

**Schooling, transitions and reproductive citizenship  
for poor people in urban and rural north India:  
Preliminary results from Alwar and Dewas**

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## Abstract

Whether, and if so, why a woman's schooling affects her decision-making power—with specific reference to her own and her children's health and her ability to influence her fertility—are issues that have concerned demographers and social scientists since the early 1980s. Although some statistical relationships—such as those between a woman's years of schooling and the survival chances of her children—are exceptionally robust, there is considerable uncertainty about the causal mechanisms involved. Our particular interest is in the pathways or mechanisms through which schooling has the effects that have been so widely observed. We draw on semi-structured interviews carried out with a total of 61 young married women with at least one child under the age of six, in urban and rural areas in Alwar, Rajasthan, and Dewas, Madhya Pradesh. These communities will also be the focus of further work under RECOUP on issues of schooling and citizenship and disability.

In this paper we report on observed differences between those with at least six years of schooling and those with little or no formal schooling. The interviews addressed the questions of women's perceptions of the decision makers in different phases of their lives, from the timing of marriage and selection of marriage partner to later decisions about child bearing and child rearing. We distinguish between the contributions of the content of the schooling, the cognitive skills provided by the schooling, the experience of going to school and being away from the home – and the kinds of homes from which educated girls come or into which educated girls are married.

Recent research in India has also suggested that much of the contemporary transformation in demographic outcomes is provided by changing behaviour of women with relatively little schooling, and the interviews allow us to glimpse this aspect as well. Unlike many earlier studies, we also attempt to treat education as a community resource, and to consider the contribution of social networks of women with more or less schooling to decision-making. All the women in our sample come from India's most disadvantaged social groups—Scheduled or Other Backward Castes—as well as living in disadvantaged communities. Fieldwork was carried out between January and April 2007.

## Introduction

Since the early 1980s, much time and effort has been expended in trying to understand the relative contributions of different social factors in mortality decline (especially declines in infant and child mortality) and in reductions in fertility. In these debates, the schooling level (number of years attended) of a young mother has often been portrayed as the single most powerful correlate of reductions in the infant and child mortality of her children, and (to a lesser but still very considerable degree) to reduction in her completed family size. These correlations have been observed in almost every country and region at some point in time, using a variety of macro-economic and macro-demographic techniques. Excluding confounding variables (such as the economic position of the household, the schooling level of the father or the roles played by mass media rather than schools) usually reinforces the conclusion of an independent role of the schooling of the mother. However, attempts at unpicking the pathways through which girls' schooling might have the effects on their later lives that is ascribed to it have been less successful. A favoured explanation—that schooling enhances the autonomy of young women, enabling them to make more decisions themselves about how many children to have, when, and how to raise them—is still, for example, not entirely persuasive.

While macro-level data display these relationships very clearly, micro-level data—especially in India—suggest more caution in attributing the differences in health and fertility behaviour of young women directly to their schooling, or to the autonomy of young women. In India, since the early 1990s, fertility and post-neonatal mortality have both declined as much (if not more) among the families of mothers with little or no schooling as among those with 8 or 10 years of schooling (the threshold, or minimum number of years of schooling before enhanced autonomy and decision-making abilities are reliably observable) (Bhat 2002). In addition, in the third National Family Health Survey (2005-06) involvement in household decision-making for young married women remains at a very low level overall, and shows a very weak correlation with schooling levels until 10 or more years of schooling have been completed (Table 1).

< **Table 1 about here** >

Since the early qualitative research on these issues in the 1990s, India has experienced rapid economic growth, considerable improvements in net school enrolment ratios, and reductions in gender differentials in school enrolment. In this changing scenario, how do young women with different amounts of schooling experience the transitions from adolescence into adulthood? In particular, what difference does schooling make to the experiences of *poor* young women, in urban and rural areas in north India?

The key transitions that young women face in north India are, in the terms set out by the recent *World Development Report*, 'learning for work and life', 'growing up healthy', and 'forming families'. The other two – work and employment, and involvement in active citizenship outside the home – play much smaller roles in the lives of most young women in north India. Young married women are rarely employed outside the home – they are predominantly family workers,

concentrating their work efforts in the house, and (in rural areas) sometimes around the cattle byre. Often their arrival in the household is seen as an opportunity for their mother-in-law to take a larger role in outside work, whether as part of a family unit or elsewhere. So young married women rarely have an independent income, nor do they have direct access to the household's resources. Even if they separate their household from their husband's parents, they rarely control resources, often merely implementing subsistence budgetary strategies. Similarly, on arrival in their affinal homes, usually amongst strangers and in unknown locations, they may choose to restrict their forays in the outside world or may find such access controlled by senior affinal women. Therefore, we focus on schooling and dropping out; on marriage and relationships within the marital household; and on decision-making around fertility and child health.

