr, 2007), and lower infant mortality (Maitra, 2004; Rihani, 2006; Adhikari and Sawangdee, 2011). Women's economic empowerment, especially participation in the labor force and control over their earnings, has been found to elicit positive changes in fertility control (Roy, 1993), improved prenatal care and the probability of hospital delivery (Maitra, 2004), and in health and development

more generally (Jejeebhoy, 1995; Senarath and Gunawardena, 2009; World Bank, 2012b). Further, the social and economic empowerment of women tend to correlate positively in areas such as education and employment (Senarath and Gunawardena, 2009; Chioda et al., 2011; World Bank, 2012b), although this is not always the case (Sundaram and Vanneman, 2008; World Bank, 2012b).

Based on the above findings, age at marriage and indicators of social and economic empowerment were selected for this analysis. Age at marriage is considered separately from reproductive health indicators because it plays a key role in both socioeconomic and demographic outcomes (Barua and Kurz, 2001; Raj et al., 2009; Siddhu, 2011). Older age at marriage often entails greater opportunities for education, work, and exposure to the outside world, and hence may be a determinant of social and economic empowerment. Two indicators of social empowerment have been used: literacy and travel frequency. For economic empowerment, two indicators are also used: type of work the respondent was engaged in and whether the respondent felt that it was correct for a woman to purchase her own sari. Employment for cash was considered the highest level of empowerment, whereas wage labor was considered the lowest. Women's unpaid labor on their own land was considered an intermediate category, that is a higher level of empowerment than wage labor because women employed on their own land were not tied to a fixed working schedule and thus exercised more control over their work day. These women directly contributed to the household economy, their work substituting for substantial labor costs. Women who stayed home and did not work outside were considered the least economically empowered because they were less likely to meet other villagers and to be exposed to current village affairs. They are therefore not included in the economic empowerment indicator.

Several questions concerned fertility and family planning. Detailed pregnancy and fertility histories were collected, including births, infant and child deaths, stillbirths, miscarriages and abortions. For this chapter a few key variables were selected. For fertility, two indicators are considered: number of children ever born and the limit to the number of children (girls) a woman would be prepared to have in hope of having a son. For family planning, the ever use of the four most popular family planning methods in the village (sterilization, pill, condom, and intrauterine device (IUD)) were selected. The pill, condom, and IUD are considered modern methods, as opposed to traditional methods such as abstinence, religious ceremonies, and

herbal potions. Also considered is infant mortality (average number of infant deaths).

Changes in Women's Social and Economic Empowerment

The position of women in Gove improved markedly over the three decades of the study, as a result of an increase in the age at marriage, educational levels, improved communication, and better village hygiene. As will be seen in this chapter, women were marrying at later ages, close to the legal age 18. Many young married women said they had seen the prospective groom and given their consent, a situation that was not generally the case in 1975. For example, one 1975 respondent, who had been married at puberty, laughingly recalled, "I didn't see my husband until six months after my marriage. During the ceremony I kept my head lowered and my sari over my eyes. Immediately after the wedding he left for Bombay and didn't return for six months. When he first came into the house I didn't know who he was." In 2008 most women no longer had to walk long distances to fetch water or to wash clothes in the river. Water was now tapped into most village compounds and, as mentioned earlier, a number of latrines were available, providing people greater dignity and privacy than previously, when they had to relieve themselves in designated open areas. Women were also more visible in the village, frequently seen sitting in their doorways cleaning rice or grain, chatting with other women nearby.

A comparison of changes in gender-related attitudes for all women aged 15–49 over the study interval further illustrates the trend from traditional to more modern viewpoints (Table 4.1). For the 1975 study, a scale of 20 questions was used to assess women's attitudes concerning gender-related issues. Ten of these questions were considered still relevant to women's lives in 2008, and were included in the questionnaire (some in slightly modified form). In Table 4.1 it can be seen that, in eight of the ten areas queried, women's attitudes became significantly more modern over the three decades. In 2008, for example, all women said that a girl should be educated to 10th standard (basic high school education), many of them adding that education would help her to be self-sufficient, "stand on her two feet," and be able to educate and take care of her children. On two questions, those concerning (1) whether a son's consent should be sought concerning

a prospective wife for him and (2) whether a prospective husband should be educated, there were no significant differences over the period because, in both years, women gave highly positive responses.

The greatest changes in cultural attitudes were in (1) approval of age at marriage for girls at or after the legal age (16 years in 1975 and 18 in 2008) from 31% to 99%; (2) approval of wives purchasing their own saris, from 22% to 61%; and (3) approval of wives eating with their husbands, from 60% to 95%. In 2008, in all areas except one, at least 90% of women endorsed the more modern view. However,

Table 4.1 Selected cultural attitudes for married women aged 15–49, 1975 and 2008, percentage distributions*

Categories	*1975 N=349*	*2008 N=494*
Approval of giving dowry		
No	64[a]	90[b]
Proper age at marriage for girl (Yrs.)		
=>Legal age**	31[a]	99[b]
Proper age at marriage for boy (Yrs.)		
=>Legal age***	70[a]	99[b]
Should parents seek son's consent		
Yes	91[a]	98[a]
Should parents seek daughter's consent		
Yes	84[a]	96[b]
How far should girls be educated (Standard)		
7th in 1975 & 10th in 2008	75[a]	100[b]
Prefer educated husband for daughter		
Yes	97[a]	97[a]
Prefer rural or urban-based husband for daughter		
Urban	75[a]	91[b]
Approval of wife eating with husband		
Yes	60[a]	95[b]
Who should decide if wife can buy a new sari		
Wife	22[a]	61[b]

*Percentages with different superscripts [a] and [b] (across rows) are significantly different ($P<0.05$) while those with the same superscripts are not significant when tested, using normal test for proportions.
**Legal age for girls was 16 in 1975 and 18 in 2008.
***Legal age for boys was 18 in 1975 and 21 in 2008.

with respect to approval of women purchasing their own saris there remained considerable conservatism, over one-third of respondents saying that husbands or elders should make the decision for them. In 1975 responses such as the following were typical. "It's not up to a wife to choose a sari. She must not say, 'I like this one,' or 'I don't like that one.' She must be content with whatever her husband brings." "Whatever my husband brings I have to like. I can't just say I don't like it and tell him to take it back. What would the shopkeeper think of the wife of a man who refused the sari her husband chose?" In 2008 many women mentioned economic considerations, such as that the breadwinners should make the decision, or that those with greater seniority in the family should do so. Answers such as, "They [others] earn money so they have the right to make decisions," and, "She can take her own decision because she is earning and on the job. She must be up to date," are illustrative of this point. In both years women showed a strong preference for saris their husbands chose compared to those picked out by their in-laws.

In Table 4.2 selected indicators of women's social and economic empowerment are shown for women aged 15–24 for the three study

Table 4.2 Social and economic empowerment indicators for married women aged 15–24, 1975, 1987, and 2008 (percentage distributions), using normal test of proportions with reference to 1975*

Categories	*1975 N=146*	*1987 N=134*	*2008 N=109*
Social empowerment:			
Literacy (Yes)	52[a]	72[b,d]	98[c,e]
Travel frequency (=> once per mo.)	19[a]	27[a,d]	39[c,e]
Economic empowerment:			
Type of work:			
Housework only	21[a]	32[b,d]	52[c,e]
Wage labor	28[a]	2[b,d]	12[c,e]
Unpaid labor in household fields	51[a]	65[b,d]	30[c,e]
Professional/self-employed	0[a]	1[a]	6[a]
Buying own sari (Yes)	21[a]	19[a,d]	62[c,e]
Number of hours leisure daily:			
None	42[a]	28[b,d]	24[c,d]

*Percentages with different superscripts [a] and [b] (across rows) are significantly different ($P<0.05$) while those with the same superscripts are not significant, using normal test for proportions. In this table [a b] and [c] are with reference to 1975, whereas [d] and [e] are with reference to 1987 and 2008.

periods. Literacy increased substantially, from 52% of the 1975 respondents to 98% in 2008. In 1975 many illiterate women pointed out that not being able to read and write was a major handicap to daily living. For instance, one respondent complained, "My biggest problem is that I am ignorant. When I have to go somewhere I can't read the bus number so I have to ask someone. Sometimes they give me the wrong information. Once I went halfway to Pune [about 50 km] before I learned my mistake." The majority of illiterate village women in 2008 were in the oldest age group, 35 years and over (not shown).

Travel frequency increased significantly over the study period, from 19% to 39% of respondents aged 15–24 visiting Satara at least once per month. However, the percentage traveling remained limited, especially considering that Satara is only a short distance from the village, and that a large number of vehicles make the trip on a daily basis. This reflects a continuing cultural censure on women's travel outside the village, especially that of young women. Differences in social empowerment indicators between the three periods were statistically significant with the exception of travel frequency which was not significantly higher in 1987 than in 1975.

Turning to economic empowerment, a gradual increase was seen in the percentage of women aged 15–24 who were engaged exclusively in domestic work over the study period, from only 21% in 1975 to 52% in 2008. Similarly, there was a decline in those employed in wage labor, from 28% to 12%. In 1987 the large drop in wage labor was compensated for by work in women's household fields, constituting a much larger group than in either 1975 or 2008. The reason for this interruption in trend may be that the time of the 1987 study corresponded to an intensification of agriculture and irrigation in the village. This may have necessitated more female work on household farms, work that was later absorbed by skilled in-migrants. All differences between 1975, 1987, and 2008 were statistically significant (with the exception of the professional/self-employed category in which there were not a sufficient number of women to calculate significance). Paralleling the shift toward more domestic work, leisure time available to women also expanded. The percentage of those who felt that a woman should be permitted to purchase her own sari did not change significantly between 1975 and 1987, but rose significantly overall between 1975 and 2008 from 21% to 62%.

In Table 4.3 the same socioeconomic characteristics as presented above for young women are shown for all currently married women aged 15–49 in 1975 and 2008. These are given separately because they will be used in the regression analysis later in this chapter. Leisure is

Table 4.3 Socioeconomic characteristics of all currently married women aged 15–49, 1975 and 2008 (percentage distributions)*

Categories	*1975 N=349*	*2008 N=494*
Social empowerment:		
Literacy		
Yes	37	82
Travel frequency		
=> once per mo.	25	35
Economic empowerment:		
Housework only	12	24
Wage labor	37	26
Unpaid labor in household fields	51	43
Professional/self-employed	0	7
Buying own sari (Yes)		
Yes	22	61

*Significance not shown as all differences in Table 4.3 are statistically significant using normal test of proportions with reference to 1975.

not included because it overlaps considerably with "type of work," in particular, work in one's household fields category. All indicators of social and economic empowerment improved significantly over the period. Literacy more than doubled and those traveling to Satara at least once a month increased by 10%. Wage laborers declined from 37% to 26%, while those engaged only in housework doubled. Women who were professionally or self-employed, however, rose to only 7%, indicating that younger women aged 15–24 accounted for most of the increase in this area. The proportion approving of a woman purchasing a sari almost tripled. In 2008 fewer than one-quarter of respondents aged 15–49 said they had no leisure time, compared to almost half the 1975 cohort. Half of the 2008 respondents had two or more hours of free time daily, compared to just over one-quarter of the 1975 respondents (not shown).

Changes in Fertility, Family Planning, and Son Preference

Along with progress in women's social and economic empowerment, major changes occurred in demographic/reproductive health indicators over the study period (Tables 4.4 and 4.5). Table 4.4 focuses on

women in the youngest age group, 15–24, and Table 4.5 on all women aged 15–49 in 1975 and 2008.

Looking first at Table 4.4, age at marriage increased significantly between 1975 and 2008 from 31% to 60% marrying on or after the legal age. It also increased significantly between 1987 and 2008, but not between 1975 and 1987. Thirty years ago girls were expected to be married in their early teens and marriage beyond the age of 20 was highly unusual. If an unmarried girl reached 20, it was generally assumed that she would never find a marriage partner, unless she "settled" for a compromise such as someone many years her senior or a disabled person who needed care. In 2008, by contrast, there was growing acceptance of older marriage ages for women. Nonetheless, the average age at marriage (17.9) among the 2008 respondents was still slightly below the legal age in 2008 (not shown).

As noted earlier, in the first two study periods many women had difficulty answering questions involving numbers, such as ages, dates of birth, and even number of children. By 2008 women had become considerably more numerate: most respondents were able to provide one or more exact dates for their marriage, births of their children and their own birthdays, rather than the frequently rough estimates provided in 1975 and 1987. Even in 2008, however, at least 5% of all married respondents stated an age at marriage approximating or

Table 4.4 Demographic/reproductive health indicators for married women aged 15–24, 1975, 1987, and 2008 (percentage distributions), using normal test of proportions with reference to 1975*

Categories	*1975 N=146*	*1987 N=134*	*2008 N=109*
Age at marriage (% below legal age)	69[a]	64[a,d]	40[c,e]
No. live births (% experiencing at least one live birth)	65[a]	57[a,d]	78[c,e]
Limit on fertility if no son (% saying 0–2)	3[a]	60[b,d]	77[c,e]
Infant mortality (% having deaths below 12 months)**	14[a]	0[b,d]	4[c,d]
Sterilization used (Yes)	5[a]	11[a,d]	21[c,d]
Ever use of IUD (Yes)	1[a]	3[a,d]	11[a,d]
Ever use of pill (Yes)	3[a]	3[a,d]	21[c,e]
Ever use of condom (Yes)	9[a]	1[a,d]	36[c,e]

*Percentages with different superscripts (across rows) are significantly different ($P<0.05$) while those with the same superscripts are not significant, using normal test for proportions. In this table [a b] and [c] are with reference to 1975, whereas [d] and [e] are with reference to 1987 and 2008.
**Refers to women who have had at least one live birth.

equal to the legal age that did not coincide with other dates given. For example, one woman said she was born on 31 January, 1981, and that she married on April 1, 1996 at the age of 18. Another said she was 40 years old at the time of interview (on December 11, 2007), that her first child was born on November 25, 1983, and that she was married at the age of 18. In such cases, the research team reevaluated the information, using definite dates from the complementary data (e.g., actual birthdates of children in official birth registers), when available.

Significantly more women aged 15–49 in 1987 and 2008 had at least one live birth than in 1975, rising from 65% to 78%. This is an interesting finding, given that age at marriage had increased significantly over the interim, and is further discussed below. At the same time, desired family size declined over the period: respondents desiring more than two children dropped from 90% in 1975 to 70% in 1987 and to only 4% in 2008 (not shown). Correspondingly, significant declines were noted in the number of children respondents said they would have in hope of having a son. Over three-quarters of the 2008 cohort were willing to stop after 0–2 female children, compared to only 3% in 1975. It is worth noting that more women in 2008 mentioned that they would like a daughter as well as a son than in earlier years. Many said that girls were more loving and cared more about their parents, even though daughters would leave them when they got married. However, the importance of having daughters in determining respondents' actual family size will be seen in the following chapter, in which the stated desired fertility is compared with actual fertility among the same respondents over time.

Infant deaths among women aged 15–24 were few in all years, partly because the total number of births was fewer in this age group than among older women, but also because of the rising age at marriage. The percentage of women who had experienced at least one such death in this age group was only 4% in 2008, compared to 14% three decades earlier. Generally, superstitions and sadness surrounding the discussion of child deaths made it difficult for respondents to talk about them, and often probing was necessary to encourage them to mention them. Sometimes they referred to them metaphorically: "When we plant a crop we cannot say that all seeds will flourish, nor can we say it about our children." Infant deaths were sometimes mentioned as a reason for having many children, as insurance against loss: "If a fireplace breaks, don't we have to replace it?" It is not clear why no women aged 15–24 in 1987 had experienced an infant death.

Differences between 1975 and the two later years were statistically significant, but not those between 1987 and 2008, because the number of these events was very low in both years.

Lower fertility and family size ideals were facilitated by sustained government family planning efforts, strongly supported by Gove leaders, as well as by accessible and reliable contraception and safe delivery services at the Limb PHC. The family planning program had been active in the area since the early 1960s, as recorded by Dandekar and Bhate (1976), with the establishment of a PHC sub-center in Limb (referred to in Chapter 3). Around 1968 the family planning program began to gain momentum in Satara District, and consisted mainly of disseminating information about contraceptive methods, emphasizing vasectomy, the male sterilization. Dissemination methods included information provided by health center personnel, radio broadcasts, and special "camps" in which vasectomies were performed and IUDs inserted. The main emphasis of the program was on sterilization which absorbed 90% of total family planning efforts (Dandekar and Bhate, 1976). This focus remained firmly implanted in the area over the years, although information about other methods was also disseminated, and other methods were accessible from the Limb PHC. In all phases of this study, sterilization was by far the preferred method of family limitation.

Average age at sterilization decreased over the period. This can be seen by the fact that one-fifth of women aged 15–24 had already been sterilized in 2008, four times the percentage in 1975 and almost twice that of 1987 (Table 4.4), although differences between 1987 and 2008 were not statistically significant. It was widely felt that, when the sterilization was available, there was no need for any other method. In other words, women preferred to have their children within a short time and then stop childbearing completely. This was clearly expressed by women in all periods. For example, in 1975, one mother of seven children (four of whom had died) commented, "The operation is very good. When you can do this, why use any other method?" Others pointed out that the operation was "once and for all," whereas other methods of contraception required considerably more attention and were not necessarily reliable. In 1975 the use of contraception for spacing purposes was not considered necessary because women viewed breast-feeding and prolonged amenorrhea as sufficient to achieve desired gaps between births.

Interestingly, up to 1966 vasectomies had far outnumbered female sterilizations, but as tubal ligation became increasingly available,

vasectomies began to decline. In 1975, vasectomies accounted for one-quarter of total sterilizations in Gove; "tubectomies," three-quarters. Soon, the female operation completely replaced male procedures, so that even the possibility of the latter was completely ignored. In 2008, no male vasectomies were recorded among married respondents who had been sterilized.

Use of modern methods of contraception, including the pill, condom, and IUD, was higher in 2008 than in earlier years in the 15–24 age group (Table 4.4). Differences between 1975 and 2008 were significant for the pill and condom, indicating an increase in the practice of child spacing. Nonetheless, respondents held the general opinion that the benefits of sterilization outweighed those of artificial contraceptive methods. The IUD had been consistently promoted in the area since 1965 by the family planning program but it was never well accepted in Gove. Its unpopularity could be traced to problems with its introduction and follow-up in the early days of the program. Several women reported health problems such as bleeding, aches, and weakness, as well as long delays before the PHC nurse responded to their requests to remove the device. Some IUD users in 1975 and 1987 who had not experienced adverse effects themselves said they had had them removed because of fear of such events. By 2008, however, those who used the device (just over one-tenth of respondents) said they were satisfied.

Comparing all married respondents aged 15–49 (Table 4.5), age at marriage increased markedly over the interim: in 2008 just over half the women were married below the legal age, compared to more than three-quarters in 1975. In the two older age groups differences of almost four years were found, from an average age of 14.2 years in 1975 to 17.4 in 2008, compared to a difference of only 1.5 years in the youngest age group (not shown). This can be linked to an important policy change that occurred in 1978—the passing of the Child Marriage Restraint Act which raised the minimum age at marriage from 15 to 18 for girls, and from 18 to 21 for boys. By 2008 it had become much more accepted for girls to marry at later ages: six women were 25 or older at the time of marriage and one woman had been married at the age of 30. Such a mature age at first marriage was unthinkable in 1975.

Fertility for all women respondents, measured by number of live births, was much lower in 2008 than in 1975. The average number of live births for women aged 5–49 declined from 3.1 in 1975 to 2.4 in 2008 (not shown). In 1975 smaller family values were already

Table 4.5 Demographic/reproductive health indicators for all currently married women aged 15–49, 1975 and 2008 (percentage distributions)*

Categories	*1975 N=349*	*2008 N=494*
Age at marriage (% below legal age)	77	53
No. live births		
0–2	36	63
3	14	26
>3	50	11
Limit on fertility if no son (No.)		
0–2	4	54
3	20	32
>3	76	14
Infant mortality (% having deaths below 12 months)**	23	9
Use of contraception, including sterilization (Yes)	37	73
Use of contraception, excluding sterilization (Yes)	12	35

*Significance not shown as all differences in Table 4.5 are statistically significant using normal test of proportions with reference to 1975.
**Refers to women who have had at least one live birth.

taking root, with most women stating a preference for three–four children, at least two sons and one daughter. However, at that time there were many constraints preventing women from realizing their goals. These included limited access to facilities, barriers to communication between husbands and wives, lack of permission from the husband or mother-in-law and, most important, the failure to have a son (or the number of sons desired by the respondent or her family). The following comments from respondents are illustrative of these points. One 30-year-old woman with 6 children said, "I did not want a large family but, until recently, I lived with my father-in-law in a remote area of Gove and was unable to get to Satara to be sterilized. When my husband came back from Bombay a few months ago, I was able to do it. What's important is not how many children you have, but whether they are fed, clothed and educated." Another 17-year-old woman, who had been married for 5 years but was still childless, commented, "I want a small family—no more than four children. I would like to talk to my husband about this but there is no privacy, and when the others go to the fields, how can I bring up subjects like contraception?" Several women felt that the decision as to how many children they had was beyond their control and expressed a fatalistic

attitude. "This is not in our hands. We must behave according to our husbands' wishes." Many respondents referred to the cultural preference for two sons and one daughter as affecting their own behavior. For example, one thirty-year-old woman who already had seven children—one boy and six girls—said, "I know that having children is hard on my health and I wanted to be sterilized after my fourth child. But my husband wanted one more son. I plan to have one more child and even if it is a girl, I will be sterilized. I worry about having to pay dowry for so many girls."

By 2008, son preference, indicated by the limit to the number of children women would have in hope of having a son, also decreased: 86% of the later respondents said they would stop at 3 or fewer children, compared to only 24% of the earlier cohort. Moreover, more than half said they would stop at 2 or fewer children, compared to only 4% of 1975 respondents. However, even in 2008, sex preference for sons influenced ultimate fertility decisions. The following constraints were expressed by several respondents. "I wanted only one child and when I had my daughter I planned to have a sterilization. But my in-laws wanted a son, so I had two more children, a girl and a boy." "My husband and I wanted only one child [a son] but my mother-in-law wanted more so I am pregnant again now."

By 2008 infant deaths had declined greatly for respondents in the age group 15–49. In 1975 almost one-quarter of these respondents had experienced at least one infant death. In 2008 less than 10% of women had seen one of their babies die. This was clearly linked to better access to health services and improvements in the services themselves (Vlassoff et al., 2010) and to more hygienic practices in the village itself.

Family planning methods were compared for only two categories (all methods including sterilization and all methods excluding sterilization) because of the small numbers using temporary methods, such as the pill, condom, or IUD, in both years. As with the younger cohort, large increases in contraceptive use were also seen for women aged 15–49. Those using any method, including sterilization, nearly doubled, and those using methods other than sterilization increased nearly threefold. The PHC services for family planning and deliveries had made contraceptives and family planning services within reach and more client-friendly (Vlassoff et al., 2010). For instance, when women were hospitalized for sterilization or delivery, their families could easily visit and bring supplies and meals for them. The following comparisons between earlier years and the present situation

illustrate women's awareness of these improvements. "That time [1975 and 1987] there were few facilities like hot water, fans, an operating room, but now all facilities are available." "They do operations [sterilizations] now, and high quality medicines are also provided." "Now there are mosquito nets, laparoscopy facilities, and the two stitch operation rather than three."

Abortion, or "medical termination of pregnancy," has been legal in India since 1971. In 1975, although legalized, abortion was highly stigmatized and was generally done by women themselves, using "medicine" from itinerant vendors. Many such cases resulted in death. Unfortunately few villagers seemed to be aware that medically safe, legal abortions were available at the Satara District Hospital and various private clinics. Women tended to equate abortion with "sinfulness," something resorted to by promiscuous women only. As one respondent put it, "When a woman has a husband, what is the necessity?" In 2008 abortion was available at the Limb PHC and a separate surgery room had been added for that purpose. In 2008 8% of respondents reported having an abortion, compared to only 2% in 1975 (not shown). Abortion, ostensibly for medical reasons, had become much more acceptable in the later period. The link between abortion and sex determination will be discussed in the following chapter.

The Influence of Caste and Religion on Attitudes, Empowerment, and Reproductive Decisions

In Table 4.6 gender-related cultural attitudes are examined by caste for all women aged 15–49 in 1975 and 2008. For ease of analysis the castes are grouped into "high" and "low," according to the breakdown in Chapter 3 (endnote 8). The official scheduled castes are included in the low category, rather than separately, because (after excluding the New Buddhists) only a small number of respondents belonged to them. From Table 4.6 it is clear that being a member of a high or low caste did not affect cultural attitudes significantly in 2008, whereas in 1975, there were significant differences in four of the ten attitudes examined. These differences were found in the age at marriage considered acceptable for both girls and boys, the lower castes being more likely to approve of early marriage than the higher castes. There was also a significant difference between high and low castes in the level to which they considered that girls should study.