### **The North Indian Context: Women's Autonomy in North India**

In their classic account, Tim Dyson and Mick Moore linked women's autonomy to demographic regimes in south Asia. As they describe the north Indian demographic regime, it involves relatively high levels of fertility and infant mortality, relatively early age at marriage (which is almost universal in north India), and relatively large gender gaps in health indicators. They describe north Indian young women's very low autonomy, defining autonomy in general terms as 'the capacity to manipulate one's personal environment ... the ability – technical, social, and psychological – to obtain information and to use it for making decisions about one's private concerns and those of one's intimates' (Dyson & Moore 1983: 45). Their indicators of low female autonomy include relatively large age differences between husbands and wives, relatively greater breaks between a woman's natal and affinal homes on marriage, and relatively large gender gaps in educational indicators, as well as strong indicators of son preference.<sup>1</sup> Much other research confirms their general conclusions. In general, in north India adolescent girls' mobility is low, since their parents are concerned that, with puberty, they are vulnerable to sexual harassment that can affect the *izzat* [status] of the whole family (Mensch et al 1998). During adolescence they have little chance to develop friendships and social support systems, and since they are normally married into distant villages even these weak support systems are then broken (Mathur et al 2001). In most of north India the first few years of a young woman's married life are usually spent sharing a common hearth with her mother-in-law, and the tussles which may lead to the separation of households are often major events around which a woman's autonomy is contested and must be negotiated.

Dyson and Moore's account, while widely accepted, generated a large debate. There has been much discussion, for example, about which indicators of autonomy are most reliable and valid (Jeffery & Basu 1996). Nearly all north Indian young women – no matter what other resources they may be able to call on – may have to rely heavily on various 'weapons of the weak' (Scott 1985) in order to influence the outcomes which emerge from complex and shifting decision-making patterns in their affinal and natal households. Furthermore, much has changed in north India since Dyson and Moore's account was written. In addition to the cumulative impact of family planning programmes (which have made contraception an issue that can be discussed publicly) and changes in consumption patterns (with the rise

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<sup>1</sup> As family sizes have dropped, in much of India, evidence has accumulated of widespread use of ultra-sound equipment to identify female foetuses and then aborting them. See for example (Bhat & Xavier 2007)

of mobile phones, and a great extension of mass media into rural and poor urban areas, for example) there have also been major attempts to raise school enrolment levels and to reduce gender disparities. To what extent have these changed the conditions of young married women in general, and how has schooling affected these processes? And can we move beyond crude indicators – such as asking ‘who made’ a particular decision, or whether a woman participates in some general sense – to help us grasp the subtleties involved?

### **Sample Selection and Research Design**

The material we use for this paper comes from research carried out by CORD (Collaborative Research and Dissemination) as part of the Research Consortium on Educational Outcomes for the Poor [RECOUP]. The overall project entails a four-country comparison, involving Ghana, India, Kenya, and Pakistan. We report here only on the research in India. Within the component on human and social outcomes is a sub-project on the impact of schooling on health and fertility behaviour. Using both a household survey (not yet carried out in India) and qualitative research, we hope to be able to tease out some of the ways in which schooling contributes to changes in child health behaviour as well as fertility decision-making. Here we report on only the qualitative research.

The research design for this part of RECOUP’s work involves four community-based sites, selected from two of India’s poorer states, Madhya Pradesh [MP] and Rajasthan. The selected districts are Dewas (in MP) and Alwar (Rajasthan). As Table 2 shows, while neither of the districts count as among the most backward or deprived in India, on many socio-economic and schooling indicators they are below the Indian (and sometimes State) averages. These districts were ones where poor populations had some schooling available over the past 15 years or so.

<Table 2 about here >

In each district we have selected a rural and an urban community (hereinafter referred to as rural and urban Dewas, rural and urban Alwar). Basic information about the sites is provided in Table 3. We tried to select sites where known education NGOs had been working, but none of their field areas was suitable. In each of the four communities, we used a household census to collect baseline data on household structures, schooling experiences, migration, ownership of a range of consumer goods, landholding and farm animals, and work patterns. Visits have also been made to community leaders and to local representatives of government programmes. Three further qualitative studies (on disability, skills acquisition, and youth and citizenship – involving, where possible, different households each time) will be carried out in the same communities over the next two years, allowing us to build up more detailed contextual information on community issues.