In 1975 only three-fifths of lower caste women felt that girls should be educated to at least 7th standard, compared to over four-fifths of higher caste respondents. Further, a significantly greater proportion of higher caste women approved of women eating with their husbands than of lower caste respondents.

Differences by gender-related attitudes were compared for the two main religious groups, Hindus and New Buddhists but there were no significant differences (not shown). Because there were very few married Muslim respondents in either 1975 or 2008 (five and three, respectively) they were not included in this comparison.

Table 4.6 Selected cultural attitudes for married women aged 15–49, 1975 and 2008 by caste. Percentage distributions, using normal test of proportions*

Categories	*1975 N=312***		*2008 N=467***	
	High N=221	*Low N=91*	*High N=327*	*Low N=140*
Approval of giving dowry				
No	67[a]	57[a]	90[a]	89[a]
Proper age at marriage for girl (Yrs.)				
=>Legal age	37[a]	20[b]	99[a]	100[a]
Proper age at marriage for boy (Yrs.)				
=>Legal age	78[a]	52[b]	99[a]	100[a]
Should parents seek son's consent				
Yes	93[a]	90[a]	98[a]	99[a]
Should parents seek daughter's consent				
Yes	88[a]	80[a]	96[a]	98[a]
How far should girls be educated (Standard)				
7th in 1975 & 10th in 2008	81[a]	62[b]	100[a]	100[a]
Prefer educated husband for daughter				
Yes	97[a]	97[a]	99[a]	98[a]
Prefer rural or urban-based husband for daughter				
Urban	71[a]	80[a]	92[a]	91[a]
Approval of wife eating with husband				
Yes	67[a]	46[b]	97[a]	91[a]
Who should decide if wife can buy a new sari				
Wife	25[a]	17[a]	63[a]	59[a]

*Percentages with different superscripts [a] and [b] (across rows) are significantly different ($P<0.05$) while those with the same superscripts are not significant, using normal test for proportions.
**Excludes New Buddhists and Muslims.

In Table 4.7 inter-caste differences in the social and economic empowerment of married women aged 15–49 are explored for 1975 and 2008. Significant differences between higher and lower caste women were observed in most indicators in both years. Lower caste respondents were less likely to be literate or to travel frequently to Satara (although in 1975 the differences were not statistically significant). Also, significantly more lower caste women worked as wage laborers in both years, whereas higher caste women were more likely to stay home or work exclusively in their own household fields. Differences in professional and self-employment were not significant because of the very small number of respondents thus employed. Although a larger percentage of lower caste women had no leisure time in both years, differences were not statistically significant.

Religious differences in social and economic empowerment are presented in Table 4.8.[3] There were no important differences in the social empowerment indicators between Hindu and New Buddhist women in either year but differences in economic empowerment were found. These were more marked in 1975 than in 2008. Significantly more

Table 4.7 Social and economic empowerment indicators for married women aged 15–49, 1975 and 2008 by caste. Percentage distributions, using normal test of proportions*

Categories	*1975 N=312***		*2008 N=467***	
	High N=221	*Low N=91*	*High N=325*	*Low N=128*
Social empowerment:				
Literacy (Yes)	42[a]	21[b]	87[a]	73[b]
Travel frequency (=> once per mo.)	16[a]	8[a]	40[a]	24[b]
Economic empowerment:				
Type of work:				
Wage labor	26[a]	55[b]	17[a]	44[b]
Housework only	14[a]	6[a]	29[a]	11[b]
Unpaid labor in household fields	60[a]	39[b]	48[a]	37[b]
Professional/self-employed	0[a]	0[a]	6[a]	8[a]
Number of hours leisure daily:				
None	48[a]	60[a]	44[a]	52[a]

*Percentages with different superscripts [a] and [b] (across rows) are significantly different ($P<0.05$) while those with the same superscripts are not significant, using normal test for proportions.
**Excludes New Buddhists and Muslims.

New Buddhist women were engaged in wage labor in 1975, whereas more Hindu women were engaged as unpaid laborers on their household fields. In 2008, differences between Hindu and New Buddhist women according to type of employment had disappeared, with the exception of the proportion engaged in unpaid agricultural labor, in which Hindu respondents were more prominent.

Caste differences in reproductive health indicators are compared for 1975 and 2008 in Table 4.9. Overall, higher caste women had better reproductive health than lower caste women on most indicators, although not all differences were statistically significant. In both years, significantly more lower caste women were married below the legal age, and in 2008 lower caste respondents had significantly more children than higher caste women. Lower caste women in 2008 were also less likely to stop childbearing after only two children if they did not have a son. In 1975 infant mortality was significantly higher among the lower castes, but differences were not significant in 2008. On most measures of contraceptive use no important differences were observed in either year, with the exception of condom use which was significantly more prevalent among higher caste respondents in

Table 4.8 Selected social and economic empowerment indicators for married women aged 15–49, 1975 and 2008 by religion. Percentage distributions, using normal test of proportions*

Categories	*1975 N=349*		*2008 N=494*	
	Hindu N=312	*New Buddhist N=32*	*Hindu N=467*	*New Buddhist N=23*
Social empowerment:				
Literacy (Yes)	36[a]	34[a]	82[a]	78[a]
Travel frequency (=> once per mo.)	14[a]	16[a]	35[a]	39[a]
Economic empowerment:				
Type of work:				
Wage labor	34[a]	68[b]	25[a]	39[a]
Housework only	11[a]	19[a]	23[a]	39[a]
Unpaid labor in household fields	55[a]	13[b]	45	13**
Professional/self-employed	0[a]	0[a]	7	9**

*Percentages with different superscripts [a] and [b] (across rows) are significantly different (P<0.05) while those with the same superscripts are not significant, using normal test for proportions.
**Population and proportion sizes too small to perform normal test of proportions.

Table 4.9 Reproductive health characteristics of all currently married women aged 15–49, 1975 and 2008 by caste. Percentage distributions, using normal test of proportions*

Categories	*1975 N=312***		*2008 N=467***	
	High N=221	*Low N=91*	*High N=325*	*Low N=128*
Age at marriage (% below legal age)	72[a]	88[b]	46[a]	70[b]
No. live births (% experiencing more than 3 live births)	26[a]	25[a]	8[a]	15[b]
Limit on fertility if no son (% saying 0–2)	3[a]	1[a]	59[a]	37[b]
Infant mortality (% having deaths below 12 months)*	19[a]	31[b]	7[a]	11[a]
Sterilization used (Yes)	27[a]	31[a]	70[a]	73[a]
Ever use of IUD (Yes)	7[a]	6[a]	14[a]	10[a]
Ever use of pill (Yes)	4[a]	2[a]	18[a]	19[a]
Ever use of condom (Yes)	6[a]	3[a]	24[a]	14[b]

*Percentages with different superscripts [a] and [b] (across rows) are significantly different ($P<0.05$) while those with the same superscripts are not significant, using normal test for proportions.
**Excludes New Buddhists and Muslims.

2008. Interestingly, however, in both years sterilization was adopted by a higher proportion of lower caste women, although differences between lower and higher castes were not statistically significant.

Table 4.10 provides a comparison by religion of those reproductive health indicators that were significantly associated with caste in Table 4.9. No significant differences were observed between Hindus and New Buddhists in any of the characteristics in either year, with the exception of son preference (limit if no son) in 2008. New Buddhists were more likely than Hindus to go beyond two children if they did not have a son. The caste and religious differences in son preference observed in 2008 did not seem to be attributable to differences in socioeconomic status, as differences by indicators of household welfare according to caste and religion were not statistically significant (not shown).

In Tables 4.11 and 4.12 actual average fertility by caste and religion are compared for 1975 and 2008 for all married Gove women. Lower caste women in 1975 had fewer living children than higher caste women. They also had fewer male children and more female children. In 2008 higher caste respondents had lower numbers of living children

Table 4.10 Selected reproductive health characteristics of all currently married women aged 15–49, 1975 and 2008 by religion. Percentage distributions, using normal test of proportions*

Categories	*1975 N=349*		*2008 N=494*	
	Hindu N=312	*New Buddhist N=32*	*Hindu N=467*	*New Buddhist N=23*
Age at marriage (% below legal age)	79[a]	84[a]	52[a]	48[a]
No. live births (% experiencing more than 3 live births)	41[a]	47[a]	10	12**
Limit on fertility if no son (% saying 0–2)	3	13**	53[a]	73[b]
Infant mortality (% having deaths below 12 months)*	22[a]	32[a]	9	17**
Ever use of condom (Yes)	5	3**	21	13**

*Percentages with different superscripts [a] and [b] (across rows) are significantly different (P<0.05) while those with the same superscripts are not significant, using normal test for proportions.
**Population and proportion sizes too small to perform normal test of proportions.

Table 4.11 Average numbers of living children, sons and daughters by caste for married women aged 15–49, 1975 and 2008

Caste	*Living children*			*N*
	Total	*Male*	*Female*	
1975:				
High	2.76	1.48	1.27	221
Low	2.51	1.20	1.31	91
2008:				
High	1.99	1.10	0.90	325
Low	2.27	1.13	1.14	138

and fewer sons and daughters. Similar patterns emerged with respect to religion, New Buddhists having lower fertility in 1975, and higher fertility in 2008, than Hindus. The lower numbers of living children for the lower castes and New Buddhists in 1975 can be attributed to higher levels of infant and child mortality because average numbers of live births were similar for lower and upper castes (3.1 and 3.2, respectively), and for Hindus and New Buddhists (3.1 and 3.2

Table 4.12 Average numbers of living children, sons and daughters by religion for married women aged 15–49, 1975 and 2008

Religion	*Living children*			*N*
	Total	*Male*	*Female*	
1975:				
Hindu	2.69	1.40	1.28	312
New Buddhist	2.19	1.19	1.00	32
2008:				
Hindu	2.07	1.11	0.97	466
New Buddhist	2.48	1.26	1.22	23

respectively). Sons outnumbered daughters in most categories shown in Tables 4.11 and 4.12.

Empowerment and Son Preference

From the above discussion it is clear that improvements in women's status had been achieved in the village in the areas of social empowerment and most aspects of reproductive health. Nonetheless, challenges in achieving gender and caste equality, especially in terms of economic empowerment, remained. In this section the impact of changes in social and economic empowerment on the key indicators included in Table 4.5 (fertility, limit if no son, infant mortality, and contraceptive use, including sterilization and contraceptive use, excluding sterilization) are examined by comparing all married women aged 15–49 in 1975 and 2008, using multiple linear regression (Tables 4.13 and 4.14). A simple social empowerment index consisting of literacy and travel frequency was used, and, for economic empowerment, type of employment and decision regarding the purchase of a sari. Age at marriage was also entered into the regression analysis in order to determine its independent impact on both women's empowerment and reproductive behavior.

Considering first the 1975 results for number of live births, the overall relationships (R^2) were significant for all three models (A, B, and C). Age at marriage had an independent and significant effect, even with the addition of the two empowerment indexes. Social empowerment had a significant additive effect, the negative relationship indicating that greater social empowerment was associated with

Table 4.13 Multiple linear regression analysis for reproductive health indicators with age at marriage, social empowerment, and economic empowerment indicators, 1975***

Dependent variables	*Independent variables*	*Beta Coeff ± se (p)*		
		A	*B*	*C*
No. live births	Age at marriage	—	−0.20 ± 0.06 (p = 0.00)	−0.20 ± 0.06 (p = 0.00)
	+ Social empowerment	—	−0.69 ± 0.23 (p = 0.00)	−0.76 ± 0.23 (p = 0.00)
	+ Economic empowerment	—	—	0.33 ± 0.22 (ns)
	R^2	6.4**	9.3**	10.0**
Limit on fertility if no son (No.)	Age at marriage	—	−0.06 ± 0.03 (p = 0.03)	−0.06 ± 0.03 (p = 0.03)
	+ Social empowerment	—	−0.41 ± 0.12 (p = 0.00)	−0.43 ± 0.12 (p = 0.00)
	+ Economic empowerment	—	—	−0.09 ± 0.11 (ns)
	R^2	3.3**	7.4**	7.5**
Infant mortality (no.)	Age at marriage		−0.04 ± 0.09 (ns)	−0.03 ± 0.09 (ns)
	+ Social empowerment	—	−0.04 ± 0.06 (ns)	−0.01± 0.06 (ns)
	+ Economic empowerment	—		−0.10 ± 0.05 (p = 0.04)
	R^2	(ns)	(ns)	(ns)
No. methods used, including sterilization	Age at marriage	—	−0.03 ± 0.01 (p = 0.02)	−0.03 ± 0.01 (p = 0.02)
	+ Social empowerment	—	0.05 ± 0.06 (ns)	0.03 ± 0.06 (ns)
	+ Economic empowerment	—	—	0.08 ± 0.06 (ns)
	R^2	(ns)	(ns)	(ns)
No. methods used, excluding sterilization	Age at marriage	—	0.00 ± 0.00 (ns)	0.00 ± 0.00 (ns)

continued

Table 4.13 Continued

Dependent variables	*Independent variables*	*Beta Coeff ± se (p)*		
		A	*B*	*C*
	+ Social empowerment	—	0. 06 ± 0.04 (ns)	0.05 ± 0.04 (ns)
	+ Economic empowerment	—	—	0.05 ± 0.04 (ns)
	R^2	(ns)	(ns)	(ns)

* P<.05.
**P<.01.
***For the regression analysis, age at marriage is used as an independent variable (coded as 1 for "at or over the legal age," 0 otherwise). The social empowerment index consisted of values 0 (low empowerment) to 2 (high empowerment) and was composed from two variables: literacy (coded 1 for "Yes," 0 otherwise) and travel to Satara once or more a month (coded 1 for "Yes," 0 otherwise). The economic empowerment index consisted of values 0 (low empowerment) to 4 (high empowerment) and was composed from two variables: whether the respondent could decide to purchase her own sari (coded 1 for "Yes," 0 otherwise) and type of employment of the respondent, excluding solely domestic work (coded 1 for "Wage labour," 2 for "Unpaid labour on household fields" and 3 for "Employment for cash"). For the dependent variables, actual numbers are used for live births (coded 0–6), limit to the number of children women would have if no sons (coded 0–6), and number of infant deaths (coded 0–2), two or more deaths coded as 2. The number of contraceptives used, including sterilization were coded 0–2 (0 being none and 2 being 2) and number of contraceptives used, excluding sterilization also coded 0–2.

fewer children born. The more socially empowered the woman was, the more likely it was that she would stop having children at a lower number than those less empowered. Economic empowerment did not add significantly to the relationship. The next indicator, limit if no son, was also related to both age at marriage and social empowerment in a highly significant way, whereas the addition of economic empowerment only added marginally to the overall relationships. Women married younger, and those more socially empowered indicated that they would stop at fewer children than less empowered respondents in the case of having no sons. Infant mortality, however, was significantly related only to economic empowerment, the more empowered women having experienced fewer infant deaths, whereas age at marriage and social empowerment were not associated with infant mortality. None of the R^2 s of the three models for infant mortality was significant, however. Contraceptive use, including sterilization, was significantly associated with age at marriage, but interestingly, the relationship was negative. In other words, those married at younger ages were more likely to have used sterilization than those married

Table 4.14 Multiple linear regression analysis for reproductive health indicators with age at marriage, social empowerment, and economic empowerment indicators, 2008***

Dependent variables	*Independent variables*	*Beta Coeff ± se (p)*		
		A	*B*	*C*
No. live births	Age at marriage	—	−0.09 ± 0.02 (p = 0.00)	−0.09 ± 0.02 (p = 0.00)
	+ Social empowerment	—	−0.16 ± 0.08 (p = 0.05)	−0.17 ± 0.08 (p = 0.05)
	+ Economic empowerment	—	—	0.24 ± 0.07 (ns)
	R^2	6.2**	7.2**	7.2 **
Limit on fertility if no son (No.)	Age at marriage	—	−0.08 ± 0.03 (p = 0.00)	−0.08 ± 0.02 (p = 0.00)
	+ Social empowerment	—	−0.23 ± 0.08 (p = 0.01)	−0.19 ± 0.09 (p = 0.03)
	+ Economic empowerment	—	—	−0.08 ± 0.07 (ns)
	R^2	5.2**	7.2**	7.5**
Infant mortality (no.)	Age at marriage	—	−0.04 ± 0.03 (ns)	−0.04 ± 0.03 (ns)
	+ Social empowerment	—	−0.07 ± 0.02 (p = 0.00)	−0.07 ± 0.02 (ns)
	+ Economic empowerment	—		0.01 ± 0.02 (ns)
	R^2	1.2*	3.5**	3.5**
Contraceptive use, including sterilization	Age at marriage	—	0.12 = 0.09 (ns)	0.05 = 0.09 (ns)
	+ Social empowerment	—	0.35 ± 0.06 (p = 0.00)	0.20 ± 0.06 (p = 0.00)
	+ Economic empowerment	—	—	0.34 ± 0.05 (p = 0.00)
	R^2	2.3**	9.9**	18.6**
Contraceptive use, excluding sterilization	Age at marriage	—	0.21 ± 0.07 (p = 0.01)	0.16 ± 0.07 (p = 0.02)
	+ Social empowerment	—	0. 21 ± 0.05 (p = 0.00)	0.11 ± 0.05 (p = 0.03)

continued

Table 4.14 Continued

Dependent variables	*Independent variables*	*Beta Coeff ± se (p)*		
		A	*B*	*C*
	+ Economic empowerment	—	—	0.22 ± 0.04 (p=0.00)
	R^2	4.4**	8.8**	15.1**

* P<.05.
**P<.01.
***For the regression analysis, age at marriage is used as an independent variable (coded as 1 for "at or over the legal age," 0 otherwise). The social empowerment index consisted of values 0 (low empowerment) to 2 (high empowerment) and was composed from two variables: literacy (coded 1 for "Yes," 0 otherwise) and travel to Satara once or more a month (coded 1 for "Yes," 0 otherwise). The economic empowerment index consisted of values 0 (low empowerment) to 4 (high empowerment) and was composed from two variables: whether the respondent could decide to purchase her own sari (coded 1 for "Yes," 0 otherwise) and type of employment of the respondent, excluding solely domestic work (coded 1 for "Wage labour," 2 for "Unpaid labour on household fields" and 3 for "Employment for cash"). For the dependent variables, actual numbers are used for live births (coded 0–6), limit to the number of children women would have if no sons (coded 0–6) and number of infant deaths (coded 0–1), and number of contraceptives used, including sterilization (coded 0–4) and number of contraceptives used, excluding sterilization (coded 0–3).

later. None of the R^2 s was significant overall. Contraceptive use excluding sterilization was not significantly associated with any of the independent variables.

In 2008 a similar picture emerged with respect to number of live births and limit if no son (Table 4.14). Overall associations were strong , while age at marriage and social empowerment had an independent and significant influence. The overall associations among the three independent variables and infant mortality were significant, but only social empowerment showed some independent impact. With respect to the two contraceptive use indicators, overall relationships were strong and significant, and both social and economic empowerment had independent and significant effects on the strength of the associations. Age at marriage lost its significant impact in the case of contraception including sterilization, but retained it in the case of contraceptive use excluding sterilization.

Summary and Conclusions

In this chapter a comparison of women's status over three decades (1975–2008) showed impressive gains in women's empowerment and

reproductive health. This was true both of the larger groups of married women aged 15–49 and the youngest groups, under 25 years old. Between 1975 and 2008 women's attitudes had balanced out considerably with respect to gender-related issues such as appropriate ages at marriage for girls, whether or not daughters should be consulted in the choice of a husband and whether girls should finish their education (primary school in 1975 and secondary school in 2008). In 1975 women already expressed modern attitudes regarding approval for sons' involvement in decision-making, but the same was not true with respect to daughters. However, in 2008 the large majority of women considered that girls should have greater rights such as marrying above the legal age, having a say in the choice of a husband, and being educated to at least 10th standard.

For young married women aged 15–24, there were impressive advances in the area of social empowerment, including in the percentage literate, which almost doubled over the study period, and in frequency of travel outside Gove. Nearly two-fifths of these respondents traveled to Satara at least once a month. Nonetheless, their mobility was still restricted, reflecting a cultural proclivity to keeping young women sheltered within the domestic environment. This has also been noted in a State-wide study of young women in Maharashtra, where only 9% of those interviewed had visited, unescorted, a place of entertainment outside their community or neighborhood (Acharya et al., 2010). Most Gove women said they only traveled to go to a doctor, although two said they went to Satara regularly to attend classes.[4] Among all respondents aged 15–49, literacy levels more than doubled and mobility also increased significantly. By 2008, more than a third of these women visited Satara at least once monthly.

Significant changes had also occurred in women's economic activities, especially among those under 25 years old, due to both improvements in the living standard of Gove families and the influx of skilled migrant labor. The proportion of these respondents who reported housework as their principal activity more than doubled between 1975 and 2008, and the proportion working for wages decreased by more than half. There was also a significant decline in the percentage working exclusively in their household fields. For older women these declines were less notable. Among all women aged 15–49, more were self-employed or working as professionals in 2008 than in the previous years, but they still represented less than one-tenth of all women in the village. Women's decision-making power over financial matters, measured by the question of whether a woman should be allowed to

purchase her own sari, increased significantly over the study period among all respondents. Nonetheless, considerable conservatism concerning this question was still expressed in 2008: more than a third of married women felt that others should make purchases for them.

In 2008 there was general agreement among villagers that girls need to be educated at least to 10th standard and to be married after, or close to, the legal age of 18 years. However, there was no attendant belief that girls should be entitled or encouraged to use this education as a basis for employment and/or further professional development, particularly after marriage. For the most part, young married women were expected to stay home, limit their activities to household matters, become pregnant as soon as possible and have their children in rapid succession. This was further evidenced by the longitudinal results for married women in the youngest age group, 15–24, more than three-quarters of whom had already had at least one birth, compared to only about two-thirds in 1975 and 1987.

An interesting finding was that the increase in age at marriage for girls in the last study interval (1987–2008) was much larger than in the first (1975–87). This can be traced to a change in India's legislation raising the legal age at marriage for girls from 16 to 18 years in 1978. This translated, after a lag of a few years, into accepted practice at the village level. However, further efforts are needed to fully comply with this legislation, as the average age for even the youngest age group of married respondents in Gove fell slightly short of 18 years in 2008. Interestingly, too, son preference did not decline significantly between 1987 and 2008. Infant mortality levels decreased, as a result of better hygiene, access to primary health care and, undoubtedly, higher ages at marriage and female education. Use of all methods of family planning increased significantly over the study period.

The declining age at sterilization, indicated by the fact that one-fifth of women under 25 years old had undergone the operation, is somewhat troubling. Couples who terminated their childbearing so early, at only one or two children, had no insurance against the possible loss of a child. Reversal surgery was possible, but it was difficult and rarely undertaken. Moreover, lengthening the time between generations is a natural means of slowing population growth, which can be achieved by delaying the birth of the first child. Another concern with respect to sterilization, still the most prominent family planning method promoted by the PHC, was that it had become almost exclusively a female operation. Although the male procedure has always been at least as easy as the female, an even less invasive operation, the

"no-scalpel vasectomy," had become available recently and was beginning to be promoted in Satara District. More acceptance of this procedure could begin to shift the gender balance more favorably toward greater male involvement and responsibility in family planning.

The problems associated with early sterilization were beginning to be recognized in Satara District with the introduction of the "Honeymoon Package" to encourage higher age at first birth, the spacing of children, and improved maternal and child health. However, when asked about the feasibility of postponing childbearing, many women were pessimistic. Even many of those who favored delaying their first birth said that they experienced considerable pressure from their elders, especially mothers-in-law, to have children as quickly as possible.[5]

Caste and religious differences in gender-related attitudes were disappearing by 2008, and in fact were never particularly marked, even in 1975. It seems that widely promoted, progressive social norms, such as allowing girls to have a say in the choice of a marriage partner and educating girls to a higher level (7th standard in 1975 and 10th standard in 2008), had permeated all castes in the village. Interestingly, although the New Buddhists were still considered a scheduled caste, their attitudes with respect to gender norms were similar to those of Hindu respondents.

Despite the diffusion of progressive attitudes among all groups, caste and religious differences in social and economic empowerment prevailed among village women throughout the study period. Lower caste women had fewer opportunities for education and travel and a larger proportion of them were engaged in wage labor, the lowest level on the scale of economic empowerment. Higher caste respondents were more likely to stay home or work on their own fields, rather than being employed by others for wages. The New Buddhists fared better than lower caste women on social and economic empowerment indicators, although they still fell (not significantly) below the levels of Hindu respondents. The lower castes evidenced poorer reproductive health indicators in most areas, with the exception of contraception, where their levels of use were similar to higher caste women. Religious differences were not significant for any reproductive health characteristics with the exception of son preference. As with the lower castes, a smaller proportion of New Buddhist than Hindu respondents were willing to stop trying after two children if they did not have a son. Fertility levels were lower among higher caste women and Hindu respondents than among lower caste and New

Buddhist women in 2008, but higher in 1975, due to higher infant and child mortality among the lower castes and New Buddhists. Sons outnumbered daughters in nearly all caste and religious groups, but the average number of living daughters was higher among lower castes in both 1975 and 2008. Similarly, New Buddhist women had more living daughters in 2008 than Hindu respondents.

Using regression analysis, it was possible to analyze the separate and joint effects of age at marriage, social empowerment, and economic empowerment on reproductive health. All of these together played a significant role in fertility and contraceptive use in both 1975 and 2008. Age at marriage and social empowerment were key determinants of the number of live births respondents had and the limit to which they said they would go in the hope of having a son. Economic empowerment, however, was a significant determinant of infant mortality in 1975, but not in 2008. This difference may have been due to the fact that, in 1975, economic circumstances had a greater impact on access to health services than in 2008. In former times, villagers had less access to transportation and those who were poor tended to put off going to a doctor, sometimes with drastic consequences. In 2008 access was much improved and infant mortality levels were much lower overall. Both social and economic empowerment positively affected contraceptive use in 2008, but not in 1975, when only age at marriage was significantly related to contraceptive use, including sterilization. In 1975, however, there was a negative association between contraceptive use and sterilization, indicating that women marrying at younger ages were more likely to have used it. This demonstrates, as has been argued elsewhere, that sterilization was a method that appealed to all women, even those with lower socioeconomic levels, as indicated by earlier age at marriage (Vlassoff, 1979, 1992).

The positive relationships between both social and economic empowerment and contraceptive use in both years demonstrate that a woman's empowerment, in terms of literacy and travel, as well as her control over resources and her work outside the home, even as a worker on her own household fields, enables her to be more autonomous within her domestic environment. This autonomy includes decisions about family size, family planning and child survival, and reinforces and augments her position in other areas.

The results presented in this chapter support the findings of others which emphasize the importance of women's empowerment, both social and economic, for overall societal development (Senarath and Gunawardena, 2009; Francavilla and Giannelli, 2011; World Bank,

2012b). They also challenge the popular view in the village, and in rural India more generally, that female education is justifiable as an end in itself because it results in improved marriage prospects and provides women with the skills to better care for and educate their children (Gokhale et al., 2004; Purfield, 2006; Siddhu, 2011). The findings of this analysis endorse the importance of raising the age at marriage and the social empowerment of girls, but they also demonstrate the potential of economic empowerment for improving reproductive health. In Gove employment in professional and self-employed spheres was uncommon among young married women. Even those with higher secondary education remained mostly confined to the home, deprived of the opportunity to apply their skills in a more productive, cash earning capacity. Lower ages at marriage and women's social empowerment were more important than economic empowerment in reducing son preference. Those married at later ages and those more empowered indicated greater willingness to stop childbearing if they did not have a son than other women. The degree to which respondents such as these were likely to carry out this intention will be examined in the subsequent chapter.

5

The Influence of Son Preference on Fertility Intentions and Subsequent Behavior

Manisha,[1] 26 years old, was taken out of school to be married. She was in the 12th standard and didn't want to leave school, but her parents said they would not be able to educate her sisters and brothers if she continued studying. When she had her first child, a girl, her in-laws gave her trouble because they wanted a boy. Her mother-in-law beats her and is very cruel to her. She tells her that she needs to have a boy within the next year. When it was discovered that her baby girl had a disfigured hand, she overheard a conversation about getting rid of the baby. Soon afterwards her husband and mother-in-law said they were taking the child to the hospital to have her hand checked. They returned without the baby, saying she had died in the hospital. Manisha doesn't know what happened but is very suspicious. She lives far from her native place and she is afraid.

(Gove, Field notes, 2008)

From the findings presented so far, it is evident that, in the face of considerable economic progress in Gove, males remained dominant as principal earners, sources of security for their parents and main inheritors of property, including from their wives upon marriage. In 2008 the preference for boys was less openly expressed than previously. Villagers were aware that family size was declining and that sex ratios had become increasingly skewed in favor of males. The popular concept of an ideal family now consisted of one boy and one

C. Vlassoff, *Gender Equality and Inequality in Rural India*

girl. Nonetheless, even in 2008, villagers indicated a strong preference for male children, and while girls were not considered a curse, as in some parts of India, couples who had only female children were still considered unfortunate.

The above case study illustrates the importance of sons in determining women's security within their marital homes. The case of Vaishali below similarly indicates the risks women face when desiring and bearing daughters:

> *Vaishali, now 32, did not go to school. When she was 17 her parents arranged her marriage with a handicapped man, 40 years old. "I wanted a good husband, good home, good family," she says, "but my parents couldn't give a dowry." Her husband had been in the police force and injured his legs in an accident. Her father told her that he would have a pension and she would be well off. She did not agree and cried a lot but her parents didn't pay attention to her protests. "My dream of a nice husband totally collapsed," she says. Her husband is suspicious and a drunkard. He beats her and accuses her of going to other men because he is handicapped. Her first child, a girl, was stillborn because he kicked her in the stomach when she was 9 months pregnant and refused to have sex with him. She really wanted a girl. She filed a case against her husband but, because he had been in the police force, they didn't pay attention to her. She has two sons and educates them with the pension money and by doing wage labor. When the money is not enough she fasts to make sure the children are fed. "I feel badly because I didn't have a girl. But considering what happened to the first child, I had an operation after two sons." (Gove village, Field notes, 2008)*

This chapter focuses on the degree to which son preference has determined reproductive choices in both past and recent years in Gove using longitudinal data to compare the desired fertility of young women in their first interviews with their actual fertility in subsequent years.

Several other longitudinal studies have compared desired fertility with later outcomes. In South and South-East Asia son preference has been found to be an important factor influencing how closely fertility intentions are matched by actual fertility (Hermalin et al., 1979; Foreit and Suh, 1980; De Silva, 1991; Islam and Bairagi, 2003; Roy et al., 2008). In rural India, a comparison of longitudinal data from the same women between 1998 and 2002 found that women who had borne their desired number of sons met their fertility goals more

closely than those who had not (Roy et al., 2008). However, a shortcoming of the latter study was that the time between the two surveys was only four years, meaning that a proportion of the women had not yet completed their family size at the time of the resurvey. The present analysis is more robust in that it investigates two cohorts of women over two longer time periods, the first, a gap of 12 years and the second, a gap of 20 years. Additionally, it is possible to determine how closely sex preferences were realized and their influence on fertility outcomes.

Data and Methods

This chapter focuses on two cohorts of women, the first consisting of 94 married women from the 1975 cohort who were reinterviewed in 1987, the second consisting of 71 women from the 1987 cohort who were reinterviewed in 2008. In all cases the respondents were part of the reproductive health study of all married women aged 15–49 referred to in Chapter 4. The number of respondents who could be identified and traced over the two periods was smaller than the original cohorts, especially in 2008. This was partly because of the longer time gap between the last two studies, so that many of the women from the earlier studies were no longer in the eligible age group (up to age 49) at the time of resurvey. Also, some of the women in the 1987 cohort had been widowed or deserted over the interim and/or were no longer living in the community. There was a slightly smaller proportion of lower caste women in the women followed up from 1987 to 2008 (23%), compared to their distribution among all respondents (30%). This could be due to slightly higher out-migration of lower caste women, or perhaps higher mortality, but neither of these hypotheses could be verified. The percentage of New Buddhist respondents who could be traced was also smaller than for Hindu women, probably because, as noted in Chapter 3, permanent out-migration of New Buddhists to urban areas was higher.

The questions concerning desired number of children focused on how many children women would like to have, and how many of each sex. Another question asked how many girls the respondent would be prepared to have in hope of having a boy ("limit if no sons" in Chapter 4). The answers to these questions were compared with actual fertility outcomes in the subsequent study. In 2008 several questions centered on the practice of sex determination: whether it

was practiced in the area, whether respondents knew others who had taken the test, and whether they themselves had taken it.

Longitudinal Findings, 1975–87 and 1987–2008

Actual and desired fertility. In Table 5.1 information on average numbers of live births, living children, and desired children for respondents in 1975 and 1987[2] who were reinterviewed in 1987 and 2008, respectively, is presented. The number of live births of the 1987 respondents was considerably lower than for the 1975 cohort (0.80 compared to 1.34). The number of living children for the 1987 group was also considerably lower. Deaths of children of the 1987 cohort of women were fewer, as can be seen by the differences between the numbers of live births and living children. The average number of living daughters was slightly higher than that of sons in 1987, whereas there were slightly more males in the 1975 group. Differences in desired numbers of children were less pronounced. In both years, the norm was approximately two boys and one girl, although in 1987, there were slightly fewer desired of each sex.

In Table 5.2 the average numbers of living children, sons and daughters, are shown for the two groups of reinterviewed respondents. The 1975–87 cohort had more living children than the 1987–2008 cohort, and in both groups, the average number of sons outnumbered daughters. Both groups had fewer total numbers of children than desired previously, shown in Table 5.1 (2.79 compared to 3.32 in the earlier cohort, and 2.44 compared to 3.01 in the later one). This difference was largely attributable to a smaller number of actual sons than desired, a difference of approximately 0.5 sons in both periods. In the case of daughters, both groups came close to achieving their desired number, although both had slightly fewer daughters than previously wanted.

Table 5.1 Average numbers of live births, living children and desired children, sons and daughters, for respondents in 1975 and 1987 who were reinterviewed in 1987 and 2008, respectively

Year of first interview	*Total live births*	*Living children*			*Desired children*			*N*
		Total	*M*	*F*	*Total*	*M*	*F*	
In 1975	1.34	1.21	0.64	0.57	3.32	1.98	1.35	94
In 1987	0.80	0.77	0.35	0.42	3.01	1.77	1.24	71

Table 5.2 Average numbers of living and desired children, sons and daughters, for reinterviewed respondents in 1987 and 2008, respectively

Respondents	*Living children*		
	Total	*Male*	*Female*
Reinterviewed, 1987 (N=94)	2.79	1.54	1.25
Reinterviewed, 2008 (N=71)	2.44	1.27	1.17

In Table 5.3 the actual numbers of living sons and daughters born to both cohorts of women are compared with their earlier desired numbers according to three groups: those who had exactly achieved their total desired number of children, those who had fewer than desired, and those who had more than desired. The distribution of respondents in the three categories was similar for both cohorts. The largest group was the one with fewer than desired children (approximately half the total respondents), followed by those who exactly met their desired fertility (approximately 30%), followed by those who had more children than desired (approximately 20%). Thus, the large majority of respondents (81% in 1987 and 85% in 2008) achieved fewer than, or exactly the total number of children intended.

Comparing Tables 5.1 and 5.3, those who attained their total desired number of children came closest to meeting their desired sex distribution. The average number of girls born was similar to previously desired numbers in both cohorts, whereas for boys it was a little lower. Those women who had fewer children than desired had considerably fewer children of both sexes than wanted in both years. For those who had more children than intended, the average number of boys was similar to the desired number in both cohorts, whereas the average number of girls was considerably more. Evidently, it was the number of daughters, rather than sons, that led women in both cohorts to exceed their desired family size. This is indicated by the case of Sushila[3] in 1987:

> *Sushila wanted two boys and a girl but she had two girls and then a boy. She had already scheduled a sterilization after the third child but changed her mind and cancelled it, hoping for another boy. She did have another boy but this left her with an additional girl. So she gave*

the girl to her mother who was all alone. She hardly acknowledges the girl as hers and cannot remember her name. She says she only sees her about once a year for a day or so. "She doesn't even stay overnight," she added, as if to emphasize her daughter's lack of importance to the family. (Gove village, Field notes, 2008)

While the numbers of women in the three categories were too small to place much weight on mortality differences, disparities in the experience of child and foetal deaths could perhaps be partly responsible for the variations between the three groups shown in Table 5.3.

In Table 5.4, child and foetal deaths are provided for the three subgroups shown in Table 5.3. In both 1987 and 2008, the lowest average number of child deaths was in the group who had more children than desired, and the highest number of child deaths was among those who had fewer children than desired. Average foetal deaths were also highest in the latter group, whereas those who had exactly their desired number had the lowest number of foetal deaths. These patterns were the same for both cohorts. Overall, child mortality was lower in the 1987–2008 cohort than in the earlier group.

In Chapter 4 it was seen that social and economic empowerment had important effects on reproductive health indicators. It is therefore interesting to explore whether empowerment also influenced the congruence between desired numbers of children and actual numbers by the three different categories discussed above. In Table 5.5 these

Table 5.3 Average numbers of living sons and daughters in 1987 and 2008, by numbers desired in 1975 and 1987, for respondents who had achieved, had fewer than, and had exceeded desired number

Year	*Actual same as desired*			*Actual fewer than desired*			*Actual more than desired*		
	Male	*Female*	*(N)*	*Male*	*Female*	*(N)*	*Male*	*Female*	*(N)*
1987	1.88	1.29	(34)	1.12	0.67	(42)	1.89	2.50	(18)
Total:									
Actual		3.18			1.79			4.39	
Desired		3.18			3.69			2.72	
2008	1.55	1.35	(20)	0.98	0.76	(40)	1.73	2.18	(11)
Total:									
Actual		2.90			1.74			3.91	
Desired		2.90			3.30			3.70	

interactions are shown for the 1987–2008 cohort.[4] Since none of the reinterviewed respondents visited Satara more than once per month in 1987, the indicator for mobility used in Table 5.5 is travel to Satara at least once in three months. No patterns emerged with respect to the empowerment indicators. For example, a much larger proportion of women in the "actual fewer than desired" category was literate compared to the "actual more than desired" group, while women in the latter group traveled much more frequently than those in the other two groups. More women in the latter group did unpaid labor in their household fields, an indicator of economic empowerment in Chapter 4, but they were less empowered with respect to the other indicator, "buying own sari." Thus, it can be concluded that meeting

Table 5.4 Average numbers of child deaths and foetal deaths for the 1975–87 and 1987–2008 cohorts, for respondents who had achieved, had fewer than, and had exceeded desired number

Year	*Actual same as desired*			*Actual fewer than desired*			*Actual more than desired*		
	Child deaths	*Foetal deaths*	*(N)*	*Child deaths*	*Foetal deaths*	*(N)*	*Child Deaths*	*Foetal deaths*	*(N)*
1987	0.21	0.21	(33)	0.51	0.53	(42)	0.06	0.47	(18)
2008	0.10	0.15	(20)	0.18	0.48	(40)	0.00	0.36	(11)

Table 5.5 Social and economic empowerment indicators for respondents who had achieved, had fewer than, and had exceeded desired numbers for the 1987–2008 cohort

Empowerment indicators	*Actual same as desired N=20*	*Actual fewer than desired N=40*	*Actual more than desired N=11*
Social indicators			
Literate (Yes)	70	80	55
Travel frequency (=> once per 3 mo.)	20	38	73
Economic indicators			
Type of work:			
Unpaid labor in household fields	47	38	55
Buying own sari (Yes)	70	63	55

one's desired number of children is more dependent upon the number of sons women had than upon their levels of social and economic empowerment.

Family planning behavior. As discussed in Chapter 4, sterilization was by far the preferred method of family planning in all years, although other methods were becoming increasingly accepted and adopted by 2008. In 2008, 20 of the 71 respondents had tried other methods before being sterilized, compared to only 3 women in 1987. Sterilization signaled the end to childbearing, and hence is a useful indicator of the degree to which sex preference affected decisions to terminate procreation.

In Table 5.6 the average numbers of living children, males and females are presented by use of sterilization for both the 1975–87 and 1987–2008 cohorts. The large majority in both cohorts (76% and 83%, respectively) had been sterilized. In 1987, all but three of these women had opted for the female operation, and in 2008, 100% of women had done so (not shown). The average parity of sterilized women in 1987 was 3.29 children, whereas in 2008, it was 2.69 children. In both cohorts the average number of sons was higher than daughters at the time of sterilization. The fertility of unsterilized women was much lower in both groups: an average of 1.57 children in 1987, and 1.17 children in 2008. In both unsterilized cohorts, there were fewer sons than daughters, and both had an average of less than one child of each sex.

Table 5.7 shows the average numbers of living children, sons and daughters by sterilization use for those who, in 1987 and 2008 respectively, had achieved, had fewer than, or exceeded their desired

Table 5.6 Average numbers of living children, sons and daughters by sterilization for the 1975–87 and 1987–2008 cohorts

Sterilization used	*Living children*			*%*	*(N)*
	Total	*Male*	*Female*		
1987:					
Yes	3.29	1.94	1.35	76	(71)
No	1.57	0.65	0.92	34	(23)
2008:					
Yes	2.69	1.42	1.27	83	(59)
No	1.17	0.50	0.67	17	(12)

family size. Sterilization use was straightforwardly related to whether respondents had borne their desired number of children. Of those women who had the same number of children as intended, 88% of the 1987 cohort, and 100% of the 2008 cohort, had been sterilized. Among those with more children than desired, all but one woman in both 1987 and 2008 had been sterilized. By contrast, among those who had fewer children than desired, 57% of the earlier cohort, and 73% of the later cohort, had been sterilized. The latter group was also the one with the largest number of foetal and child deaths in both cohorts.

Table 5.7 also illustrates the importance of sons in the decision to stop childbearing. In both cohorts, those closest to their average desired number of sons, 1.98 for the earlier group and 1.77 for the later group (Table 5.1), had been sterilized after reaching or approaching their desired number of sons. Several women explained that they could not afford to have many sons because of the need to educate them and "raise them properly." As one woman who had a sterilization after three children stated, "What is the point in having more? You have to feed, clothe and educate them and keep them clean . . . Boys will mean that you have to give them land and space in the house, so too many is a problem." Such women frequently stated that they had wanted a daughter as well because daughters tended to care more for their parents and were more loving, but they opted for a sterilization because they had reached their desired family size. In both cohorts, only those who met their ideals exactly approximated

Table 5.7 Average numbers of sons and daughters by sterilization for respondents who had achieved, had fewer than, and had exceeded desired numbers for the 1975–87 and 1987–2008 cohorts

Sterilization used	*Actual same as desired*				*Actual fewer than desired*				*Actual more than desired*			
	Male	*Female*	*(%)*	*(N)*	*Male*	*Female*	*(%)*	*(N)*	*Male*	*Female*	*(%)*	*(N)*
By 1987												
Total:	1.88	1.29	(100)	(34)	1.12	0.67	(100)	(42)	1.89	2.50	(100)	(18)
Yes	2.30	1.20	(88)	(30)	1.50	0.75	(57)	(24)	1.94	2.47	(94)	(17)
No	0.75	2.00	(12)	(4)	0.61	0.56	(43)	(18)	1.00	3.00	(6)	(1)
By 2008												
Total:	1.55	1.35	(100)	(20)	1.00	0.88	(100)	(40)	1.73	2.18	(100)	(11)
Yes	1.55	1.35	(100)	(20)	1.21	0.93	(73)	(29)	1.80	2.10	(91)	(10)
No	—	—		—	0.45	0.43	(27)	(11)	1.00	3.00	(9)	(1)

the group ideal of 1.35 girls in the earlier cohort and 1.24 girls in the later one. In all subgroups, those who had been sterilized had a much higher average number of sons than those who had not. Interestingly, in the "actual fewer than desired" category, women stopped childbearing with lower average numbers of both sons and daughters than desired in both cohorts. In both cohorts, too, sterilized women in the "actual more than desired" category had considerably more female children than previously wanted, whereas the average number of male children was close to the overall average desired numbers. When the birth orders of the "actual more than desired" group were checked, girls exceeded boys among the early parity children, indicating that couples probably continued childbearing in an effort to have a son.

In both 1975 and 1987 respondents who had not yet had their desired number of children and who had not been sterilized were asked how many daughters they would be prepared to have in order to have a son. Table 5.8 compares these answers with their actual numbers of living children, sons and daughters. Overall, the earlier cohort stated higher limits if no sons than the later cohort, 2.95 and 2.44 children, respectively, and a higher number of sons than daughters. In the 1975–87 cohort, those who said they would keep having children to four or more in order to have a son had larger families than those who said they would have only 1–2 children, but those who stated four or more as a limit actually had slightly fewer than three children. In the 1987–2008 cohort, there was gradual increase in actual numbers of children from those who stated lower limits to those who stated higher limits. In both cohorts, those stating 1–2 children exceeded that limit (2.81 children in 1987 and 2.31 children in 2008), while most other groups in both cohorts had fewer children than their stated limit.

Table 5.8 Average numbers of living children, sons and daughters, for respondents in 1987 and 2008 by their stated limit to childbearing if no sons in 1975 and 1987, respectively

Limit if no sons (1975 and 1987)	*Living children 1987*				*Living children 2008*			
	Total	*Male*	*Female*	*(N)*	*Total*	*Male*	*Female*	*(N)*
1–2	2.81	1.54	1.27	(26)	2.31	1.39	0.92	(38)
3	3.03	1.77	1.26	(30)	2.43	1.04	1.39	(23)
4 or more	2.99	1.52	1.47	(34)	2.90	1.30	1.60	(10)
Total	2.95	1.61	1.34	(90)	2.44	1.27	1.17	(71)

Table 5.9 Percentage of subgroup of reinterviewed respondents and all other women aged 35+ answering "yes" to sex determination questions, 2008

Question (answered "yes")	*Subgroup (N=71)*	*All other women aged 35+ (N=144)*
Do people in this community take test?	44	48
Know anyone who has taken test in this community?	24	25
Have you personally taken test?	2	4

As mentioned in the previous chapter, abortion was available at the Limb PHC, ostensibly when considered necessary for the health of the mother or child. However, interviews with women who had undergone this procedure, especially those with several daughters, indicated that they had been openly advised to undergo the procedure (by the local PHC and also in other clinics in cases where women delivered in their maternal villages). Table 5.9 compares information on sex determination for the subgroup of reinterviewed women and for all other women aged 35 and over in 2008. Nearly half the women in both groups said that sex determination was a common practice, and about one quarter said that they knew someone who had taken the test. The female doctor in the village said that it was very common in Gove, and that it continued even though it was illegal. Several women pointed out that there was a surplus of male children in the village because of this practice. However, very few women admitted to have personally taken the test for sex determination purposes. The percentages answering yes are very similar for all questions in both the reinterviewed and 35+ groups.

Summary and Conclusions

From this comparison of women's desired and actual fertility in two different cohorts, one followed up between 1975 and 1987, and the other between 1987 and 2008, it can be observed that the results of the two studies were remarkably similar. In both cohorts, the average overall number of children women actually had was lower than their average desired family size. The mean number of boys was more than that of girls among both live-born and living children. The most common family planning method was sterilization in both periods, and in both studies, the majority of reinterviewed women had been

sterilized. As also seen in Chapter 4, women were undergoing sterilization at younger ages: the proportion of sterilized respondents was higher, and after fewer children, in the 1987–2008 cohort than in the 1975–87 group. Although sterilization was adopted after fewer sons and daughters in 2008 than in 1987, there were more sons than daughters among those sterilized in both cohorts. Furthermore, sterilization had been used by those who most closely approximated the overall groups' desired numbers of sons and daughters in both periods.

The role of sex determination, said by respondents to be widely practiced in the village, in helping women meet their lower overall family size goals, and their desired sex distribution, cannot be quantitatively assessed because women were hesitant to admit that they had undergone this procedure. Notably, recent reports on sex selection in India indicate that it is still growing, especially among upwardly mobile, urban, educated women where incomes are rising, and among middle-class couples who can afford the procedure (I. Hachey, *Histoire d'un gynécide*, *La Presse*, May 26, 2013; Asokan, *The Washington Post*, January 15, 2013; Pande and Malhotra, 2006). It was seen in Chapter 4 that more socially empowered women, in terms of education and mobility, had lower fertility levels. Interestingly, too, higher caste women had fewer daughters, on average, than lower caste women (Table 4.11). The question can therefore be posed as to whether more empowered and higher caste respondents had more access to sex selective technologies. Due to the small number of Gove women who acknowledged undertaking the procedure, this study has no data to support or refute this hypothesis.

When respondents were categorized by those who exactly met, had fewer than, or exceeded their desired number of children, the same trends were found in the two cohorts of respondents in both 1987 and 2008. Similar percentages of women had fewer than, or exactly, the number of children they wanted. Among those who had attained their exact total number of desired children, the average number of living girls was a little higher than desired, whereas for boys it was a little lower. Among women who had fewer children than intended, the average numbers of children of both sexes were fewer than desired, and both fell short of their desired numbers by similar amounts. A smaller proportion of respondents exceeded their fertility goals in both 1987 and 2008 than those in the other two subgroups, and in both years an excess of daughters, rather than sons, appeared to have led women to have more children than intended.