<Table 3 about here >

As can be seen from Table 4, half the women aged 20-29 in these communities have had no schooling, or not enough to embed literacy and numeracy skills. Twenty per cent have had 8 or fewer years of schooling, and only 30 per cent have

had more than 8 years of schooling.<sup>2</sup> Each site has households in a range of status group and socio-economic situations, with some (in local terms) relatively well off, and these differences map quite closely onto schooling outcomes. In much of India, people from Scheduled Castes and Scheduled Tribes (so-called because they are listed in a Schedule of the Indian Constitution as in need of special protection because they have suffered from historical discrimination) are almost always at the bottom of the socio-economic hierarchy as well. Muslims are similarly found mostly in the lower social classes. The 'Other' group includes higher caste Hindus. 'Other Backward Classes' are a mixed set, sometimes almost as badly off as the SC/ST category, but elsewhere they may be dominant castes.

**<Table 4 about here>**

In order to narrow the variability within the sample, and to focus on groups that are relatively excluded within Indian society, we selected women to interview only from the SC/ST groups and from the OBC category (in rural Dewas). For this sub-theme we wanted to talk to women for whom issues of fertility and child health were current or recent concerns, and so we selected from women aged 20-29 with at least one child under the age of 6. Within this group we selected women with the most schooling (usually at least 8 years) and also sampled from among the women with no schooling, in order that any differences according to schooling would show up as clearly as possible. For the basic sample characteristics, see Table 5.

**<Table 5 about here>**

In this paper we provide initial analysis of these 61 partial life histories derived from semi-structured interviews conducted by researchers who are themselves women (mostly in their 20s and early 30s), from urban backgrounds and with university-level education. The interviews allowed the respondents to talk about their natal home as well as conditions in their affinal home and community, thus providing us with actors' voices and perceptions of some of the pathways by which schooling might impact on health and fertility behaviour. We talked to each woman about decision-making with respect to fertility, where and how they gave birth, and child health and illness. Not all the interviews were in private: not only is the concept of private space often hard to sustain in villages and poor urban areas, but women in joint households are often not seen to have the right to meet people on their own. In any case, the concept of 'private' appeared to include family members and visitors to the household. If you visit a household you are visiting the family. However, many interviews were taken alone since the husband's mother was often not there or everyone was too busy or too bored by the long interaction. On the other hand, several of our interviews were cut short when other people (neighbours and relatives) joined in and were unwilling to move away, and some mothers-in-law prevented women from being interviewed at all.

In considering the ways in which schooling experiences play into the lives of young married women we will focus on two sub-groups from our sample: the 16 women with no schooling experience at all; and the 13 women with class 10 or more.<sup>3</sup>

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<sup>2</sup> Because women move to a new settlement on marriage, these figures are not affected by the availability or accessibility of schooling within our four communities – except indirectly, in that men can usually only be married to women with less schooling than they have themselves.

## **Decisions about Schooling**

Very often when girls stop going to school, especially in rural Dewas and Alwar, their marriage is arranged very quickly. The obverse is also the case: if a girl's marriage is arranged, she will probably be withdrawn from school. Girls have some limited agency here: if they decide to stop going to school, there seems to be little that parents do to compel them to continue. But the reverse is not the case: on several occasions, girls talked about being withdrawn from school abruptly, against their wishes, because their elders had decided that it was time they were married. But for women who form the least educated of our sample, these concerns were irrelevant because they never established a school-going pattern.

### ***Women with no schooling***

When these young women were growing up, girls' schooling had not become the norm which it is today. Those women with the least schooling experiences came, not surprisingly, from households at the poorer end of continuum. Although they were not starving and homeless, they were usually more vulnerable and poorer than the rest of the sample. Many young women in this category had cooked and cleaned to enable brothers to continue with schooling if there was a crisis like the death of a parent. Some had begun going out for wage labour as well. In a few cases families were not very poor but yet had deprived the girl of schooling almost casually – sending her off to look after an uncle's baby for some crucial years of her life, for example. In a few other instances, there was no school in the village.

For these girls, notably, there was a clear expectation that they would work for the natal home in all kinds of household work, including cattle grazing and even wage labour when needed. The eldest girl in a sibling set is most likely to be sacrificed to household work: younger siblings are more educated. This also partly reflects the rising availability of schooling opportunities in poor communities recently. But even so, younger girls are not enrolled in school as quickly as are their brothers.

### ***The most educated women***

By contrast, the women with 10 or more years of schooling came from natal homes that are relatively privileged despite the class and caste handicaps they shared with the rest of the sample. These homes show some degree of economic stability. Girls have not been withdrawn from school because expenses could not longer be met. Again, family resources appear to have been enough to meet schooling expenses for boys and girls alike. Several parents have tried to equip their daughters with some further education – to go on with college or take up a course. In Alwar, for example, Seema was sent to learn tailoring, Priya to continue her college and Divya to do a formal sewing course with diploma and certificate. What is more both Seema and Priya were allowed to stay in the city during this process – a step very common for boys but almost unheard of so far for girls from poor communities.