Women who exactly achieved or had fewer than their desired numbers experienced most child mortality in both years. No significant differences were seen in social and economic empowerment indicators in the three subgroups of respondents who exactly met, had fewer than or more than their desired number of children, again indicating that sons were the underlying reason for achieving or approximating one's desired family size, regardless of women's levels of empowerment.

In both periods, the distributions of sons and daughters by sterilization use were similar, with boys outnumbering girls among those who attained or had fewer than their desired number when they were sterilized, whereas among those who exceeded their desired number, girls outnumbered boys in both the sterilized and unsterilized categories.

An important finding with policy and program implications is that actual fertility among the two cohorts of reinterviewed respondents was lower, for the most part, than would have been anticipated, based on their stated desired fertility in 1975 and 1987, respectively. This decision to stop childbearing earlier than previously intended indicates the growing acceptance of smaller family size goals in Gove. Family planning, especially sterilization, was widely approved and adopted, largely as a result of sustained government efforts in this area. Women expressed growing consciousness of economic pressures, such as the reduction in land availability, the costs involved in rearing and educating children and competition for jobs, as reasons to limit their childbearing to fewer children than previously expected. The number of desired sons had also declined from two in 1987 to one in 2008. Nonetheless, this chapter has shown that sons remained the critical determinant of completed family size, confirming the findings of other South and South-East Asian studies (Hermalin et al., 1979; Foreit and Suh, 1980; De Silva, 1991; Islam and Bairagi, 2003; Roy et al., 2008). While couples were now satisfied with only one son, and most preferred to have one daughter as well, they were generally unwilling to stop childbearing until they had at least one male child, whereas this was not the case for females. Once again, the lower value attached to daughters, compared to sons, is demonstrated by the results presented here.

6

Sons, Land Division, Inheritance, and Household Labor Allocation Strategies

Rupali is 37 years old and left school after completing 8th standard. She stayed home for two years helping her parents on their farm. She had wanted a husband with a job but got a farmer with no education instead. Her mother-in-law told her to do all the housework and not complain. She would go to the field early, telling Rupali to make her lunch and join her in the field. If she was late her mother-in-law criticized her, saying there was hardly any work at home so she should come on time. Rupali has two sons. She also had two miscarriages and one infant death, a three-month-old girl. Her mother-in-law blamed her for the miscarriages. It was often difficult for Rupali to get money for her children's school expenses. The doctor advised her not to do hard work because of her miscarriages so her husband took the decision to live separately. Now they have only a small piece of land (1.5 acres) but things are better. "Now our children respect us more too," she says.

(Rupali,[1] Gove village, Field notes, 2008)

The impact of land division on the size of household land holdings in Gove, and the diversification of labor into nonfarm occupations to supplement farm incomes, were discussed briefly in Chapter 3. In Chapters 4 and 5 the enduring preference for sons was seen as closely tied to cultural traditions, especially inheritance and continuation of the family line. This chapter provides information on the experiences

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of individual farmers and Gove families across generations. In particular, the implications of having several sons for land division, inheritance and household labor allocation, and for the situation of sisters and daughters, are examined from a longitudinal perspective. It has been noted that empirical studies of inheritance such as this are rare (Deininger et al., 2013), as are in depth studies of rural farmers in India (Deb, 2011).

In India, as in Asia generally, large reductions in farm size and increases in the proportion of landless households have been observed over time (Otsuka et al., 2010). Average land holdings in India fell from 2.3 to 1.1 hectares between 1970 and 2002 as a result of population growth, inheritance practices, and harsh land-leasing systems (Zhou, 2010). At the same time, agricultural production increased impressively over the 1960s, 1970s, and 1980s, as a result of new varieties of wheat and rice introduced during the Green Revolution. Access to technology and knowledge were important factors driving these advancements. Consequently, rural poverty fell from 64% to 37% between 1967 and 1986 (World Bank, 2008), with the implementation of rural credit and educational policies. Starting in 1991, macroeconomic and trade reforms led to impressive growth in manufacturing and services in India, and poverty rates continued to decline (World Bank, 2008).

These gains were not attributable solely to reliance on agricultural incomes (Otsuka et al., 2010). Three main strategies, through which rural households in India and elsewhere augmented their farm incomes, have been identified: a combination of agricultural activity, off-farm employment, and migration. Rural households developed their particular survival strategies according to their assets and constraints, sometimes relying on explicit, joint decision-making among household members and, at others, by ad hoc adjustments mutually agreed upon and taking into account the needs of different family members (World Bank, 2008). Nonfarm agricultural incomes have increased substantially in Asian countries over the past two decades among both educated and uneducated workers (Otsuka et al., 2010). According to longitudinal studies in Asia, increased agricultural income from the Green Revolution was a major source of funding for children's education, creating opportunities for children to access lucrative nonfarming occupations (Otsuka et al., 2010). In rural Bihar, India, similar transformations were noted over the period 1971–99, with marketization and monetization of the traditional Indian economy resulting in

a rise in labor market incomes and a decline in semi-feudal relations (Rodgers and Rodgers, 2001).

Notwithstanding these achievements, adverse effects of modernization on the agricultural sector have been reported in recent years: a large section of society, especially the poor in rural areas, appear to have been left behind in the developmental process (Deb, 2011; Torri, 2011). As a result of declining agricultural prices on the international market, many farmers have found themselves in a vicious cycle of poverty, debt, sharply rising costs, and crop failures due to pest attacks (Centre for Human Rights and Global Justice, 2011; Deb, 2011). A spate of farmer suicides, first reported in Maharashtra, have since been widely registered in several other southern States and the Punjab (Nagaraj, 2008; Deb, 2011). The prevalence of farmer suicides in Maharashtra, particularly in the dry nonirrigated zones, is the highest in India (Nagaraj, 2008).

Data and Methods

In 1975 and 1987 information on rural household labor allocation strategies was collected through household interviews and participant observation of village dynamics. In addition to the household surveys, questionnaire interviews were held with 54 in-migrant families of contract and permanent wage laborers who had come to Gove for work in 1987. As noted in Chapter 2, a follow-up visit was made to the village in 1992 to explore some of the issues arising from the 1987 data that could not be explained by the quantitative data alone, such as the reasons for the influx of migrant workers and the advantages and disadvantages of this phenomenon from the perspective of these newcomers (Vlassoff and Rao, 1994). At that time, a series of in-depth interviews and FGD were held with adult men of various ages.

In 2008, in addition to the household questionnaires, three generations of men were interviewed concerning inheritance, the land holdings of different generations, and household labor allocation strategies. The respondents were: (1) 40 older men ("first generation respondents") who had reported having at least 3 acres of land in 1987, (2) 46 heirs of men who had at least 3 acres of land in 1987 ("second generation respondents"), and (3) 15 prospective heirs of living household heads who had not yet divided their land ("third generation respondents"). These three groups of respondents were

randomly selected from master lists of eligible village men, based on the 1987 and 2008 household questionnaires. If a selected respondent was unavailable for interview, the interviewers selected the next available person on the list. Farmers owning some land were selected for interview, as opposed to landless households (an approach also used by Kajisa and Palanichamy (2006) in a panel study in Tamil Nadu). While these farmers are not typical of all agricultural families, their experiences provide a framework for understanding the experience of inheritance, land division, and accompanying labor diversification strategies over time. These interviews with land owning families were complemented by focus group discussions (FGD) with men who had migrated outside the village for work and who had returned permanently or for a visit. Informal discussions were also held with migrant laborers, most of whom had no land in Gove.

As mentioned in Chapter 2, the interviewers were 3 village men, aged 20–30, who were active in promoting community development and self-help activities. The decision to employ local research staff for these interviews took into consideration both its advantages and potential drawbacks. The advantages lay in the fact that the local interviewers were themselves involved in farming and understood agricultural and other contextual issues, and hence would be able to probe for information when they felt that something was unclear, inconsistent, or incomplete in respondents' answers. The potential disadvantage was that interviewees might hesitate to reveal confidential information to their fellow community members. However, most of the personal data about the respondents, such as income, had already been collected in the household schedules and there was no need to include them in these interviews. No problems or concerns were reported as a result of employing local interviewers.

Information about household labor allocation strategies was gathered by means of three FGDs, two with men of different ages and one with women whose husbands were currently employed outside Gove or had spent at least six months working outside the village. The male focus groups involved approximately 10 participants[2] each and the female FGD, five. Although 15 wives of temporary migrants had confirmed that they would participate, they were much less willing to do so than males. The male FGDs were led by the author and the male research assistant, and the female FGD, by the author and a female research assistant. The male and female discussions lasted about 1.5 hours and one hour, respectively.

Land Division and Inheritance, 1987–2008

Experiences of "first generation" village men. Of the first generation sample of 40 village men, 39 had inherited land from their fathers, and 1 from his mother. Questions were first asked about the situation of their parents when the land was divided. The mean size of landholding of respondents' parents was 9.3 acres, and the median size, 6.5 acres. In 91% of the cases some of the land had been sold or lost, the amounts ranging from 1 to 5 acres, with a mean of 1.6 acres and a median of 1 acre. The main reason for land loss was the rehabilitation scheme (described in Chapter 3), accounting for 60% of land transfers.

The period over which the respondents inherited land spanned 63 years, 1943–2006. At the time of land division, respondents had an average of 1.3 brothers and 2.1 sisters. The land was divided only among the sons, except for two cases in which a daughter also inherited some land. Instead of land, daughters generally received gifts of gold at the time of marriage, and their parents paid the majority of their marriage expenses.[3] Most respondents were able to recall the exact amounts of gold given to their sisters, as well as the costs of their marriages. Some men reported that the ancestral land was put in a daughter's name on the understanding that her brothers would be the *de facto* owners. Many respondents pointed out that their relations with their sisters remained close after their marriages and that they visited home regularly. It was customary for brothers to help out their sisters in times of need. For example, in cases of desertion by their husbands, brothers often took their sisters into their own households to live.

Respondents were asked to compare their circumstances before and after the division of their ancestral land. The large majority (93%) stated that they were better off afterwards. Irrigation, including the installation of pipelines and wells and the availability of advanced technology such as tractors, were cited as principal reasons for increased land productivity and prosperity. One man said that he had been able to purchase a tractor, motor, and his own shop in Satara. Another had three sons and one daughter. "Two of my sons are employed and the other is a farmer. Our economic situation is good," he said. Several mentioned that an advantage of land division was that "boys have become good now," taking responsibility for supporting themselves and their families. Some pointed out that they were better able to educate their children now than previously. Respondents also

mentioned that, after the land was divided, there was a greater tendency for family members to take on second jobs in addition to agriculture, thus diversifying income sources. For example, several said that their sons were working in Mumbai or elsewhere outside Gove. Only a few respondents, notably those with little land and employed in wage labor, felt that nothing had changed or improved.

Eighteen (45%) of the first generation respondents had divided their land among their own children. These were mainly older men, with an average age of 68 years, as opposed to those who had not divided their land, with a mean age of 61 years. Many of those who had not yet divided their land said that their children were too young or still in school. Interestingly, however, the mean and median landholdings of respondents' ancestors who had not divided their land were greater than for those who had divided it (before land division), with means of 10.1 acres and 8.2, respectively, and medians of 7.0 and 6.0 acres, respectively (Table 6.1). Among respondents themselves, the mean and median landholdings of those who had divided their land were similar to those who had not divided it (means of 4.2 acres and 3.6, respectively, and identical medians of 3.5 acres).

Table 6.2 compares the income distributions, in 2008, of respondents' households according to whether they had divided their land. A greater percentage of respondents who had not divided their land fell into the medium and high income categories. This is likely because the undivided households had accumulated greater wealth as a result

Table 6.1 Comparison of size of landholdings of first generation respondents and landholdings of their ancestors by whether their land divided among children, 2008

Size of landholding	*Land divided*	
	Yes (N=18)	*No (N=22)*
Ancestor		
Mean	8.2	10.1
Median	6.0	7.0
Respondent		
Mean	4.2	3.6
Median	3.5	3.5

Table 6.2 Whether land divided by income for first generation respondents, 2008, percentage distributions

Income	*Land divided*	
	Yes (N=18)	*No (N=22)*
Low	28	9
Medium	11	27
High	61	64
Total	100	100

of their larger household size (7.3 members, compared to 5.9 members for those whose land had been divided).

Contrary to expectation, advancing age or declining health was not the main motivation for land division among those who had divided their land. The main reasons reported were avoidance of quarrelling among sons and the need for sons to take responsibility for their own livelihoods. Just as they felt that the division of their ancestral land had been beneficial, almost three-quarters (73%) felt that the separation of their own land had had a positive impact. The main reason given was that their sons had become more independent and responsible. Many respondents pointed out that their sons had been anxious to assume more responsibility. One man who had transferred his land to his only son commented, "My son's attitude has improved so much. He bought a tractor, 10 buffalo and built a cattle shed with his own money." Another, who had divided his land among two sons, said, "My boys have become self-dependent, hard workers, so our economic situation has improved." Several men also said that their sons had diversified their occupations, some staying to work the land, and others combining agricultural and service jobs. In such cases, although the land was already divided, the sons often cooperated economically to make the most of the small amount of land apportioned to each. Thus, for example, one son would take principal responsibility for farming all the land, while the others worked in other occupations to supplement the farm income of the family as a whole. The most frequent comment made by respondents with respect to the benefits of land division was that sons were taking responsibility for their own wellbeing and that of their families, that they were "self-dependent."

Several respondents mentioned that another reason for dividing their land was that land taxes were high and that, by separating it into smaller parcels, the burden was shared. At the time of transferring their land, respondents had an average of 2.2 sons and 1.9 daughters. Although the daughters did not receive any land or other direct compensation, their fathers had paid for marriage expenses and gifts of gold jewelry.

The minority who felt that the situation had not improved said that nothing had changed and that they had to work hard to earn their daily bread. These respondents had less land and had to supplement their farm incomes with wage labor.

Experiences of "second generation" village men. Of the sample of "second generation" village men who had inherited land, 43 of the 46 respondents had inherited it from their fathers, and 3 from other relatives. The ancestor was still living in only one-fifth of the cases. The mean and median land holdings of the original landowner were 6.3 and 4.0 acres, respectively. About half of these landowners had lost or sold some of their land (approximately 1 acre, on average) and 77% of those who had done so had contributed land to the rehabilitation scheme.

In about two-thirds of the cases the land had been divided among the respondents before the year 2000. Again, only a minority of men reported advancing age or declining health of the ancestor as the motivation for land division. As with the older generation, a main reason given was to avoid or curtail quarrelling among sons. One man, whose economic condition was considered "good" by the research team, explained, "Because we [three] brothers were not living happily together, our father decided to divide up the land." Now, two brothers were cultivating cash crops on their inherited land, and the other had his own transportation business in Mumbai.

Respondents had an average of 1.7 brothers and 1.3 sisters. Five men reported that their sisters had inherited land, and 21% of those who did not receive land received some form of direct compensation, according to their brothers. Most other respondents explained that their sisters who had signed over their land rights had received gold jewelry at the time of their weddings, and that their parents had arranged and paid for their wedding expenses.

The majority of second generation respondents (76%) said that they had benefited economically from land division, and 82%, that they were better off in other ways as well. The reasons included the possibility of diversifying incomes through the sons each having a

smaller amount of land, complemented by other employment, greater mechanization of agriculture (with tractors, for example) and irrigation, resulting in more profits from smaller land holdings and overall better incomes. A common remark of these respondents was that the traditional joint family had cushioned less productive sons from taking charge of their lives by allowing them to depend on those who worked harder. The nuclear family, by contrast, forced everyone to pull his own weight. One man, whose economic condition was ranked as "good" by the interviewer (because he had lucrative crops, a second job, and only one son) explained, "Now everyone is working as a responsible person with a job and able to support his family." Another young unmarried farmer said, "If your family is small, expenses are also less."

Only 4% of the second generation respondents had divided their land among their own children because they were younger (average age 45.6) and, in many cases, the children were not yet of age.

Most of those who did not feel that the situation had improved said that nothing had changed, that conditions were neither better nor worse. A few respondents mentioned adverse effects, such as the splitting of joint bank accounts and having to mortgage land.

Experiences of "third generation" village men. Interviews with the younger generation of village men allowed for a comparison of the situations and expectations of prospective household heads with those of the two older generations, discussed above. In all but two cases, the household head was the father. In one case a mother held this position and, in the other, a relative. The mean and median landholdings of the household heads were 9.2 and 5.0 acres, respectively. About half the respondents said some of their familial landholdings had been lost to the rehabilitation scheme.

Respondents had an average of 1.5 brothers and 2.0 sisters. The majority (60%) of these young men said they did not expect that their sisters would receive any land, while the remaining 40% anticipated that they would, a higher percentage than reported by the older groups of men. However, respondents who said they expected their sisters to receive land gave inconsistent responses to this question, vis-a-vis a previous one concerning how many sisters they had. For example, one respondent who said that one sister would inherit land actually had three sisters, while another with three sisters said two would do so. Neither gave any explanation for this inconsistency, thus making their stated expectations somewhat questionable. As with the older men, the majority of these third generation respondents anticipated

a positive impact of land division, both economically and otherwise, indicating consistency in outlook across generations.

Household Labor Allocation Strategies

In the past, migration to Mumbai was the main employment outlet for Gove men, many of whom stayed in the city all their working lives and contributed remittances regularly to their families. By 1992, this migration had tapered off substantially due to the increase in rural opportunities as a result of irrigation (Vlassoff and Rao, 1994). In-migration to the village by contractors and skilled wage laborers had also increased. By 2008, however, the situation had changed again, as is seen in the discussion below concerning the results of the two male and one female FGD, mentioned earlier.

Male FGD participants in both groups widely agreed that it was no longer possible to depend exclusively on agriculture because farm incomes alone were insufficient to support a family, and the rural-urban migration of Gove men had regained importance as a way of diversifying household income sources. Compared to agriculture, urban incomes were considered more dependable and secure. As one man put it, "India is said to be an agricultural country but this has no meaning nowadays. It is not possible to depend on agriculture." Another said, "People do not depend on agriculture alone because the rate of production is not steady." Others commented, "Markets and production don't match perfectly so there is a need for a city job as well," and, "If you have land, one person must go to the city."

The importance of contributing capital for seeds, fertilizer, and hiring laborers was emphasized. Several respondents mentioned the need for money to pay laborers for their work before farmers received returns from their crops. "If we pay them late, they won't work for us again," one explained. Respondents generally agreed that "agriculture is a total loss." It was also agreed that land was valued more for its symbolic import, having belonged to a family for many generations, than for its economic returns. One man commented, "If a person counted his wages and working days in agriculture, there would be no benefit from them. That is why farmers kill themselves."

Respondents noted that the nature and conditions of urban employment depended on the skills of the worker. Unskilled laborers in the private sector, they agreed, had to work long shifts, sometimes

for 48 hours nonstop. Often they did not get any days off. By working more than the legal number of hours, they received more pay. Migrants typically sent a large portion of their wages back to their families by postal order, keeping only what they needed to live. One explained, "It is compulsory to send money because the economic condition of our families is not good. That's why we go for work. Suppose I earn Rs. 15,000, then I will keep only Rs. 4,000 for myself and send the rest to my family." Almost all FGD members agreed that rural life was preferable to that in the city, but that it was necessary for families to diversify their employment avenues and not depend solely on agriculture. "In every large family, at least one member has to go outside to work," several men commented.

It was more difficult for unskilled laborers to find work and accommodation for relatives and family members in urban areas than in the past. However, those with jobs in the service sectors, such as teaching, banking, or call center employment, could afford to bring their families with them. Those who visited the village during the 2008 study were clearly better off than Bombay returnees in 1975, usually having their own quarters in the city, unlike earlier migrants who had to share crowded rooms with other newcomers.

The FGDs with wives of men who had worked outside the village for lengthy periods confirmed the general observations of their husbands, especially with regard to the importance of the remittances supplied on a regular basis. Several women also said that their husbands could be relied upon to send money if an emergency arose. Most stated that they consulted their husbands and in-laws on all important decisions concerning purchases for the household, such as medicines and children's education. As one woman put it, "My husband looks after everything. Why should I have tension?" Women agreed that their sons should seek service employment outside Gove. "Yes, he must go for service," one said. Another commented, "Yes, you must use your general knowledge. How will you use it if you just stay here?"

The situation of married Gove women in the rural to urban migration process has also changed from earlier days. In 1975, for example, a wife of one of the migrants would often go to Bombay to cook for her husband and others living with him. Wives would not usually stay for long periods, but would rotate with other village women when they were needed in Gove or when they returned for childbearing or for the schooling of their children. The following observation from

the 1987 study captures the pros and cons of Bombay life for such women:

> Women tended to stay in the city for only a short period, a few years at most, before returning to the village where it was felt that life was more tranquil and stable, especially for education and raising children. Nonetheless, there was a certain air of sophistication about women who had spent time in Bombay, and while they complained about the noise, high cost of living, crowding and hard work, they also admitted to a certain nostalgia for the adventure and relative freedom of city life. (Vlassoff and Rao, 1994)

In 2008, because of the difficulty in obtaining work in Mumbai and other urban areas, wives of unskilled workers were less able to accompany their husbands, even for short periods.

Farmer Suicides

The focus of this chapter has been on land division, inheritance, and labor allocation strategies, and as such, mainly on respondents from the wealthier village households. Only a minority of them were unhappy about their economic situations, typically those with smaller land holdings and in more difficult economic straits. However, the situation of poorer farmers in Gove with little or no land also merits discussion here.

Gove, like other Indian communities, suffered from the instability of farm incomes and seasonal fluctuations in production and prices. However, other problems had also emerged as a result of the relative affluence of the villagers compared to previous times. The consumption of alcohol was formerly prohibited in Gove, and those who drank had to go elsewhere for their supplies. In 2008 alcohol was still officially prohibited and not openly sold in the village, but it was easily accessed in nearby "toddy shops" or in roadside truck stops. The greater mobility of village men was also a factor in increased alcohol use. The growth in production of sugar cane and its by-products, including toddy, had transformed the area in this respect.

In addition to alcohol, credit was easily available to farmers from village banking institutions, including the Cooperative Society, for renovations, purchase of equipment, and even for marriages. As a result, many farmers amassed huge debts that they were later unable to pay. In some cases, farmers committed suicide, leaving their wives

and families with their debts. While this study did not focus on farmer suicides as such, the issue was mentioned by several respondents and several cases had occurred in Gove, mainly as a result of economic pressures, and sometimes because of quarrelling within the family. These problems, and their relationship to early mortality and gender violence, are discussed in more depth in Chapter 8.

Summary and Conclusions

In this chapter a number of trends were observed in Gove that reflected events in India and Asia more generally. These included land fragmentation as a result of population growth and land division among sons. The rapid erosion of farm size over the three decades studied here illustrates the impact of dividing a finite piece of land among several heirs, and the logic of a now popular mantra that one son is enough. Over three generations substantial increases in landless households were seen, as well as reductions in the size of individual land holdings, also noted in Chapter 3. Although irrigation and other improvements in farm technologies had led to increasing agricultural yields, reliance on agriculture alone was no longer a viable survival strategy for village families. Complementary household labor allocation strategies were required. These included a combination of off-farm work and temporary migration to other places for employment to supplement agricultural earnings. Even when land had been divided among brothers, it was often farmed as one unit by one or more family members, with inputs in the form of cash, technology, and other commodities from those employed off the farm. For some of the poorer farmers modernization of agriculture had not resulted in increased benefits, and in some cases, ready access to credit had created large debts, and on occasion, suicide. Greater access to alcohol also had a debilitating effect on several farmers.

Unskilled migrants from Gove to urban centers such as Mumbai encountered many difficulties, including temporary and unstable contracts, long hours, cramped living conditions, and exposure to environmental hazards. However, those in skilled and professional employment fared better and were able to take their wives and children to the city with them.

One of the benefits of land division and the diversification of family labor was that young men were seen as more responsible than in the past because they now had to support themselves and their families. Young men themselves seemed to welcome the opportunity to

assume the responsibility of owning their own farms, as well as the independence they gained from the joint family. Daughters generally did not receive any land, or if they did, signed it over to male family members. There was some indication that this might be changing with increased awareness of women's rights, as a higher percentage of the third generation respondents anticipated that their sisters would inherit some land, compared to the older generations. The degree to which such inheritance is feasible within the current rural context of shrinking land holdings and other economic challenges remains an open question, one that is further discussed in Chapters 8 and 9.

7

Adolescent Gender Roles: Are They Evolving?

Anusaya,[1] now 30 years old, is a native of Gove. When she was in 10th standard she had a love affair with another student. After her examinations they eloped and got married. They were rejected by their respective families, so they lived separately. As her husband didn't have a job, Anusaya went to work as a wage laborer. She soon got pregnant but they didn't want a child. She took some medicine to abort it but did not succeed. A baby boy was born with only one kidney. They were told they would have to pay Rs. 200,000 for a second kidney. After that, they quarrelled and her husband started to drink. He began to beat her. Later she had a girl, but she still wants a healthy boy. She did not breastfeed her daughter for nine days but somehow the baby survived. None of Anusaya's relatives come to visit her. Her husband continues to drink. She now feels that marrying for love was a mistake. She says she will personally choose a husband for her daughter.

(Gove, Field notes, 2008)

Today's world has the largest generation of adolescents in history and one that is especially vulnerable to a number of social and health risks. As is evident from the above case study, these risks, combined with women's low social status, are associated with early marriage, pregnancy and delivery, sexually transmitted infections (Bearinger et al., 2007) and greater marital violence (Raj et al., 2010). Unfortunately, compared to health and social services aimed at children and adults,

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the adolescent age group has received relatively little attention (Shaikh and Rahim, 2006; Bearinger et al., 2007; Shaw, 2009).

In South Asian cultures, traditional norms and values often prevent parents from discussing issues related to puberty, menstruation, sexuality and health risks with their teenage children, leaving them with considerable confusion on these topics. For example, a study of adolescents in Pakistan found that youth had some knowledge about sexual and reproductive health issues, with males having more than females, but that their knowledge was incomplete in several respects (Shaikh and Rahim, 2006). In the 1975 and 1987 studies of Gove, similar results were found. For example, girls were poorly informed about sex and reproduction, as parents preferred to let them find out such things for themselves (Vlassoff, 1980, 1994). Surprisingly, girls in 1987 anticipated their marriages with greater anxiety than previously, at least partly because of growing financial pressures on their households to pay larger dowries (Vlassoff, 1994). For these reasons, it is interesting to compare unmarried adolescents in 2008 with the earlier groups, in order to determine whether adolescent gender roles are evolving, as well as prospects for change in future generations.

Previous studies of the situation of adolescents in rural India are few. However, in a large review of studies on adolescent goals, several findings from India were included (Nurmi, 1991). The main results indicated that, compared to youth from developed countries such as Australia and the United States, Indian adolescents were more interested in societal and family issues than personal ones. They had less autonomy than those in nontraditional societies, fewer free time activities and were more influenced by their parents, in terms of choices regarding their futures. Indian girls also saw fewer prospective occupational opportunities for themselves.

A recent study by Acharya et al. (2010) focused on youth participation in civil society and political life in Maharashtra in the context of adolescent responses to the National Youth Policy of 2003. This policy emphasizes the role that youth can play in influencing political processes. The participation of adolescents in civil society was low overall, especially among females. Apart from this study, there is little recent research on the general situation of Indian youth, such as their educational attainment, ideals and aspirations for the future and their attitudes toward marriage, fertility, and family planning. Moreover, there have been no systematic studies of gender differences in these characteristics. For example, no Indian studies were among

those covered in a comprehensive review of research on the goals of adolescents in 94 countries (Massey et al., 2008).

The present study focuses on both school-going and out-of-school adolescents, with a concentration on females. It also includes samples of adolescent males to allow for comparisons of gender differences. This chapter analyzes changes in educational levels of girls and boys over the study period and how these were reflected in their general knowledge. Of particular interest is the role of education in improving the social and economic status of rural Indian girls.

The Study Sample

In 1975 there were 88 unmarried adolescent girls, aged 13–18, in the village and of these, 70 could be located for interviewing. A sample of 40 boys in the same age group was interviewed on the same general knowledge questions included in the female questionnaire in order to assess gender differences in knowledge. In 1987, 91 eligible girls were interviewed and 73 school-going boys. In 2008 samples of 100 adolescents of both sexes were randomly drawn from the total eligible population of 159 females and 192 males, including both in and out-of-school youth. Of these, 86% of the females and 100% of males were interviewed. As mentioned in Chapter 2, the author interviewed the female youth with help from female research assistants, and male research assistants interviewed the boys. In the two earlier periods only the general knowledge questions were administered to adolescent males whereas in the 2008 study, the full questionnaire was administered to both sexes.

In the two earlier surveys, girls tended to be shy about participating in the study, and often had to be persuaded by their friends to do so. In 2008 this was not the case, and several girls came to the research office to ask to be interviewed. Those whose names were not on the sampling list showed disappointment. Boys generally were not shy about cooperating in any of the surveys. An interesting observation was that, in all years, fewer girls were available for interviewing than had been identified as eligible in the household census. This was partly because some girls were married between the time of the census (when the lists of eligible respondents were prepared) and the interviews, a gap of several months. However, in some cases, parents or other adults who provided the information in the census questionnaires gave different ages for adolescent girls than the interviewers

were later given by the potential respondents themselves. This was particularly striking in 2008. At the beginning of each interview the respondent's age was verified and several girls who were selected for the sample were over the eligible age of 18. A probable explanation was that parents or other household elders had understated their ages because having older, unmarried girls still living at home was considered somewhat embarrassing.

Socioeconomic Changes

The most noticeable change in the situation of adolescents over the study period was in educational attainment, especially of girls. As previously discussed, the norm expressed by community leaders and many other villagers was that girls should complete ten years of schooling before their marriage was arranged. The percentage of adolescent girls still studying at the time of interview rose from 30% in 1975 to 71% in 1987, and to 76% in 2008. In 1975, 10% of adolescent respondents had never attended school, compared to only 2% in 1987 and none in 2008. There was a steady rise in the average educational attainment of girls from 5.8 in 1975 to 7.5 in 1987, and to 10.9 in 2008. An even larger percentage of boys was still studying in all years. In 2008, for example, 83% of the males were still in school and their average educational attainment was the same as girls, 10.9 years.

Because youth were spending more time in school (including 5.5 days of classes from Monday to Saturday, and sometimes school events were held on Sunday as well), they had little time for activities other than their studies. In 1975 girls were more involved in household chores and field work whereas boys helped more on the farm. Several girls in 1975 described their daily routine as, "sweeping, washing dishes, washing clothes, cooking, cleaning . . . what else is there?" Some expressed frustration at the lack of opportunities for hobbies, such as, "I would like to do embroidery but I don't have any materials. I would have to go to Satara to get them, or have someone bring them for me. No one in my house will allow such extravagances." In 2008 there was still a division of labor along gender lines, but due to general development in Gove, youth had more free time. Boys tended to spend this in sports activities or lounging around the village, whereas girls still lacked outlets for recreation, and were largely confined to the home. An important social activity for girls (and women) was

visiting the Koteshwar temple on Mondays, the holy day of Shiva. The limited opportunities for leisure activities for girls in Gove reflected the widespread attitude that girls' pursuits should be oriented toward their future roles as wives and mothers, mainly housework.

For female youth the prospect of marriage was always on the horizon, becoming an increasingly overarching focus as they matured. Asked if their parents had ever spoken to them about their marriage, only a few girls answered affirmatively: 14% in 1975, 8% in 1987 and 27% in 2008. In 1975 one 14-year-old girl remarked, "No one told me about my marriage but I know that it is going to be this year. The boy is my cousin and he lives in Mahabaleshwar. I heard my parents talking after they came back from making this arrangement." Even boys were allegedly not consulted, although the responses of women concerning the importance of doing so, noted in Chapter 4, indicated the contrary. Of the boys who responded to this question in 2008, only 1% said that their parents had discussed marriage with them. Moreover, there was no significant relationship between imminent marriage and discussion with parents for either sex, indicating that youth entered this critical stage of life with very little guidance or preparation from their families. The age at which girls expected to marry had, however, increased considerably. In 1975 only 12% expected to marry after age 20, compared to 48% in 1987. In 2008, 35% of girls expected to wait until age 21 and most others said they hoped to finish their education first.

Observation and informal discussions within the village, including with girls of marriageable age, revealed that the main reason for studying was to improve prospects for marriage and future motherhood. This reflected a growing belief in the village, already discussed in Chapter 4, that educated girls were better equipped to take care of their children and run a household. For boys, education was seen as a step toward a future career, whereas for girls, it was not viewed as such.

Gender Differences in General Knowledge

Table 7.1 shows the differences between boys and girls with respect to the general knowledge questions, including the number of Asian countries, countries bordering India, Indian states and Indian religions they could name. The data presented in Table 7.1 are for adolescents with more than seven years' education.

Table 7.1 Comparison of responses of female and male adolescents with more than seven years' education to selected general knowledge questions, 1975, 1987, and 2008, average numbers named correctly

Question	*1975*		*1987*		*2008*	
	Girls N=70	*Boys N=40*	*Girls N=91*	*Boys N=73*	*Girls N=86*	*Boys N=100*
Ave. no. Asian countries	0.6	3.1	0.9	2.6	0.9	2.6
Ave. no. bordering countries	0.4	2.5	1.7	2.4	1.4	1.8
Ave. no. Indian states	2.1	6.6	2.3	2.6	5.0	4.3
Ave. no. Indian religions	3.1	4.1	2.1	2.7	3.2	2.6

The greatest gender differences in general knowledge were found in 1975, when boys were much more knowledgeable than girls. At that time, these differences were thought to pertain to the varying role expectations for girls and boys. Girls did not expect to go to college and many did not anticipate even completing high school. Therefore, they had very little incentive for retaining classroom information. Boys spent more time in public places, often in the company of older men, while girls stayed home. Boys also accompanied their fathers on trips outside the village, giving them wider reference points for the geographical concepts taught in school. Further, boys had more outward orientation in terms of future occupational goals, often involving further education or work outside the village (Vlassoff, 1980).

Between 1975 and 1987 the general knowledge of girls improved considerably, although it was still limited and less than that of boys with respect to all questions. However, the general knowledge of boys declined, in most cases markedly, on all but one question. In both years, gender differences were smallest with respect to the question of religion, girls being able to name almost as many as boys. By 2008, girls could name more religions than boys, and also exceeded them in their knowledge of Indian states. It is interesting that, in both 1987 and 2008, boys performed worse than in 1975 on all general knowledge questions, whereas girls performed better.

Tables 7.2 and 7.3 indicate the role that education played in the general knowledge of adolescent girls and boys in 2008. It is evident that, while education was very important in determining knowledge in both sexes, its impact was greater for females. Statistical associations

Table 7.2 Answers to knowledge questions by number of years of schooling, adolescent girls, 2008 (N=86), percentage distributions

Question	*Educational level*		
	0–9 years	*10–11 years*	*12+ years*
No. Asian countries			
None	93	65	27
1–3	7	19	43
4+	0	16	30
Chi sq.= 20.81 (P=.000)*			
No. bordering countries			
None	73	50	24
1–2	27	32	36
3+	0	18	40
Chi sq.=14.01 (P=.007)*			
No. Indian states			
0–2	73	37	18
3	7	18	27
4+	20	45	55
Chi sq.=13.78 (P=.008)*			
No. religions			
0–2	67	29	0
3	27	31	27
4+	6	40	73
Chi sq.=29.89 (P=.000)*			

*Statistically significant at .01 level.

were highly significant in all cases for girls, whereas for males, the significance levels were somewhat lower, and in one case (number of bordering countries named) not significant.

Changes in Adolescent Attitude, Ideals, and Aspirations

Gender roles were inculcated at an early age. This was clear from a question regarding who in the family made important decisions. In 2008 considerably more boys (68%) than girls (49%) said their father made them, and 35% of the girls said that their parents made

Table 7.3 Answers to knowledge questions by number of years of schooling, adolescent boys, 2008 (N=100)

Question	*Educational level*		
	0–9 years	*10–11 years*	*12+ years*
No. Asian countries			
None	65	33	12
1–3	25	55	70
4+	10	12	18
Chi sq.= 17.45 (P=.002)*			
No. bordering countries			
None	35	27	12
1–2	40	40	50
3+	25	33	38
Chi sq.=4.79 (P=.319)			
No. Indian states			
0–2	58	22	10
3	37	68	80
4+	5	10	10
Chi sq.=16.26 (P=.003)*			
No. religions			
0–2	80	48	30
3	20	20	30
4+	0	32	40
Chi sq.=15.73 (P=.003)*			

*Statistically significant at .01 level.

these decisions together, compared to only 11% of the boys. Small and similar percentages of both sexes reported that the mother made them, 13% in the case of girls, and 10% in the case of boys (not shown).

Gender norms also shaped the attitudes, ideals, and aspirations of village youth. Table 7.4 shows adolescent girls' cultural attitudes (toward dowry, a girl choosing her own husband, a girl remaining single if she chose to do so, a man's remarriage if his wife had no son and inter-caste marriage) over the study period. Positive changes were seen in all indicators. The largest change was in the approval of dowry: whereas more than half the respondents approved of this custom in 1975, only 7% did so in 2008. However, adolescent girls

Table 7.4 Modern attitudes, adolescent girls, 1975, 1987, and 2008, percentage distributions

Approval of	*1975 N=70*	*1987 N=91*	*2008 N=86*
Dowry (No)	45	78	93
Choose own husband (Yes)	37	28	65
Girls not marrying (Yes)	40	22	52
Man's remarriage if no sons (No)	58	64	79
Inter-caste marriage (Yes)	13	26	33

agreed with the common practice of giving gifts of property, such as jewelry or gold, instead of cash at the time of marriage. In fact, this practice remained deeply imbedded in village society partly because, as already discussed, these gifts were seen as compensation for land that they relinquished at the time of marriage. Considerably more girls said they would like to choose their own husbands than in the previous two periods, and more also approved of a girl remaining single all her life in 2008 than in earlier years (Table 7.4). Previously girls mentioned that females who did not marry were subject to disapproval and blame ("No matter how well she behaves, people will still talk") and that community stigma would make a single life unbearable. By 2008 just over half the respondents agreed with a girl not marrying. There was also an increase (to more than three-quarters of the girls in 2008, compared to just over half in 1975) in the percentage of those disapproving of men taking another wife if their first wife did not bear a child, a custom that was widely accepted in India in earlier years (Gore, 1968; Vlassoff, 1980). Approval of inter-caste marriage remained low in all periods, with only one-third of respondents condoning it in 2008. This indicated the enduring strength of caste concerns when it came to close personal relationships. Qualitative information revealed that girls considered integration to be problematic because "each caste has its own customs."

Table 7.5 shows adolescent girls' ideals for the future over the three studies, including their future husband's educational level and employment, as well as their preferred future residence and living arrangements. Educational ideals for future spouses increased steadily over the period: whereas less than half the 1975 respondents desired more than 11 years' schooling, 80% of the 1987 cohort and 100% of the 2008 group desired husbands with at least this level.

Table 7.5 Ideals for future, adolescent girls, 1975, 1987, and 2008, percentage distributions

Ideals & aspirations	*1975 N=70*	*1987 N=70*	*2008 N=86*
Desired education for husband			
<11 years	54	20	0
11+ years	46	80	100
Spouse's employment			
Agriculture	17	10	44
Nonagriculture	55	90	56
No preference	28	0	0
Live in urban or rural area			
Rural	16	18	45
Urban	58	82	55
No preference	26	0	0
Live in joint or nuclear family			
Joint	88	87	97
Nuclear	9	13	3
Either joint or nuclear	3	0	0

While it might be expected that today's generation of youth would overwhelmingly prefer a nonagricultural, urban lifestyle, this was not the case. Many more girls preferred agricultural occupations for their spouses in 2008 than in 1975 and 1987, although slightly more than half still preferred nonagricultural employment. Similarly, 55% preferred to live in urban areas, compared to 58% in 1975 and 82% in 1987. Perhaps the greater communication between the community and Satara in recent years explained why adolescents did not consider rural life to be so isolating. Indeed, responses to this question were significantly related to whether or not the respondent had ever visited a large city: 61% of those who had done so preferred to live in an urban area, and 64% of those who had not done so preferred a rural habitat (Chi sq. = .211, P<.05, not shown). Another interesting finding was that the large majority of girls in all years preferred to live in a joint family after marriage, increasing from 88% in 1975 to 97% in 2008, although in all years this was a strong preference. Reasons for preferring joint family living were generally highly pragmatic in all years. Comments included: "It's much easier . . . especially at first. For example, you get plenty of things like dishes and pots to use.

Otherwise you have to supply everything yourself. Later, living alone is alright, but I wouldn't be happy that way in the beginning." Others gave traditional explanations, including, "We have to live with them and obey them. After all, they are our elders. It's our responsibility to look after them," and "To live with our parents is our custom. Therefore we should do it."

The relationship between adolescent girls' ideals and educational levels of respondents was also investigated (not shown). In 1975, the respondent's education was significantly associated with cultural attitudes and preferences, but in 2008 this was the case only with respect to the desired education of a husband (Chi sq. = .516, P<.05). Perhaps because educational levels were much higher in 2008, girls' attitudes and ideals tended to be less polarized.

Because small family size norms were widely diffused within the community it was possible to ask adolescents how many children they desired. In the earlier studies only girls were asked this question, whereas in 2008 both boys and girls were included. Table 7.6 provides these comparisons. Among girls, there were sizeable declines in overall desired numbers, from nearly four to only two children, as was the case with rural women (Chapter 4). Declines were particularly impressive with respect to sons, whereas the number of daughters desired had been smaller (no more than 1.5) from the beginning. In 2008, on average, both sexes preferred one girl and one boy. Interestingly, girls wanted slightly more female than male children in 2008, whereas in earlier years they preferred more boys. Among female youth, education played a significant role in influencing the desired family size in 1975, whereas in 1987 and 2008 there were no significant differences in desired number of children, or of desired numbers of girls and boys, by educational level (not shown).

Table 7.6 Average desired numbers of children, sons and daughters for adolescent girls, 1975 and 1987, and for both sexes, 2008

Desired family size	*1975*	*1987*	*2008*	
	Girls N=70	*Girls N=91*	*Girls N=86*	*Boys N=100*
Total	3.8	2.9	2.1	2.0
Sons	2.3	1.6	0.8	1.0
Daughters	1.5	1.3	1.3	1.0

Summary and Conclusions

In any society, youth is considered to be the population group most receptive to social change, first to adopt new ideas and patterns of behavior. Overall, this longitudinal perspective on the situation of adolescents in Gove identified several areas where positive change had occurred, especially with respect to ideals and aspirations. These included an increase in the value attributed by the community to girls' education, the later ages at which girls expected to marry, greater disapproval of dowry, increased general knowledge among female youth, more modern ideals and expectations and lower numbers of desired children, especially of sons. However, the enduring objection to inter-caste marriage remained among youth. Entering into inter-caste marriage is still considered as an act of defiance of traditional culture (Dhar, 2013).

Despite many advances, a number of challenges were identified in relation to changes in gender roles. For girls, education continued to be seen as a way of securing a good husband and as enhancing their roles as future wives and mothers, rather than as a means of increasing opportunities for self-fulfillment and employment. It could be argued, therefore, that the school curriculum could incorporate more material to prepare girls to better fulfill their domestic responsibilities, including more emphasis on marriage, home-making, and child-rearing. This is not to argue that girls' education should be singularly oriented to domestic roles, but that more attention should be given to preparing both boys and girls for the emotional, physical, and practical changes to come. Girls experience this life-changing event with particular apprehension. For them, marriage portends the probable end of education, and a transition from a relatively carefree and secure existence in their own home to a new life with complete strangers in a new household and community. The school offers a key entry point for education on these subjects. Sex education is now part of the mandatory school curriculum, and discussion about intimate topics between youth and parents is still taboo in Indian society.

In Gove, the role of teachers as agents of social change did not seem to be widely recognized. Participant observation and discussions with teachers indicated that most of them viewed their roles as mainly didactic and as reinforcing traditional ideas. There is clearly a need for the integration of progressive ideas into formal teacher training and school curricula. For example, attention should be given to the reduction of gender, caste, and other inequalities, as well as "youth

development" (Pittman, 1991; Bearinger et al., 2007), the building of skills and competencies for future engagement in social and economic activities.

While the practice of dowry was widely disparaged, general approval was found for the giving of gifts, and girls were still expected to sign over their legal property rights to male family members at the time of marriage. Gifts to daughters became the property of husbands' families, and hence, as also noted by others (Kumari, 1989; Wyatt, 2011), dowry had merely taken a different form. In this respect, women were still considered a commodity to be negotiated between interested parties, leaving them with little security either in their native homes or in their future families.

The importance of education in determining general knowledge, especially of females, was demonstrated in this chapter. However, it made less difference for boys, whose overall knowledge deteriorated considerably over the study period. Although this study did not attempt to quantitatively assess the quality of education provided in the high school, the steady decline in adolescent male knowledge over the three decades is cause for concern.

In the area of fertility, adolescent and older women's preferences were very consistent, illustrating the wide acceptance of a small family ideal and the strong and sustained success of India's family planning efforts. In 2008 both boys and girls preferred a small family of one girl and one boy. The fact that girls preferred a slightly larger number of daughters than sons in 2008 may indicate that the traditional preference for sons is declining, but the degree to which girls' preferences will be respected after marriage is questionable, given the findings in Chapter 5 concerning fertility intentions and outcomes, and the fact that boys stated a desire for equal numbers.

8

The Situation of Widows: Do Sons and Brothers Help?

When my husband died, I was also ready to die. But I was pregnant at the time. Thanks to God, I was blessed with a son. I have managed my life well because of this."

(Jaya,[1] widowed at age 21, Field notes, 1987)

The situation of widows in India has received relatively little research attention compared to other gender issues (Mohindra et al., 2012). However, the subject is an important one, given that women outlive men in most countries, including India, and also because females marry at a younger age, therefore increasing the time they spend in a widowed state. Women are less likely to remarry, their employment opportunities are fewer, their wages are lower, and they are less likely to inherit land. The lone widow may be forced by the loss of her husband's earnings to sell her land or other assets in order to survive. Thus, widows require more old age support than widowed men, and their need for sons as insurance against adversity may also be greater (Vlassoff, 1990b).

Several recent studies have found considerable evidence that female-headed households are more likely to invest in children's education and to enjoy better schooling outcomes than those headed

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by males (Joshi, 2006; Chudgar, 2011; Ackter, 2012). Chudgar (2011) found this to be even more true of widow headed households. Moreover, marginal improvements in the economic and educational conditions of these households translated into larger benefits, compared to other types of households with similar marginal improvements. It is therefore important to understand how widows in rural India are supported by society to realize these potential opportunities.

Most research on Indian widows has described the social impact of widowhood, and how society has responded to it. Several studies have observed that widows who live with their children or receive support from them or their own kin are better off (Vlassoff, 1990b; Chen and Dreze, 1992; Mohindra et al., 2012). The present study goes further than previous ones to investigate the relationship between widowhood and the value of sons for elderly women's living arrangements and material circumstances in rural India through a longitudinal lens. In the 1987 study of Gove, responses from widows indicated that, while sons were indeed desired, partly as a source of security for their widowed mothers, cultural and emotional considerations were even more important than economic ones. In this chapter the situation of widows over the three periods of this study is examined and compared in order to further understand how male family members, especially sons and brothers, contribute to the overall wellbeing of village widows (Vlassoff, 1990b).

Data and Methods

In 1975 socioeconomic data on widows, including age, education, earning status, household commodities, income and family type, were collected as part of the household survey. Qualitative information on the situation of widows was not systematically gathered in 1975, but daily life in the village made it possible to observe how community members responded to widowhood, and how female widows and male widowers were perceived and treated. In the research field notes in 1975 it was observed that, although 77% of village widows lived with their sons, they were not always well cared for. Very elderly women seemed to be especially neglected, sometimes complaining about lack of food and physical comfort. It was noted that widows did not expect much love and respect from others, not even family members. Thus, in addition to the household survey data, in both

1987 and 2008, 30 widows were purposively selected for in-depth interviews or case studies from the list of all village widows.

In 1987 the case study respondents were chosen according to the following criteria: living arrangements (alone, with married sons, etc.), geographic distribution within the village, and stage in the life cycle. In 2008 the same methodology was used to purposively select the case study respondents. When the respondents had difficulty answering some of the questions, especially those involving numerical information such as age and income, the research team estimated the widows' ages through triangulating the answers of the widows themselves with data from the household census questionnaires and information from other family members, where available. For example, information on children's ages and birth orders could sometimes be used to estimate the widow's approximate age.

The in depth interviews were based on a list of open-ended questions which guided, but did not limit, the content of the discussions. They were conducted by the author and an experienced research assistant in both years and the interviews were taped with the permission of the respondents. In only one case (in 2008) did the respondent refuse to have the session recorded. In all interviews notes were taken to record observations, such as respondents' expressions and their surroundings. For example, the condition of the household was noted, as well as contextual details (e.g., "There were naked, dirty children all around her" or "She cried continuously"), and in the case where the interview was not taped, extensive notes on the widow's responses were taken. The interviews lasted from one–two hours. Within a few hours of their completion the tapes were replayed and transcribed into English by the research assistant and the author jointly, and discussed at length in order to clarify any doubts or possible misinterpretations. If there were any issues requiring further clarification, a subsequent visit to the respondent was made.

Indian Inheritance Laws

Before describing the research findings Indian inheritance law is briefly discussed because of its important implications for the situation of widows. Improving the property rights of Indian women in general, and of widows in particular, is an important way of raising women's status (Agarwal, 1994, 1998). The Hindu Succession Act, 1956, states that, if a husband dies intestate, all property acquired

by the husband himself is divided equally among his widow, mother, sons, and daughters, whether married or not. However, it was not until 2005, with the Hindu Succession (Amendment) Act, that daughters were given equal inheritance rights with sons, including in ancestral property (formerly inherited only by sons). Whereas previously widows were not entitled to ancestral land, they were entitled to use the proceeds and income from the property, and to being looked after by their sons, for the rest of their lives (Vlassoff, 1990b). Under the amended legislation, they are entitled to equal shares of the deceased husband's property (if he dies intestate). However, this must now be divided among more family members, including sons and daughters. It has therefore been argued that the amendment makes the situation of females in the joint family worse, by securing justice for one category of women (daughters) over others (mothers and widows):

> Until now [before the passing of the Amendment], the only protection women had in the marital home was the status of being married, which carried with it the right to be maintained, not only by the husband, but by the joint family and its assets as a whole. Thus married women who lived in a joint Hindu family had the protection of the family home. This protection will now stand eroded, to the extent that the total divisible amount gets reduced. (Legal Service India.com, 2012)

Moreover, as was noted in Chapter 6, even in the case of daughters, there was a strong tendency for them to relinquish their property rights to male family members at the time of marriage. In this chapter it will be seen that widows also willingly turned over their rights to their sons once they achieved maturity.

Socioeconomic Characteristics of All Widows, 1975–2008

In 1975, 1987, and 2008 the total numbers of widows in Gove were 133, 123, and 149, respectively. In Table 8.1 the distribution of living arrangements at the time of interview for all village widows is presented. These include situations where the widow was living alone, living as household head with dependent children, living as household head with a married son, living with a married son or grandson where the latter is household head, living with a married daughter or granddaughter where the latter is household head, or other arrangements

Table 8.1 Percentage distributions of all village widows by living arrangement, 1975–2008

Living arrangements	*1975 % (N=133)*	*1987 % (N=123)*	*2008 % (N=149)*
Alone	11	16	9
Head with unmarried children	11	11	19
Head with married son	12	—	9
With married son head/grandson	43*	55	59**
With married daughter /granddaughter head	—	6	—
Other	23	12	4
Total	100	100	100

*Includes three respondents who reported son was head but son still a child or adolescent.
**In 3% of these households the widow named her daughter-in-law as head because her son was absent.

such as residing with brothers, parents, or other relatives. From 1975 to 2008, the percentage of widows living with married sons or grandsons increased from 43% to 59% of total respondents. In 2008 this group included three widows whose sons were still children or adolescents. Some widows referred to their sons as heads, nonetheless, in keeping with the tradition of males as rightful household heads and because the land may already have been put in their names. However, the true situation was that, in these cases, the widows themselves were responsible for the management and overall welfare of the household.

The proportion of widow household heads with unmarried children increased from 11% to 19% from 1975 to 2008, while the percentage who were heads of household with married sons living with them declined slightly. The percentage living alone remained similar, at about one-tenth of all widows over the entire study interval, although the proportion increased to 16% in 1987. Interestingly, only in 1987 did a small percentage live with married daughters or granddaughters. Widows living in other arrangements declined from 23% in 1975 to only 4% in 2008.

As was observed in Chapter 3, from 1975 to 2008, there was increasing bifurcation of family type into simple nuclear and complex joint families. This was also reflected in the distribution of widows by living arrangements, with more of a bifurcation between widows as household heads in nuclear families and as dependent mothers in joint

family settings. It is not clear why the percentage of widows heading households with dependent children has grown, and why the percentage of widows living in other kinds of arrangements, such as with in-laws and relatives, has declined. Whereas widows with unmarried children had to remain with in-laws, parents, or brothers in order to survive and raise their children in previous times, now more lived on their own as heads of household. While the explanation for this is not certain, it is possible that, as a result of economic pressures by 2008, families were less able to assist women who lost their husbands. Alternatively, women may have been better equipped to provide for their families on their own than previously. Moreover, there seemed to be greater openness in the village to women living more independently than in the two earlier study periods. The case studies in the following sections throw further light on this issue.

Overall, the widows' average ages increased by almost four years from 1975 to 2008, reflective of the longer life expectancies of older villagers (Table 8.2). Steadily increasing ages were also seen in most types of living arrangements (with the exception of those in "other" arrangements, where the ages declined from 58.2 in 1975 to 46.0 years in 2008). It should be noted, however, that the number of widows living with relatives or in-laws in 2008 was only six, compared to 31 in 1975 and 15 in 1987. Those who lived with married sons were the oldest of all the categories in all years. The headship of sons or others did not necessarily imply total economic dependency, however. Most widows continued to work as laborers or in their own fields for as long as their health permitted, contributing to overall family income.

Table 8.2 Average age of widow by living arrangement, 1975–2008

Living arrangements	*Average age of widow*		
	1975 (N=133)	*1987 (N=123)*	*2008 (N=149)*
Alone	54.1	60.6	62.6
Head with unmarried children	45.6	48.1	46.4
Head with married son	51.7	—	63.0
With married son head	62.8	65.8	67.1
With married daughter/ granddaughter head	—	61.7	—
Other	58.2	46.4	46.0
All	57.6	60.1	61.5

There is some evidence that widowhood affects the lower cadre of society disproportionately in India (Jensen, 2005). In Table 8.3 the distribution of widows by caste is compared to the overall household caste distribution for 1975 and 2008. In fact, there is some indication of this tendency in Gove, especially in 2008 when higher castes represented 66% of all households, but only 58% of widows, but differences were not statistically significant (using difference in proportions test, not shown). The somewhat greater prevalence of widowhood in the New Buddhist community, as compared to the overall distribution of households, is striking, given that remarriage was more accepted and common among the lower castes.

The average annual household income of those households where widows lived with married sons was highest in 1975 and 2008, followed by widow headed households with married sons, followed by households headed by widows with unmarried children (not shown). In 2008 the average income of Gove households overall was Rs. 39,260 with a median of Rs. 20,000, whereas for households where widows were present it was Rs. 27,161 with a median of Rs. 16,000. While this is a very aggregate measure, it does indicate that the latter were poorer than the average Gove household. In order to have an indication of the wellbeing of individual household members, Table 8.4 presents average annual per capita incomes by living arrangement. It can be seen that widows living alone in 1987 and 2008 had considerably higher incomes, followed by those living with married sons. In 1975 those living with married sons had the highest per capita incomes but differences were not pronounced. In 1987 those living with married daughters and granddaughters were slightly better off

Table 8.3 Percentage distributions of all households and widows by caste, 1975 and 2008

Caste	*1975*		*2008*	
	All households (N=371)	*Widows (N=133)*	*All households (N=604)*	*Widows (N=149)*
	%	%	%	%
High	66	62	66	58
Low	22	19	24	28
Scheduled castes and tribes	2	3	3	4
New Buddhist	10	16	7	10
Total	100	100	100	100

Table 8.4 Average annual per capita income (in Indian rupees) of widows' households by living arrangement, 1975–2008

Living arrangement	*Average annual per capita income*		
	1975 (N=133)	*1987 (N=123)*	*2008 (N=149)*
Alone	1,188	2,980	8,786
Head with unmarried children	1,248	974	5,409
Head with married son	1,566	—	5,324
With married son head	1,329	2,090	5,669
With married daughter/granddaughter head	—	2,746	—
Other	1,483	1,934	7,349

than those living with married sons. In 2008 widows living with married sons had slightly higher incomes than widow household heads with unmarried children, but differences were negligible.

Sociodemographic Characteristics of Case Study Widows, 1987 and 2008

Table 8.5 shows the distribution of 30 case study widows interviewed in depth in 1987 and 2008 by type of living arrangement and age at time of interview. In 1987, 13 of the case study widows lived with married sons (eight totally dependent and five sharing in income generation) and four with married daughters (totally dependent). Six lived alone, while five were household heads supporting unmarried children. Two lived with their parents or in-laws. In 2008, sixteen lived with married sons (nine totally dependent and seven sharing in income generation), five lived alone, and eight were unmarried household heads. One lived with her in-laws. None of the case study widows lived with married daughters.

The overall mean age of the case study widows was similar in both years, 57 and 56, respectively (not shown). In both years most of the younger widows were able to state their ages whereas most of the older ones could not. As noted earlier, when respondents were unable to give their ages, triangulation was used to estimate them. In Table 8.5 it can be seen that the ages of the case study widows were

Table 8.5 Average ages of case study widows by type of living arrangement, 1987 and 2008

Economic situation and living arrangement	*1987*		*2008*	
	Ave. age (N)		*Ave. age (N)*	
Primary breadwinner				
With unmarried children	51	(5)	37	(8)
Alone	54	(6)	63	(5)
Shares in income generation				
With married son	55	(5)	61	(7)
With parents/in-laws	36	(2)	36	(1)
Totally dependent				
With married son/ grandson	69	(8)	68	(9)
With married daughter	61	(4)	0	(0)

fairly similar in most types of living arrangements in the two years, with the exception of those who were primary breadwinners. Those with unmarried children were considerably younger in 2008, whereas those living alone were considerably older.

In 1987 most widowed case study respondents had no education at all (not shown). Some, however, had learned to read and write so they could function better in their daily lives such as signing their names. Only two had been educated to 7th standard or beyond (one to 7th and the other to 9th). In 2008 the average education of the younger widows (aged 55 years or less) was 4.5 years, while older widows had only 1.1 years of schooling. Interestingly, in 1987 the average educational levels of younger widows were much lower than those of the larger group of women aged 15–49 interviewed, who averaged 8.0 years of schooling. Many younger widows said they would have liked to study further but that their economic situations made it necessary to leave school either to help at home or to marry, thus alleviating their burden on their families. Several widows had been married to relatives, such as their mother's brother's son.

In 1987 all case study widows reported having been married before or soon after puberty, and that their marriages were arranged by their parents without consulting them. Many respondents said that they had no idea about "the meaning of marriage or what to expect." In 2008 this was true mainly of the older women. Younger

widows reported marrying a little later, but most gave "just after puberty" (or 14 years) as their marriage age. Only one widow had finished 10th standard education. As in 1987, some younger women said they would have liked to marry a man who was working in a service profession but that they had no say over the situation. In at least eight of the 30 cases, the women had been married to relatives, sometimes the father's sister's son or a more distant relation. Most widows said they came from poor backgrounds, some having lost one or both parents as children, necessitating their early marriage. Those whose parents had died reported that their brothers or uncles had arranged their marriages, sometimes under stress. In such cases, they often made compromises. For example, some had to accept husbands who were considerably older and/or who had been married previously.

Quality of Life of Case Study Widows Preceding Husband's Death

Although some case study widows reported having been married before puberty in both 1987 and 2008, they often remained in their parents' home until they reached menarche. Several who were originally from Gove or nearby said they went back and forth between their own and their in-laws' households until they reached puberty, after which they remained in their husbands' households. Many reported becoming pregnant soon thereafter.

In 1987 the case study widows said that, as young brides, they were completely at the mercy of their mothers-in-law who were often cruel to them. Several had married older men who were already living independently, and in these cases widows generally reported a happier situation while their husbands were alive than those who had lived with in-laws.

In 2008 the case study widows described similar situations in their experience of marriage and widowhood as in 1987. Poverty was often mentioned as a reason for the early arrangement of their marriages. In many cases, the prospective brides were not permitted even to see their husbands before marriage. Several girls had been widowed before their marriage was consummated. In one case a young woman was married to a man 12 years her senior who already had a wife. "My parents told me that he had been married once before, but not

that his first wife was still living with him. I felt badly that my parents had deceived me like this, but I know they had no choice," she said.

The reported marital experiences of the 2008 case study widows varied from happy to extremely unhappy. Several were married to older men who married them because their first wives did not have children, or had died. Most of these women remembered a fairly happy marriage. Ten (or one-third) of the widows' husbands had had drinking problems which affected the lives of their families. A few widows whose husbands were drinkers said that they were beaten and abused, but most said that their husbands' failure to provide for their families had been a cause of even greater stress. The most common causes of death mentioned were alcohol-related illnesses (7) and heart attacks (6), followed by accidents (3), acute gastroenteritis (3), tuberculosis (2) and suicide (2). Cancer, AIDS, and asthma accounted for one death each, and the causes for the other four were not provided. While AIDS was cited in only one case, it is possible that it was responsible for some of those deaths where the cause was not stated, given that Satara District was an area of fairly high HIV prevalence (NACO, 2007). For example, two of the men whose cause of death was not provided had worked in the transportation business (trucking, jeep driving, etc.), occupations that are known to be associated with risk of HIV infection (NACO, 2007). Several respondents recounted that their husbands' deaths, especially those related to alcohol use and heart attacks, were linked to tension and worry over economic problems, especially the loss or shrinkage of their land.

In both 1987 and 2008 widows said they had spent a large part of their savings on their husbands' medical expenses, some going into considerable debt. For example, one widow's husband who died of liver failure was treated in several hospitals, including an expensive private facility in Pune. These expenditures often left little for surviving wives and children. Depending on their situations and ages, widows remained in the village with their in-laws or as household heads, with or without children, or returned to their native places. Generally, younger widows returned to their own villages to live with parents or brothers after their husbands died and did not claim any inheritance from their husbands' families. Those who stayed in Gove were mostly in families with no other sons and/or who needed their daughter-in-law to help with household chores. In rare circumstances, the in-laws were noticeably attached to the widow and her children.

Quality of Life of Case Study Widows since Husbands' Death

In 1987 only seven case study widows owned land, eight had transferred their land to their sons, and 15 had never owned land, either because it was never transferred to them (11 cases) or because their husbands had been landless (4 cases). Similarly, in 2008 two-thirds of the case study widows did not have any land, either because they had never inherited any or because they had transferred whatever they had received at the time of their husbands' deaths to their sons. Of the remaining widows, eight owned some land, most of them less than one acre, and in two cases, the land was divided between the widow and her sons. One of these widows, an only child, had inherited 1.5 acres from her mother. Most respondents explained that they did not make enough money from the land to live on, and that other sources of income were needed to survive.

The "Sanjay Gandhi Scheme" (Sanjay Gandhi Niradhar Economically Weaker Section Yojna) had been introduced in India in 1980. In order to qualify, widows had to be between 40 and 64 years of age and below the poverty line. Widows above 65 were already covered by the Indira Gandhi Old Age Pension Scheme. In Maharashtra the state also provided benefits to widows with dependent children until they were 18 years old. In 1987 there were a number of obstacles making it difficult for widows to access this pension, as the following field notes indicate:

> *The Sanjay Gandhi pensions scheme pays Rs. 60 per month to those who have no one to support them. Interestingly, Ranubai,[2] who has one son to help her, gets the pension whereas Banubai,[3] an old lady living in Nav Boddh Westi, gets nothing because she has a grandson over 18 years old. Her grandson gives her nothing at all and she has to depend on a deaf niece for help. Her niece has three children and works as a day laborer when she can get work. (The New Buddhists don't get steady work—only in the rainy season and then only for a few months.) Her niece is mostly alone as her husband only visits occasionally. (Gove village, Field notes, 1987)*

Thus it seemed that access to the pension did not take into account a widow's real situation in that having sons or grandsons did not necessarily entail support, and some who had sons to look after them still received pensions. Access therefore often depended on the ability

of someone to put forward a credible case for assistance. In 2008 four widows said that they received pensions under this scheme. Several also said their brothers had helped them secure their pensions because, in some cases, their incomes were above the poverty line but they were still in need of support.

Case study widows' subjective assessment of their current level of happiness is presented by economic situation and living arrangements in Table 8.6. In 1987 those widows living with married sons and totally dependent upon them claimed to be happiest, whereas most of those living with married daughters said that they were unhappy. Widows who contributed to the household income and lived with married sons were also either happy or satisfied with their lives. Of the six widows living alone, four were happy and two were not. Those who were household heads supporting unmarried children said they were satisfied, but that their lives were difficult. Widows in this group (household heads with children) were younger than widows in the other groups, except for those in the "other" category who were living with their parents or in-laws (Table 8.5).

In 2008 the situation was a little different: totally dependent widows were evenly distributed among the three categories of happy to unhappy, while those earning an income but living with their married sons reported more happiness overall. Widows living alone were mostly happy, whereas the majority of those who were household

Table 8.6 Self-assessed happiness levels by economic situation and living arrangement for case study widows, 1987 and 2008

Economic situation and living arrangement	*1987*			*2008*		
	Happy	*Satisfied*	*Unhappy*	*Happy*	*Satisfied*	*Unhappy*
Primary breadwinner						
With unmarried children	0	5	0	0	3	5
Alone	4	2	0	4	0	1
Shares in income generation						
With married son	3	2	0	4	1	2
With in-laws/parents	0	1	1	0	0	1
Totally dependent						
With married son/ grandson	7	0	1	3	3	3
With married daughter	0	1	3	0	0	0

heads with unmarried children were unhappy. Those in the latter category were considerably younger than the others, as was the one widow living with in-laws, who also said that she was unhappy.

Younger women generally faced more challenges in the community, for several reasons. They had to support their families by working in the fields, also having to move around the village and sometimes travel to Satara to look after household/family business that normally would have been attended to by their husbands. These widows routinely reported that, on such occasions, they wore the *kunku*, a dot on their forehead signifying a married woman in India, in order to avoid harassment by men. As one 35-year-old widow put it, "I have to go to Mumbai and other places, so it is just easier if people think I am married. I want to feel secure about my status so I use the *kunku*." Another young widow said she coped with the situation by going out as infrequently as possible. Rather than working as a laborer she started a small business selling eggs. "I saw how other widows were treated and I learned from this. That's why I prefer to stay home."

Comparison of Case Study Widows by Sources of Economic Support

In this section the situation of case study widows in 1987 and 2008 is described with respect to their sources of economic support and living arrangements, in order to determine whether there were differences over the 20-year period in the contributions of sons and in the importance attributed to them. Three groups are described for the two periods: widows who were primary breadwinners and had dependent sons living with them, widows living with mature sons but only partially dependent upon them economically, and widows living with married or unmarried sons and totally dependent upon them (Tables 8.7 and 8.8).

In 1987 the case study widows who were primary breadwinners were mostly widowed at a young age with children to support. All of them were still working and had no other support from outside sources (Table 8.7). They described their husbands' deaths as economically traumatic because they often had large medical bills or other debts to repay for their husbands' illnesses or outstanding loans. However, they generally did not expect or receive assistance from their in-laws, and most said they had found it easier to return to their native families where they worked as wage laborers to support themselves. For

Table 8.7 Sources of economic support by economic situation and living arrangement for case study widows, 1987

Economic situation and living arrangement	*Total no.*	*Widow earning*		*Other source of support*			
		Yes	*No*	*Pension*	*Other sons*	*Brothers*	*None*
Primary breadwinner							
with unmarried children	5	5	0	0	0	0	5
Alone	6	4	2	1	0	1	4
Shares in income generation							
With married son	5	5	0	0	1	0	4
With in- laws/parents	2	2	0	0	0	1	1
Totally dependent							
With married son/ grandson	8	8	0	0	0	0	8
With married daughter	4	3	1	0	1	0	3

major expenses, such as daughters' marriages, they received considerable support from their relatives, especially brothers. Most women described their sons as their one great blessing, even though they had been obliged to support them for several years after their husbands' death. The importance of sons, clearly much deeper than financial considerations, was revealed in "subtle references, facial expressions and actions" (Vlassoff, 1990b, p. 13).

In 2008 eight case study widows were primary breadwinners living with their dependent children (Table 8.8). Most of the younger widows in this category mentioned that they had been helped by their brothers, and sometimes by their parents as well. Brothers mainly supported them economically, paying for major expenses such as their daughters' weddings, as well as emotionally and socially. One widow, whose husband had died of AIDS and alcoholism, said she had received support from her brother throughout the ordeal of her husband's illness. She reported that he had often intervened to chastise her husband for his drinking and for mistreating her. All but one of the older widows in this group (aged between 35 and 50) had sons old enough to provide prospects of support to their mothers. As a

Table 8.8 Sources of economic support by economic situation and living arrangement for case study widows, 2008

Economic situation and living arrangement	*Total no.*	*Widow earning*		*Other source of support*			
		Yes	*No*	*Pension*	*Other sons*	*Brothers*	*None*
Primary breadwinner							
With unmarried children	8	7	1	2	1	3	2
Alone	5	4	1	0	1	2	2
Shares in income generation							
With married son	7	6	1	1	3	1	2
With in- laws/parents	1	1	0	0	0	0	1
Totally dependent							
With married son/ grandson	9	0	9	1	5	0	3

result, these widows did not refer as frequently to help from their own kin, but rather to the help they expected from their sons. Four out of five widows living alone were earning themselves, and three of them received support from sons or brothers.

Whereas in 1987 younger widows tended to move back home to their native village, in 2008 this practice was less common. In fact, none of the 10 case study widows under 50 years old were from Gove in 2008. All had remained in their husbands' village and the majority now headed their own households. Stricter enforcement of widows' rights to inherit their husband's land may have been responsible for this, but widows also expressed more confidence in their ability to cope on their own. Generally, the land they owned amounted to very small parcels, the largest being three acres. One widow, for example, said that she did not even ask her in-laws for her husband's share of the land because her husband had five brothers, which meant that the amount she could claim would be negligible. A widow who owned three acres complained of constant pestering by her in-laws who tried to take her land from her, and even those with small amounts were frequently harassed by in-laws for this reason.

In 1987 the second category of widows (Table 8.7, "shares in income generation"), those who were economically active and living

with married sons, generally did not see their sons as their main source of economic support. Only one of the five widows received some support from sons living outside the village. In several cases, the widows expressed doubts about being able to depend on their sons in future. Because many of these widows had supported their families for several years before the son was old enough to assume responsibility, they felt secure in their own ability to fulfill the economic needs of their households. However, these women were equally adamant that sons were "an essential ingredient of a happy life, providing a sense of security which daughters . . . generally could not furnish" (Vlassoff, 1990b, p. 14).

In 2008 seven case study widows were living in a family setting where their sons were household heads but where they were still economically active (second category in Table 8.8: "shares in income generation"). All of them were providing substantial economic support to the households, including through land, pensions, and labor, both in their own fields and as wage laborers. The women at the upper end of this age group (60+) did less work in the fields but still contributed to the household economy. With regard to economic support from their sons, the situation was mixed. Four widows who had turned over their land or pensions to their sons said that their sons gave them money whenever they needed it. In the other cases, the widows remained in charge of the household finances, although most had given their land to their sons. One widow, aged 75 and living in a newly built concrete, two-story home, described her situation as "comfortable." She had five sons and one daughter and lived with one of her daughters-in-law. From abject poverty and landlessness when her husband was alive, her children had worked hard as part-time wage laborers from a young age, even while attending primary school. Sometimes, she said, they went to school with only a handful of peanuts for lunch. Through their hard work, they were able to be educated, save, and invest in a trucking business. Now, she said, there was always enough money whenever she needed it.

Others in the second comparative category had less happy stories. One widow who had lost one son to suicide said she had borrowed a large sum for her other son's marriage because she had only one son left. She was still paying off a large debt, both for the wedding expenses and for a loan her husband had taken without her knowledge. Her son did not have steady work and she worried about how he would provide for his family in future. Two widows who had faced economic hardships received help from their married daughters rather

than from their sons. One daughter had paid her mother's medical expenses and the other had given her a loan to help cancel a debt. Two widows said they were sometimes harassed by their daughters-in-law when they were alone, but that they did not want to mention it to their sons when they returned tired after a day's work. One worried about her future when she would be unable to take care of herself. Even with such concerns, these widows generally claimed to be content with their sons' support, and enjoyed sharing the management of household affairs with them. For example, despite not having steady financial support from her son, one woman said, "My present situation is fine. Sometimes I have money, sometimes I don't. It doesn't matter. My son listens to my opinion." Another noted how she and her son worked as a team, the son farming the land and she, managing the household.

Those widows who had other sons, besides the son with whom they were living, generally did not receive steady economic support from them, although three of seven received some help from other sons. In several cases, the sons were married and living outside the village, and the widows did not expect them to send them money because they had their own families to support.

In 1987 the third comparative category, widows living with sons and completely dependent on them (Table 8.7), had no land in their own names and were no longer earning. None of them had any independent source of income. However, these women had generally assumed their positions as dependent mothers "decisively and happily" (Vlassoff, 1990b, p. 15) and proudly reported that their sons were looking after them. In addition to the economic contributions of sons, several widows mentioned that their sons listened to their opinions and that they continued to be involved in household decision-making. When assured of the son's economic and emotional support, older widows happily relinquished their land rights, confident that their own welfare was not at risk.

In 2008 only three case study widows in the third category were completely dependent on their sons, as six of the nine widows in this group had other sources of support such as other sons and, in one case, a pension (Table 8.8). When asked to compare their current situation with previous times, in terms of their level of happiness now, compared to when their husbands were alive, only one widow, aged 75, described her current situation as happier because her husband had been abusive. She lived with her first son, a truck driver, and said that her other two sons were also good to her. The other two widows were

very poor and could not even afford to seek medical care. One, from the *Harijan* community, had worked as a wage laborer to help support her son's family until she was 81 years old. During the interview, sitting outside her rickety hut, she constantly collected small twigs for the hearth. She said that her son could not afford to give her money for medicines because he had children to look after. Nonetheless, she claimed, "He is good and will look after me," adding, "If there were two [sons] then I might have a back-up, but there is only one."

Summary and Conclusions

In this chapter widows from 1975, 1987, and 2008 were compared with respect to several basic social and economic characteristics and case studies of 30 women were presented for both 1987 and 2008. Overall, Gove widows tended to be less educated and to have come from somewhat poorer families than currently married women. In many cases, widows' poor economic condition from birth had put them at greater risk of being married into perilous circumstances. However, many reported their current conditions as adequate. Comparing the situation of widows over the three decades, there was clearly greater acceptance of their position by other community members in 2008 than in the two earlier periods. Most of the 2008 respondents said that they were well treated by the community and tended to report happier circumstances than the 1987 cohort.

Younger widows supported their children until their daughters were old enough to be married and/or until sons were able to work. Generally, when widows found that their sons were capable of taking responsibility for household affairs they gave them increasing responsibility for managing the land and other resources. Sometimes the land was transferred to an elder son at the time of the husband's death but the widow retained overall control of its management. It was only when she felt that her sons were mature enough to manage the land that it was further divided among them. Moreover, widows continued to contribute to the household economy well into old age, whether by working as laborers or on their own farms or by sharing their pension incomes.

Some researchers have found that households with widows were poorer overall than other households (Drèze and Srinivasan, 1997). In Gove, however, there was no evidence that widows were significantly poorer overall than other villagers. A comparison of widows' incomes by living arrangements showed that those living alone had higher

incomes than those in other arrangements in 1987 and 2008. This indicates that sons were not necessarily essential for their mothers' economic wellbeing, although a few widows living alone did receive support from their sons. In 2008 widows reported more sources of support than in 1987, mainly from pensions, from sons living outside the village, and from brothers.

When levels of happiness were compared, widows living with married sons were generally happier than those with small children to support. Widows living alone said that they were happy or satisfied in both years, but many of these referred to the Hindu principle of acceptance of one's situation ("I have to say I'm happy"). In some cases, too, sons living separately did support their mothers through sending remittances or visiting regularly. Those widows who expressed greatest happiness had sons who were productively employed, looking after their families and respectful of their mothers' opinions.

An important aspect of widows' wellbeing that has not received much attention in previous studies is the contribution that brothers make, especially to young widowed sisters. This was especially true of Gove widows in 2008. In some ways, as noted by Minturn (1993) in Northern India, this support is compensation for the daughter's surrender of her share of land, but nonetheless in Gove their support was considerable and, in the case of several younger widows, sustained over time. One widow's brother had intervened to protect his sister from an abusive husband, perhaps also attempting to shield her from the potential shame associated with the death of a husband from alcoholism. Mohindra et al. (2012), who investigated women widowed by alcoholism in Kerala, found that they suffered considerable emotional pain as a result of the shame associated with their husbands' deaths. In Gove alcohol abuse was a major correlate of widowhood, an association that has been discussed in detail elsewhere (Berg et al., 2010; Mohindra et al., 2012).

From the above comparisons of widows over the three decades, it can be concluded that the value of their sons went well beyond economic considerations. Especially important were the emotional rewards, the sense of fulfillment of one's life's mission as a mother who was appreciated and recognized as such in her declining years. The losses experienced as a result of widowhood could be compensated for, at least partially, in this way.

9

Toward Gender Equality in Rural India: Prospects for Change

The problem of "demand" [for sons] goes far deeper than our communication or policy solutions seem to suggest. Sex selection is located at the complex interface of cultural attitudes, patriarchal prejudice, socioeconomic pressures, the changes wrought by modernity, and the commercialisation and misuse of modern medical technology. The impact of modernity and materialism on the decreased valuation of females i.e. enhanced daughter aversion, the lack of old-age social security i.e. son preference, increasing violence against women, property rights, inheritance laws—each of these and more play a role. We must demand of ourselves an equally comprehensive national policy on the sex ratio, capable of addressing each contributory factor.

(F. Naqvia and K. S. Kumar, The Hindu, *Jan. 24, 2012)*

This analysis began with the question of how much progress has been made in gender equality in India over the past three decades where economic advances have been remarkable. This question was addressed through focusing on processes and outcomes in an Indian community where impressive gains in many areas had taken place over this period. Using social research methods, the challenges highlighted in the above quotation from *The Hindu* were examined. Areas of progress and stagnation with respect to gender equality and son preference were identified. In this chapter the findings of this study

C. Vlassoff, *Gender Equality and Inequality in Rural India*

are briefly discussed in the light of the above-mentioned question. The policy implications of these findings are then explored, and a number of recommendations made, for addressing the challenges noted above and in the previous chapters.

Areas of Progress

This study revealed a community that was essentially agrarian, where its farmers were industrious, well informed about local developments, and enterprising in seizing new opportunities. In the 1970s it had taken up an experiment with hybrid sorghum which was supported by a village cooperative open to innovation and progress. Village leaders had advocated strongly that Gove be spared from potential flooding by an up-river hydroelectric project, and negotiated a compromise whereby village farmers relinquished part of their land to people from elsewhere who had to be resettled. Gove not only benefited from the availability of water from the new canals; enterprising farmers also invested in the digging of wells and lift irrigation, made possible by the growing availability of electricity. Transformations in cropping patterns resulted, leading to a series of important changes in the demand and supply of labor and to the diversification of economic activities. These were complemented by increasing communication and transportation services, as community members expanded their contacts and business relationships with Satara, Pune, and Mumbai.

Agricultural progress in Gove was facilitated by a history of strong political leadership and vision. Although it had split into different political parties, the village had remained united on most fronts, and respectful relations among parties were maintained. The *Gram Panchayat* system provided a forum for airing problems and complaints, and leaders offered suggestions and solutions to address them.

The village had also made great strides in hygiene and sanitation. Particularly noteworthy were lower disease rates and better access to modern health care. Moreover, collaboration between the health and education sectors, media and village leaders in promoting sanitation, school nutrition, health programs and immunization was impressive. Linked to the success of public health interventions was a growth in the uptake of family planning by women of younger ages. While sterilization was by far the preferred method throughout the study period, there was an increase between 1975 and 2008 in the use of

other methods, such as the condom and contraceptive pill, mainly for the purpose of child spacing. The sustained efforts of government and local politicians in the promotion of family planning were largely responsible for this success, as was the availability of safe and affordable contraceptive services from the nearby PHC. As a result, a small family size norm had taken hold in the community.

In 1975 caste divisions were strictly maintained, although enactment of inter-caste discrimination was rare and lip-service was paid to inter-caste equality. By 2008 somewhat more interaction occurred, as seen in the example of the Brahmin household in Chapter 3.[1] Nonetheless, caste identities remained engrained in village society, especially when arranging marriages. The New Buddhists had fared better economically than other scheduled castes over the study period.

Progress in gender equality. Advances toward gender equality were found in several areas. Female education improved markedly over the three decades of the study and a norm had become established in the village that girls should be educated to at least 10th standard. Progressive gender-related attitudes had permeated all sectors of the community, including the lower castes. The value attached to female education was reflected in declining gender differences in educational attainment seen among adolescents in Chapter 7: differences between girls and boys declined noticeably over the study period so that, by 2008, their average attainment level was identical, 10.9 years. In some areas, such as knowledge of geography and religion, girls outstripped boys in 2008, whereas in 1975 boys outstripped girls in their knowledge of general and community affairs. Nevertheless, the overall level of boys' knowledge declined between 1975 and 2008. Moreover, education made a somewhat greater difference in determining the knowledge of girls than of boys in 2008, perhaps because boys obtained their information from a wider variety of sources than girls.

Later age at marriage for girls accompanied their increasing educational levels and reflected the rise in legal female age at marriage in India from 15 to 18 years. Nonetheless, the average age at marriage for even the youngest age group of married women interviewed still fell slightly short of 18 years, indicating that greater progress is needed for full compliance with the law. In Chapter 4 growing approval for girls having a say in the choice of their husband was noted between 1975 and 2008, although this generally meant mere consent, as opposed to true involvement in the selection of a partner.

Another positive development in women's status was the decline in the proportion of women engaged in wage labor, work that is known to be associated with low female empowerment, as discussed in Chapter 4. Parallel to this was a large increase in the proportion of women engaged exclusively in domestic work and/or in their household fields which meant that they had lighter work than agricultural wage laborers. Those who did only domestic work, however, had little opportunity to participate in activities outside the household. Also, smaller families meant that women had to spend less time in reproductive and child care activities than previously. They also had somewhat more mobility, indicated by greater frequency of trips to Satara, although young women still remained mainly in the household.

Areas of Stagnation

The village population increased by 55% between 1975 and 2008, resulting in a heightened demand for land and housing, as well as in higher levels of environmental pollution from smoking fires for cooking and motor vehicles, as well as noise pollution. Since land parcels do not increase to meet the demands of a growing population a rapid erosion of farm size was seen over the three decades as farms were subdivided among sons. Land division among sons appeared to be taking place earlier than previously with a growing tendency toward nuclear family formation. One benefit of the earlier splitting up of family land was that sons were seen as more responsible because they had to take care of their own households, rather than relying on joint family members to do so. However, it was no longer viable to depend upon agriculture alone for survival: additional employment strategies for household members were needed. In recognition of these developments it was widely maintained that one son was sufficient.

While the advantages of agricultural modernization were many, poorer farmers had not benefited in the same degree as wealthier ones. The number of landless households grew over the study period. The transformation from subsistence agriculture to cash crop production, especially sugar cane, as well as the growth in the availability of processed foods, could be linked to poorer nutritional habits among children. Additionally, concomitant with the burgeoning sugar cane production, alcohol had become much more accessible in Maharashtra, bringing with it the problem of alcohol abuse and devastating consequences for affected families. The selling of alcohol

was actively fought in Gove itself but, by 2008, it was easy to obtain elsewhere. Its impact was seen in the fact that alcoholism was the number one cause of death reported by the 2008 case study widows.

A growing problem in Gove, and in rural India generally, was the ready availability of credit to farmers. While originally intended to support agricultural inputs, loans were given for totally unrelated purposes, including dowry and repayment of debts accrued from drinking or gambling. In some cases, ready access to credit had resulted in large debts, and on occasion, suicide.

Although caste relations had improved over the study period, inequalities in income, land holdings, and in women's social and economic empowerment persisted. A steady decline in these assets could be seen, moving from higher to lower and Harijan castes. The New Buddhists were exceptions, with slightly more land and higher incomes than other scheduled castes but they tended to stay largely within their own community in terms of living arrangements and social relations, and did not seem to act as a motivating example for other low castes. The large Muslim family that had lived in Gove for several generations was relatively well off, whereas the other Muslim in-migrant families were in the poorest income category and owned no land.

Areas of stagnation in gender equality. Several positive developments toward greater gender equality over the study period were noted above. Unfortunately, a number of enduring cultural constraints prevented these advances from translating into true gender equality, for several reasons.

Even with their increased schooling levels and older ages at marriage, young married women were restricted in their ability to put their education into practice in the labor force. Moreover, although female education was valued in the village as a preparation for motherhood, the content of education was not geared toward this end, nor did it prepare youth of either sex for a healthy sexual and emotional life after marriage. Once girls finished their education, they mostly stayed home and did domestic work until their marriages could be arranged. Some young unmarried women did continue to study and some worked in Satara before marriage, especially if there were difficulties in arranging their marriages quickly. For example, a family with several daughters would normally try to settle the eldest daughter's marriage first, occasionally allowing the younger girls to take a job in the meantime. Generally, however, families preferred to

have their daughters married as soon after high school graduation as possible.

A major constraint in the marriage of girls was the necessity of giving significant gifts to the groom's family. No longer permitted to ask or receive direct dowry payments, other gifts were demanded from the bride's side. These gifts were often proudly displayed in the wedding hall so that guests could assess the worth of the acquisitions that the marriage had generated. For poor families, having daughters could mean economic disaster and often girls had to accept compromises in a marriage partner, such as a divorced, older man or one with a disability who needed care.

Once married, the large majority of women stayed home. Not only were they discouraged from seeking gainful employment but their mobility outside the domestic sphere was limited by traditional customs. While women's employment in wage labor had decreased overall, it remained an important source of economic support for lower caste and poorer women. As noted below, this pattern is typical as poorer economies begin to develop and women are able to withdraw from lowly work as wage laborers:

> Around the world, for very poor countries, female labor force participation is high, reflecting a large labor-intensive agricultural sector and significant numbers of poor households. In this situation women are willing to enter the labor force even at fairly low wages because unearned incomes are low. As per capita incomes rise, unearned income rises (through male wages and earnings), and these higher incomes are typically associated with women withdrawing from the labor market. Social barriers against women entering the paid labor force also regain prominence, and their participation rates fall. But as countries continue to develop further increases in women's education and wages move them back into the labor market. (World Bank, 2012b, p. 66)

In Gove, the number of self-employed or professionally employed women remained small. Yet even with a limited number of women employed, in 2008 a significant independent effect of employment was seen on some reproductive health indicators, such as on infant mortality and decisions about family planning.

There was considerable pressure on young married women to have their first child soon after marriage and to have one or two additional children soon thereafter. This could be seen by the increasingly young age of women at sterilization. Four times as many women aged 15–24

had been sterilized in 2008 than in 1975, and almost twice as many as in 1987. This large decline in age at sterilization is problematic because of its terminal nature. Sterilization reversals are rare in India, and therefore undergoing this procedure usually means that couples who experience a child death at a later stage are unlikely to have any more children. Moreover, at the aggregate level of India, the tendency to have children at very young ages shortens the generation gap and contributes to rapid population growth.

The problems associated with early sterilization were beginning to be recognized in the study area. In April, 2007, a pilot project, referred to as the "Honeymoon Package," was initiated in Satara District to encourage higher age at first birth, the spacing of children, and improved maternal and child health. Couples who postponed their first birth by two to three years were eligible to receive Rs. 5,000, and those postponing for three years, Rs. 7,500. However, when asked about the postponement of childbearing, many women said that they experienced considerable pressure from their elders, especially mothers-in-law, to have children as quickly as possible.

An additional concern with respect to sterilization was that it continued to be seen as an almost exclusively female procedure. However, a simpler "no-scalpel vasectomy" male operation was being promoted in the area with potential for greater uptake than earlier procedures available to men.

Son preference. A key finding of this longitudinal study was the overriding importance of son preference which affected virtually all facets of the lives of village families, from their basic structure to economic, social, cultural, and demographic considerations. This is very much in line with the quote from *The Hindu* at the beginning of this chapter which goes even further than our analysis to state that modernization and materialism have led to a decrease in the value of females. In our study there was evidence, not of a decline in female status, but rather of a *lack of decline* in the value of sons. Sons retained their importance even with an acceptance of a smaller number of children overall. In Chapter 4 the proportion of women who said they would be willing to stop childbearing after no more than two children increased by nearly threefold over the study period, which would seem to indicate a reduction in son preference. Moreover, more socially empowered women stated that they would stop at fewer children than those less socially empowered. However, in Chapter 5, where actual fertility was compared with previous desired numbers of children, whether or not women had borne sons

was the most important determinant of ultimate family size, regardless of their levels of empowerment. Although the average number of desired sons had declined from two in 1987 to one in 2008, having at least one son was critical. While only one son had become acceptable in 2008, couples were generally unwilling to stop childbearing until they had at least one male child. This was not the case with respect to girl children, although most women expressed a desire to have at least one daughter as well.

An examination of caste and religious differences between married women in 1975 and 2008 demonstrated the enduring importance of son preference among the disadvantaged sectors, the lower castes and New Buddhists. While considerable inter-caste and inter-religious concurrence was observed in other areas, such as the adoption of modern gender-related norms, both scheduled caste women and New Buddhist respondents expressed higher levels of son preference than other women. The reason did not seem to lie in economic necessity, as indicators of household socioeconomic status did not show a significant relationship to son preference, but the lower levels of social and economic empowerment of lower caste women may have played a role. However, the interrelationships among caste, gender, and son preference require further exploration in future research.

An important finding was that actual fertility was lower among the two cohorts of reinterviewed respondents in Chapter 5 than their stated desired fertility previously, indicating a growing acceptance of smaller family size in Gove. The reasons included an increasing awareness of economic pressures, such as land scarcity, child rearing costs, and competition for jobs. Moreover, the need to divide land among sons was a constraint on having more than one or two, given that the size of plots available to each son had declined significantly over the study period.

Progressive steps were noted in girls' education and in female adolescents' awareness, ideals, and hopes. As youth hold the future in their hands, further investment in the practical education and sensitization of this age group is needed to capitalize on their potential contributions. The situation of widows, discussed in Chapter 8, clearly illustrated the emotional value of sons that was not as evident in the previous chapters. Widows whose sons cared for their mothers in their older years were grateful that their sons appreciated them, especially those whose sons still consulted them on important issues. The lack of association between widows' economic welfare and their dependence

on sons demonstrated that sons had an independent worth over and above economic considerations.

Proposed Interventions to Address Gender Inequalities in Public and Private Spheres

In this section a number of practical recommendations are proposed for consideration by Indian policy makers and other organizations working toward the goal of gender equality in India. These recommendations are based on the findings of this study and on those of other researchers concerning son preference in India more widely, as well as in other countries where it remains prevalent. In Table 9.1 a framework of proposed interventions is provided, adapted from a model developed by Weiss (2008). The latter model was designed for interventions in a different area (stigma related to neglected diseases) but its broad categorizations of interventions according to "domains" in which stigma can be addressed can be readily applied to gender issues. Interventions are grouped according to the more personal or private dimensions of gender inequality (household, family, social, interpersonal) and its manifestations in the public domain (schools, workplaces, public services, access to rights and entitlements). In addition to categorizing the proposed interventions (following the Weiss (2008) framework), an example of one specific intervention for each gender priority discussed in this section is provided.

Enhancing educational opportunities. An important finding of this study is the growth in female education and the value attached to it by village society. Social empowerment, of which literacy was a component, significantly and positively influenced fertility levels and contraceptive use, as well as infant mortality in 2008. This indicates that the classroom or school environment is a promising context for introducing nontraditional content into the curricula. Several interventions are possible to challenge traditional cultural norms and behavior within the school. In Table 9.1 one such intervention is suggested, that of establishing a sports program for girls, such as dance or aerobics classes, because older girls lack other forms of access to sports activities. Many other interventions could be developed and expanded such as nutritional education and food preparation using locally available, nutritionally rich grains, vegetables, and fruits, which is useful information for both girls and boys. Education about human rights and equality, regardless of religion and caste, should be

Table 9.1 Proposed interventions to address gender inequality in private and public domains in India*

Gender issue & domain	*Type of intervention*	*Example of intervention*
Enhancing female educational opportunities		
More private	Challenge cultural norms and behavior	Establish sports program such as dance or aerobics classes for girls
More public	Create facilitating environment, raise awareness	Establish national or state scholarships for girls to complete university or technical college
Expanding youth friendly services		
More private	Provide support for behavior change	Provide health education in school, involving youth themselves, emphasizing adolescent health and promoting available services
More public	Create facilitating environment, raise awareness	Ensure coordination of adolescent services by assigning clear responsibilities of lead agency and roles of other providers in ARSH
Addressing age at marriage, dowry, and other related issues		
More private	Challenge cultural norms and behavior	Make the protection of, respect for, and facilitating environment for new brides part of marriage vows
More public	Enforce legal protection and codes of conduct	Punish by law the giving and taking of dowry or gifts, and enforce by village leaders such as female *Gram Panchayat* members
Expanding female economic opportunities		
More private	Challenge cultural norms and behavior	Develop "edutainment" promoting female employment and how cultural constraints can be dealt with
More public	Create facilitating environment, raise awareness	Provide government-sponsored incentives to businesses, organizations, etc. which employ females

continued

Table 9.1 Continued

Gender issue & domain	*Type of intervention*	*Example of intervention*
Addressing inheritance issues		
More private	Enforce legal protection and codes of conduct	Establish system requiring bank accounts in the daughters' name which are credited at time of any legal transactions involving transfer of land or other assets
More public	Enforce legal protection and codes of conduct	Enforce the Hindu Succession (Amendment) Act, 2005, giving daughters equal inheritance rights with sons to all family assets, including in ancestral property
Building on family planning successes		
More private	Challenge cultural norms and behavior	Promote acceptability of male sterilization through sensitive and engaging, free cell phone messaging
More public	Create facilitating environment, raise awareness	Assess impact of Satara's "Honeymoon Package" and potential for scaling up

*Adapted from Weiss (2008, p. e237). Framework used under the terms of the Creative Commons Attribution License.

enhanced, perhaps with role play and student participation to communicate these messages in a dynamic, realistic context. Gender equality exercises could also be introduced in this way, using examples and participatory techniques. The importance of female education should be emphasized and incentives, such as scholarships for post-secondary studies, could be provided to encourage girls to study as far as they wish and to choose whatever subjects interest them (Table 9.1).

The school setting offers many opportunities for students to become involved in community development activities, several of which have been promoted by Gove schools over the years. Evidence from more developed countries was cited, suggesting that youth who participate in community political and social life are less likely than others to engage in risk-taking behaviors and more likely to continue to be active in community affairs over the lifecycle (Acharya et al.,

2010). Hence, more such opportunities for girls and boys should be made available as part of the educational curricula.

Expanding youth-friendly health services. This study provided considerable evidence of the lack of preparation for marriage of village adolescents, both male and female, because discussion of sexuality and codes of behavior surrounding it is considered taboo in rural society. As a result, young people enter marriage largely unprepared for the social, emotional, and sexual challenges they are about to face. While sex education is technically covered in the school curricula, it is taught in an academic and technical way, so that students do not find it relevant to their own lives. Because teachers are also constrained by cultural taboos, it may be easier for them to communicate this important material by more impersonal channels, such as films or other entertaining material. Now that villages are accessing the Internet to communicate with the Department of School Education and Literacy, well-tested, consistent material could be made available to all schools. Developing health promotional material for use in rural schools should be a priority, ideally in conjunction with the Ministry of Health and Family Welfare.

Collaboration between the educational and health sectors was evident in several areas in Gove, including immunization programs in which kindergarten teachers participated and school de-worming and health programs. In the latter, school teachers shared responsibility with health workers in examining children for signs of malnutrition or other ailments such as skin diseases, and also provided advice to pubescent girls about menstruation and breast development. Such interventions could be systematized and enlarged, with specific programs for youth of different ages. In conjunction with the health sector, information should be made available on healthy sexual relationships (Gupta et al., 2012) and the prevention of STIs such as cervical cancer. Health services for both married and unmarried youth should be expanded and delivered in a culturally and age-sensitive manner by primary health care providers, given the special needs of adolescents for easily accessible, quality health care (Bearinger et al., 2007; Shaw, 2009; Collumbien et al., 2011).

In recognition of the scarcity of youth focused programs the Indian Government launched the Adolescent Reproductive and Sexual Health (ARSH) Program in 2006 under the National Rural Health Mission as a part of its Reproductive and Child Health Phase-II (RCH-II) strategy to address problems of anemia and malnutrition, early marriage, teenage pregnancy, maternal mortality, and STIs. It was designed to

scale up adolescent counselling services at key PHC delivery points in the country. ARSH was included among four strategies (besides maternal-child health and family planning) toward the achievement of significant declines in maternal and child mortality and fertility (Gupta et al., 2012). Unfortunately, the implementation of ARSH has suffered from a lack of coordination of services which have been divided among several Ministries, as well as from the lack of inclusion of those directly concerned, adolescents themselves (Gupta et al., 2012).

In Table 9.1 interventions are suggested to provide support for behavior change through school health education, emphasizing adolescent health and promoting available services, with the involvement of young people themselves. Within the public domain there is a need to create a facilitating environment for adolescents and to raise awareness about their special needs. Improving the coordination of adolescent services by assigning clear responsibilities of both a lead agency and the other providers in organizations such as ARSH is one suggested intervention (Table 9.1).

Addressing age at marriage, dowry, and other issues surrounding marriage. An important step toward gender equality will be the stronger enforcement of marriage at the legal age for girls. Not only is this a benchmark of greater equality but it also generates several benefits for the bride herself and her family, including improved maternal and infant health and lower fertility. In this study, those married later were more likely to use contraception and to be prepared to limit their fertility to fewer children in the case of not having sons than women who married earlier. Being more mature, those married later are also more likely to be educated and to demand more say in the choice of a marriage partner. There is also some evidence that older brides are more capable of standing up for their rights in their marital home and social environment (Caldwell et al., 1983).

The issue of dowry is paramount in any discussion of women's status and empowerment. In Gove, as elsewhere in India, it was recognized that the giving and taking of dowry was illegal, but, rather than being eliminated, it was simply renamed. Much has been written about the evils of dowry, yet it remains persistent in Indian society and may even be gaining momentum in parts of India where it was previously uncommon (Self and Grabowski, 2009). Historically, dowry grew in importance during the British rule, creating much anxiety and hardship as families forewent essential commodities to accumulate the necessary luxury items (Altekar, 1938). Since then it

has vacillated according to the availability of men and women. For example, in the first study of Gove Dandekar and Bhate (1976) noted that bride price was practiced because of the scarcity of women.

Possibly, a reversal in the present situation could occur as women again become increasingly scarce, as has been predicted recently (Das Gupta et al., 2009). Regardless of the sex ratio, however, marriage arrangements should not be a financial negotiation. Even in arranged marriage situations consideration about the compatibility of the bride and groom should be paramount, as well as the willing entry into the marital bond by both partners. Attaching a price to these exchanges, no matter who has to pay, is a devaluation of human dignity, whether male or female. This issue urgently needs to be addressed in both private and public domains. In Table 9.1 the intervention suggested at the private level is to challenge negative cultural norms and behavior that make a young bride's entry into marriage traumatic. An example of one intervention is that the marriage vows be strengthened to include the vow to protect, respect, and provide a facilitating environment for the new bride. In the public domain, the recommended intervention is stronger legislation prohibiting the bartering of commodities as part of marriage negotiations and punishment by law of the giving of dowry or other goods, to be enforced, perhaps, by village leaders such as female *Gram Panchayat* members (Table 9.1).

Expanding female economic opportunities. The importance of women's employment beyond the traditional wage labor sector was seen in Gove. Globally, women's labor force participation and control over earnings have been found to stimulate positive changes in health and development generally (Jejeebhoy, 1995; Senarath and Gunawardena, 2009; World Bank, 2012b), in fertility control and child spacing (Roy, 1993), and in prenatal care and the probability of hospital delivery (Maitra, 2004). Studies in India and Bangladesh found that increasing economic opportunities for women in service industries boosted school enrollment for girls, leading to higher labor force participation, and better educational outcomes for the next generation (Kingdon and Theopold, 2008; Pitt et al., 2010). The expansion of young women's opportunities, linked to the growth in the garment industry, health services, and social work, has led to greater acceptability of women's mobility and has increased their visibility in social spaces (Hossain, 2011). The *World Development Report 2012* cites examples of three countries, Bangladesh, Iran, and Colombia, which in 1980 faced several gender-related constraints but which have made impressive inroads in gender equality. These include improvements in

health, education, and labor market outcomes as a result of income growth, better institutions for service delivery, and new employment opportunities for women (World Bank, 2012b).

Unfortunately, many reforms in the public arena, such as women's greater employment and mobility, often fail to penetrate traditional gender relations in the domestic sphere (World Bank, 2012b). For example, women may be compelled to turn over their salaries entirely to their in-laws or husbands. Women therefore need to be empowered to exercise their rights to employment and earnings. Earning cash income is highly correlated with women's empowerment in areas such as household decision-making in health, purchases for their own needs, and freedom to visit friends (World Bank, 2012b). It is also associated with less gender-based violence by husbands (Agarwal and Panda, 2007; World Bank, 2012b). However, women's control over their earned cash income tends to be less among women in the agricultural sector than in the export-oriented sector (World Bank, 2012b).

Opportunities for work outside agriculture for Indian women in rural areas such as Gove are still relatively few, but it is clear from the evidence provided here that change is needed. Breaking down barriers to women's work for salaries and to their ability to circulate freely in public will require concerted and coordinated efforts by village leaders, teachers, other change agents, and potential employers. Facilitating interventions, such as a massive communication campaign emphasizing the benefits of female employment outside the traditional agricultural sector, are needed to challenge cultural norms and behavior. "Edutainment" such as radio and television "soap opera," based on well-tested and refined messages, is an excellent mechanism for promoting progressive ideas within a believable, entertaining context (Table 9.1).[2] In India, including in villages, there is widespread access to radio and television, and rural women, as well as men, are a ready audience for practical information presented in an entertaining way. Das Gupta et al. (2003, p. 181) also argue for the potential strength of media for changing gender norms:

> Much more can be done to reduce son preference by tackling the . . . specific issue of making sons and daughters more equally valuable to their parents. For example, soap operas can be used to portray women (and also their husbands) helping her parents, emphasising that this is socially acceptable. Parents can be shown dividing inheritance equally between children of both sexes. The fact that the relationship with a

> daughter is often emotionally more rewarding can be emphasised, and parents can also be portrayed living with married daughters.

In the public domain, interventions are needed to create a facilitating environment and raise awareness such as providing government-sponsored incentives to businesses, organizations, and others to employ females (Table 9.1) or incentives for girls to study vocational programs in schools and colleges.

Addressing inheritance issues. The issue of gender and land inheritance is an important one and has been discussed extensively in the literature. However, based on the Gove experience, there does not seem to be much scope for major changes in the current situation with regard to land division because of the marked intergenerational decline in the quantity of land available to heirs over the study period (Chapter 6). This had become more obvious in recent years because of the greater tendency for sons to split off from the original joint family and live on their portion of inherited land. Their parcels had become so small that many Gove men attributed more sentimental than economic value to family property. While this may seem an exaggeration, given that the land had also become much more productive than previously, it is a familiar one in India more generally. For example, Deb (2011, p. 122) notes, with respect to the estimated 400 million people who depend on farming for their livelihood:

> Many . . . farmers, according to surveys conducted by the government and by independent organisations, do not see agriculture as a viable occupation. Even without the debts that force some of them into committing suicide, farmers see no future in what they do, and if they nevertheless continue to work in the fields, it is less because of some apparently traditional inertia and more because the alternative is perhaps worse.

Another constraint on recommending greater enforcement of existing legislation with respect to land is the dependency of women on husbands and male kin, including brothers (Legal Service India.com, 2012). For example, if a woman who has inherited land from her own family is unable to support herself and her family after her husband's death or separation, she may be forced to sell her land to a stranger. Doing so, she would risk rejection by her brothers and natal kin who otherwise would be morally obliged to support her. Other problems with a daughter's inheritance of land include the fact that she is usually

absent (living elsewhere with her husband) and unable to look after it personally. Therefore, it has been observed that the "opposition to female land claims is understandable, and it seems unlikely that it will diminish" (Minturn, 1993, p. 329).

While arguments such as the above seem convincing, especially based on the Gove evidence, they do not logically apply to widows and separated women whose legal right to their husbands' property is essential to their survival. A key intervention would therefore be a mechanism to ensure that widows' entitlements, and those of separated women, are respected and imposed (Table 9.1). In addition, increases in widows' pensions should be considered, as well as making them less restrictive in terms of poverty-level requirements and limits on children's ages. Similarly, provisions for separated women to receive a fair monetary or property settlement from their husbands need to be enforced. The increasing evidence that female headed households, especially those headed by widows, are more likely to educate their children and to treat sons and daughters equally, makes the rationale for supporting and investing in widows even more convincing.

The above argument regarding the possible futility in lobbying for daughters to receive their rightful land shares does not imply that daughters should receive less overall compensation than sons. The issue of gender in ownership of family assets has been camouflaged over the generations in India by the giving of dowry to daughters. Ways of ensuring that girls receive fair compensation must be sought. Owning assets has been linked to improvements in women's welfare, productivity, equality, and empowerment (Agarwal, 1994, 1998; Deere and Dos, 2006; World Bank, 2011). Owning and managing assets may also give women additional bargaining power in the household, community, and public arena. A possible intervention to assure equality in this area could be mandating the establishment of bank accounts in daughters' names which would need to be credited or considered at the time of any legal transactions involving transfer of land or other assets. Such a policy would need to be carefully thought through in order to assure that a daughter's right to her account could not be alienated or abused. An important intervention in the public domain would therefore be the *rigorous enforcement* of existing legislation amending the Hindu Succession Act to give children of both sexes equal shares in the value of all family property, whether material or monetary, including ancestral

property that was previously available only to sons (Table 9.1). The fundamental consideration must be equal treatment of both sexes in matters of inheritance.

Building on family planning success. The results discussed in the previous chapters showed that, on balance, family planning has been successful in rural India. This success was built upon many failures and errors, especially during the Emergency period in the mid-1970s,[3] when "excesses" were reported with respect to the promoters of the program who sometimes went beyond their mandate in attempting to motivate couples to be sterilized. The suffering of such couples needs to be recognized when attributing success to the family planning program in India. Now, however, the consistent and tenacious efforts of the government program have resulted in an ideal of a one to two child family in most of the country. In this study even those couples who had previously expressed a desire for a larger number of children were now content with one or two, provided they had at least one son (Chapter 5). Given that most women who had borne the number they desired had adopted sterilization after one or two children, couples cannot be expected to reduce their fertility much further. In much of India replacement level fertility has now been reached. However, there are still at least three remaining challenges in the family planning area, already mentioned in Chapter 4: the heavy reliance on sterilization, the relatively low use of other contraceptive methods, and the almost exclusive emphasis on female sterilization.

The problems associated with heavy reliance on sterilization have already been discussed. The Indian Government is therefore emphasizing the need for couples to use other "temporary" or "nonterminal" methods of contraception, for delaying and spacing births. Evaluation of the impact of the Honeymoon Package, one such intervention, and its potential scaling up, is recommended as a potential public domain intervention (Table 9.1).

The other, related, area where improvements could be made in the Indian family planning program is greater emphasis on male sterilization. In Table 9.1 an example of an intervention in the private domain is the promotion of the male operation with well-tested communication campaigns, emphasizing the relative ease of the new "no-scalpel vasectomy" vis-a-vis female sterilization methods. Such programs could perhaps be promoted through cell phone messages, delivered in a sensitive and engaging manner (e.g., with a catchy tune sung by a popular film star) and accessible free of cost.

Blessed with a Daughter: The Way Forward

The overwhelming preference for sons in Gove and in India as a whole has a long and deeply rooted cultural history. Even in a relatively progressive village such as Gove where overall rural development has taken place, son preference remained firmly entrenched. This preference devalues and diminishes the value of daughters; it is fundamentally unjust and leads to unnecessary suffering, financial jeopardy, and feelings of inferiority for those who are not "blessed with a son." It also impedes development efforts, such as those aimed at stabilizing India's population: as was found in Gove, a failure to have a son leads couples to continue childbearing beyond their desired number of children and often beyond their ability to adequately care for them. In this process, daughters are often "sacrificed," both after conception by the selective abortion of females fetuses and at all stages of their lives because of compromises made to alleviate parents of their burden. These sacrifices are not made because of any inherent aversion to girls in Indian society; in fact, many Gove respondents demonstrated real affection for their daughters. In all years of the study, at least one daughter was considered part of an ideal family composition. However, it was also true that couples who reached their ideal family size with only sons did not wait to have a girl before opting for sterilization. In other words, having a girl was desirable, a bonus, but having at least one son was a must.

India is considered a "newly industrialized country" by the International Monetary Fund (2011) and has shown that sustained efforts toward its goals can produce impressive results. The success and persistence of its family planning campaign is an example. If similar energy and commitment can be devoted to the development and implementation of public policies, legislation and supporting actions to reduce, and eventually eliminate, son preference, huge returns could be anticipated. These include enhanced reproductive health and female empowerment, as well as more rapid social and economic development, especially in rural areas. While this challenge may seem daunting, many progressive couples in urban India have found ways to rationalize and accept having only one or two female children, such as bestowing on girls the responsibility of performing oblations at the time of their fathers' death. The promotion of examples such as this, especially with the support of popular media programs, could lead to gradual acceptance of gender equality in society as a whole. Building on the affection that parents already feel for their daughters,

and even recognizing, as did many Gove women, that girls are often more caring and helpful than boys, may be a first step in making this a reality.

The argument that the social and economic empowerment of women will lead to reduced son preference in rural areas may seem unconvincing, given that it did not make a significant impact on son preference within the context of current smaller family size in Gove. Once women had at least one or two sons, most were content to terminate child-bearing, without waiting for a girl, whereas those who had only girls went on to have children in hope of having a son, regardless of level of empowerment. Based on the other findings of this analysis, however, there are several reasons to argue that the addition of economic empowerment, especially of women's work in the modern labor force, will also foster the reduction of gender inequalities and enhance gender equality.

First, while women's social empowerment was increasing markedly, their economic empowerment was still extremely low in Gove. It was thus not surprising that economic factors did not improve all reproductive outcomes, especially once other influential factors such as age at marriage, literacy, and mobility, were taken into account. However, even marginal economic empowerment had a large additional impact on contraceptive use. Secondly, villagers were keenly aware of the shrinking availability of land and the severe competition for urban jobs. Hence, traditional support systems in rural areas are weakening and can be profitably maintained only through modernization of agriculture, diversification of income sources, and small family size. If women are permitted to assume a greater—and eventually equal—role in income generation, their perceived value will undoubtedly also increase within the social structure. It was already seen that, gradually over the years, the opportunity for girls to study further has paid off and they have now caught up with boys in several areas of school performance, while boys are lagging behind. Therefore, rural women are a largely untapped pool of professional and skilled contributors to the productive labor force. Finally, participating in work outside the domestic and agricultural economies can put women in touch with new paradigms, such as conceiving of new roles for daughters, as is now taking place among some progressive urban women. One example cited here was the paradigm shift to allow daughters to perform oblations for parents upon death. Similarly, enforcing existing legal provisions in the area of inheritance, so that girls can inherit their

rightful share of their families' property, will mean that they will have greater economic stability and freedom to choose their future paths.

Several examples of the uptake of legislation and public policies were seen in Gove, including widespread acceptance of new norms in the area of social empowerment, such as later ages at marriage and higher levels of education for girls, steadily declining family size ideals, and the uptake of family planning. Strong leadership meant that many forward-looking measures were seized and promoted at the community level, fostering change in important areas which previously seemed intransigent, such as inter-caste tolerance and respectful relationships between higher and lower caste villagers. These examples provide fuel for the argument that greater political will and positive interventions, such as those suggested in this chapter, can bring about major shifts in the economic empowerment of women and ultimately, gender equality.

To conclude, and to help visualize a future situation in which daughters are truly equal to sons, two case studies are presented, one true, the other fictional. The simple juxtaposition of a few lines allows a whole new reality to emerge. It is such a reality toward which India must move for it to fully capitalize on its potential as a force for economic and social development.

Chhaya[4] *was taken out of school after finishing 3rd standard. Her mother was sickly so Chhaya was needed at home. Her father, an army man, came home only occasionally. When he did he tortured her mother for being ill. Because of her mother's bad health her father married a second wife from Limb who had a son who later died. After that, her father sent his second wife away. When Chhaya was small he was cruel to her and sent her alone to the fields to tend the sheep. Her mother's brother took her in, but eventually she had to return home. She was married at 16 to her maternal uncle's boy, Prakash. She didn't want to marry him because she knew that he was having an affair with another girl. After marriage he started drinking and giving money to his lover. "Every Sunday he drinks and if I don't finish my work on time, he beats me." After the birth of her first daughter he beat her a little less but he still beat her. She breastfed her daughter for six months. She now has two children: the second was a boy who, she claims, was breastfed for seven years because her in-laws told her not to stop. Chhaya is very devoted and fasts and prays, hoping this will improve his behavior. But he has not given up his lover and things are still the same. (Gove village, Field notes, 2008)*

Chhaya completed high school with high marks and received a scholarship to study further. Her mother was sickly so Chhaya helped out at home. Her father, an army man, came home only occasionally. When he did he brought medicine for her mother and entertained the family with stories of life in Pune. He was kind to Chhaya and sent her to the bedroom to study, pitching in to help with the household chores, joking that it was just like the army. Chhaya was married at 22 to her maternal uncle's boy, Prakash. She wanted to marry him because she knew him from visits to her grandparents' house, and he was clever and well behaved. After marriage he insisted that she finish her studies and later helped her find a job in a bank. When she was 25 she had her first child, a girl, whom she breastfed for a year. Chhaya is now a loan manager at a bank in Satara. Her mother-in-law takes care of her beautiful daughter, Shireen, now two years old. Her face lights up as she shows me Shireen's picture on her cell phone screen and she says, "We thank God every day for being blessed with our daughter." (Fictional case)

Notes

1 The Importance of Sons in Indian Culture

1. Name has been changed to protect respondent's identity.
2. The gaps between the three studies described in this book were based on the availability of the author and did not correspond to a preconceived schedule or rationale.
3. "Sex" refers to biological differences whereas "gender" refers to social differences. Gender comprises "the array of socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the sexes on a differential basis" (Health Canada, 2000, p. 14). "Gender equality means that women and men have equal conditions for realizing their full human rights and for contributing to, and benefiting from, economic, social, cultural and political development. Gender equality is therefore the equal valuing by society of the similarities and the differences of men and women, and the roles they play. It is based on women and men being full partners in their home, their community and their society. Gender equality starts with equal valuing of girls and boys" (ILO, 2000).
4. One of the *Brahmanas* of the Rigveda, a collection of sacred hymns.
5. Not all of the reforms mentioned below apply equally to Muslims and Christians as they do to Hindus, Buddhists, Jains, and Sikhs. India lacks a uniform civil code to protect Muslim women from discrimination, despite long recognition of the injustice of this situation by women's rights proponents and others (Ghosh and Roy, 1997). Because of the continuing legality of Islamic family law in India, Muslim women seem to have suffered greater discrimination than those of other religions in matters of marriage, divorce, and safeguards for widowed and divorced women (Menski, 1990).
6. Interestingly, in such situations, the possibility that the husband may be infertile is largely ignored.
7. In fact, there is some evidence that the bond between fathers and daughters has roots in Hindu mythology and that the presence of a daughter strengthens the family. The contradiction between a daughter's desire to remain in her native family and the desire to separate from it on marriage may be a source of creative power or *Shakti* (Nuckolls, 1997).
8. Although Caldwell's results are based mainly on surveys in West Africa he maintained that his hypothesis was valid for other high fertility areas such as South East Asia.

9. According to the World Health Organization (2012), "reproductive health" means that "people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant."
10. For example, the percentage of population living below the poverty line in Maharashtra declined from 38.2% in 2004–05 to 24.5% in 2009–10.

2 Methodology of the Village Study

1. There were actually four periods of the study, the three main ones and an interim study in 1992. However, the latter was very brief and used exclusively qualitative methods, and is hence not referred to in this book as one of the main study phases.
2. At the beginning of the married women's interviews, data about the respondent were checked, as her selection was based on information provided in the household questionnaires, often by others. Thus her name, age, marital status, name of husband, and whether she was still menstruating (an inclusion criterion) were verified with the respondent.
3. Although the village had been surveyed earlier, in 1953 and 1966, few respondents remembered the studies and most women were too young to have participated in them.
4. The results can be found in Vlassoff and Rao (1994).
5. The house was later demolished and a modern two-story concrete house was constructed in 2010.
6. An exception is Edmeades et al. (2010) who discuss the different expectations of the researcher and respondents in social science research on abortion in Madhya Pradesh. The family willingly allowed the daughter-in-law to go to a private room with the interviewer. Later, however, the interviewer learned that the reason for its willingness to provide privacy for the interview was that family presumed that the interviewer was doing a gynaecological examination of the respondent and expected a report on the findings.

3 The Village Context: Changes Over Three Decades

1. By this time two other small Brahmin families were living in Gove, in addition to the original Brahmin household. Both were older couples who had returned to the village after retirement and lived in rented rooms.
2. Since 2009 Internet service has been available and four or five houses have Internet connections. The high school now has a broadband connection and receives all official correspondence from the Department of Education via the Internet.

3. In a 2010 *Gram Panchayat* election the *Sarpanch* or leader of the *Gram Panchayat* was elected from the New Buddhist community, considered one of the scheduled castes.
4. These are described in more detail in Vlassoff et al., 2010.
5. The name is derived from the idea that couples could enjoy a second honeymoon with this money, although couples were free to use it in any way they wished.
6. While daughters have had equal rights to land inheritance since 1994 in Maharashtra (Deininger et al., 2013), most girls sign over these rights at the time of their marriage. Usually, gifts of gold and/or other goods are given to the girl as a kind of compensation, although the goods themselves become part of her husband's family assets.
7. *Harijan,* meaning "children of God" in Sanskrit, was the name coined for the previous "untouchable" castes in India. These comprised the "scheduled castes, scheduled tribes and other backward classes," which carry with them certain rights and privileges.
8. High castes in Gove included: *Brahmin* (priest), *Gurav* (temple attendant), *Kumbhar* (potter), *Lingayat* (priest), *Lohar* (blacksmith), *Maratha* (cultivator), *Nhavi* (barber), *Sonar* (goldsmith), and *Sutar* (carpenter). Low castes included *Bhoi* (fisherman), *Dhanger* (shepherd), *Gundali* (drum-beater), *Koli* (water carrier), *Mali* (gardener), *Parit* (washerman), *Ramoshi* (watchman), *Shimpi* (tailor), *Teli* (oil presser), *Vadari* (stone-breaker). Scheduled castes included *Chambar* (leather-worker), *Dhor* (tanner), and *Mang* (rope maker).
9. Fictional name used.
10. Fictional name used.
11. Fourteen people from five households who refused to be interviewed are included in this number, but most of the analysis leaves them out as information about them (such as their sex distribution) was not available.

4 Empowerment, Gender Attitudes, and Reproductive Decisions among Married Women, Then and Now

1. Name has been changed to protect respondent's identity.
2. This definition of empowerment as linked to women's agency, one of a great many possible definitions, has been selected because it is based on a review of the empowerment and reproductive health literature, with a special focus on Asia, and corresponds to the author's understanding of empowerment. Moreover, it captures more recent conceptions of women's empowerment as having equal power to men's in exercising agency, "the ability to make effective choices and to transform those choices into desired outcomes" (World Bank, 2012b, p. 1).
3. Only those indicators in which inter-caste differences were found are included in this table.
4. Government adult education classes were available in Satara at convenient times for married women, such as on weekends.
5. This point is also made by others (see, for example, Patel, 1994).

5 The Influence of Son Preference on Fertility Intentions and Subsequent Behavior

1. Name has been changed to protect respondent's identity.
2. The data from 1975–87 are summarized from Vlassoff (1990a) and the data for 1987–2008 are summarized from Vlassoff (2012). In this chapter the data are presented together and compared for the first time.
3. Name changed to protect respondent's identity.
4. The earlier cohort is not included because all empowerment indicators were not collected in 1987 for the reinterviewed group, the main focus being fertility and family planning over the 1975–87 interim.

6 Sons, Land Division, Inheritance, and Household Labor Allocation Strategies

1. Name has been changed to protect respondent's identity.
2. The number of participants is approximate because several participants came and went over the period of the discussions.
3. A more detailed discussion of Indian inheritance laws as they apply to daughters is found in Chapter 8.

7 Adolescent Gender Roles: Are They Evolving?

1. Name has been changed to protect respondent's identity.

8 The Situation of Widows: Do Sons and Brothers Help?

1. Name has been changed to protect respondent's identity.
2. Name has been changed to protect respondent's identity.
3. Name has been changed to protect respondent's identity.

9 Toward Gender Equality in Rural India: Prospects for Change

1. On the other hand, this was also a result of necessity because the family needed the support, both economic and social, of other villagers.
2. Evidence from South Africa shows a quantitatively measureable impact of high quality edutainment programming in the well-known soap opera, Soul City (Tufte, 2002).
3. Negative experiences with sterilization are well described in Patel (1994), reprinted with a new Introduction in 2006.
4. Names of Chhaya and Prakash have been changed to protect their identities.

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