The educated women seemed to be much more articulate in comparison to the ones who had not had so many years of schooling. This came out best when they talked about their memories of schooling. In the process we can see the exposure,

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<sup>3</sup> In what follows, we use quotes from informants (who have been given pseudonyms) that are translations by research staff from the Hindi, from notes taken at the time and written up in detail within 24 hours.

the opportunities for participation in different cultural activities and in sports. The women were happy to share their recollections if they had been good students. They generally came across as confident young women. For example, Pavitra of Urban Dewas said:

Our Sanskrit teacher, he was very good and appreciated me always. Actually he was our neighbour. We were on family terms. In spite of all he always appreciated me for my studies. He said that I was very intelligent. He was like a good friend. Many a times, I got *inām* (reward) for singing, or for my performance in *kabāddī*. I had taught 40 women under the adult education programme. I was given *inām* in Sahjahapur for that and a certificate.

SB: Did you get any reward for your studies?

Pavitra: I had passed my 10th with 1st division and third place in school. We were given a shield which is in the school.

Similarly, we asked Ranibai of rural Dewas about some of her activities in school:

I was good at sports. I used to play *kabāddī*. I had been selected even out of school. I had my father's mother at home. She was of the old generation. She did not allow me to go. ... I was good at history, Hindi and English. I participated in the literacy campaign in school, acted in plays, gave speeches, enlightened people...till class 8th my attention was more in these activities than in studies...then when I grew up then I was not allowed any more.

### **Decisions around marriage**

In rural and urban North India, virtually all women are married in their mid to late teens. Despite the legal minimum being set at 18, in India as a whole, about 45 per cent of women aged 20-24 in 2005-06 reported that they had been married under the age of 18; in Madhya Pradesh and Rajasthan, the NFHS reports over 50 per cent in this category (see Table 2). Given women's uncertain knowledge of their birth dates and ages, and quite widespread general knowledge about the law, we can assume that these estimates are likely to be below the real figures.

In general, women cannot choose not to marry, barring a few in very exceptional circumstances. The only unmarried women over the age of 21 are either very highly educated or are for some reason seen as not suitable for marriage (by virtue of a disability, for example). Being married is an important watershed in a woman's life. In local perceptions she ceases to be a girl and becomes a woman, normally shifting to her husband's place of residence to live out her adult roles and responsibilities. Crucially, motherhood is expected to result fairly quickly from the sexual relationship with her husband: a woman who is not pregnant within two years or so after marriage will be under increasing pressure to get medical or other advice for what is seen as 'her' problem. The transitions to marriage and then motherhood are important not only in local terms, because the issues surrounding women's sexuality and fertility – especially women's ability to take some control over them – have been central to feminist and other theorizing of transitions. It seems plausible (though not inevitable) that women who could influence these



decisions would also exercise more control over aspects of their subsequent lives than women who had no say over their marital destiny.

### ***Women with no schooling***

In rural Dewas and Alwar there is a general discourse that girls cannot influence whether or not they get married, when their marriage takes place, nor to whom they will be married. In our four communities, it is still almost unknown for a boy and girl to meet and talk to each other, even in the presence of others, before elders decide on a marriage. Generally, it is felt to be unseemly for a girl to raise objections about the boy whom her parents have selected. When the new bride arrives in her affinal home there is no preset positive equation with her husband. Our unschooled respondents had followed this pattern. However, there was a perception even among them that things were changing – in towns, for example, or if girls were educated, and that other girls had the opportunity to meet (or, more likely, to see) the man they were to marry beforehand:

If a mother-father arranges it, then what can be done? If I was educated then I would have said that I will not marry now ... I was illiterate ... wherever mother-father says I should marry, there would be fine.

(RD2, Rural Dewas, 1-2 years of schooling, married at age 16)

Similarly, the fact that dowry is given is taken for granted. But even these uneducated women felt it is wrong and foolish to give into demands made by the boy's side. What the girl's parents gave the girl should be a token of affection, women said, their *dharma* (religious duty) and a way of ensuring respect for their daughter in her affinal home. Parents should—and did—give according to their capacity, felt our respondents. Many were a little abashed by the smallness of their dowry 'just a few vessels', they said, because they were poor. There is even a feeling of delicacy and support for the parents, who are seen to give what they can. Few young women reported choosing items for the dowry, because most young brides are too embarrassed to be involved. Parents often feel very strongly that their daughter's silence is a sign of her good upbringing and faith in their judgement. More generally, a girl may fear that her reputation would be so badly affected by any mistake she makes during the marriage arrangements that she might end up in an even worse state.

### ***The most educated women***

Here it seems that 10 or more years of schooling is needed to make a difference to a young woman's ability to have some kind of say in the timing of her marriage and her partner. For example, one woman with 9 years of schooling said she was afraid of the shame and embarrassment she would feel (or be made to feel) if she took a direct interest in such an explicitly sexual matter. We asked her if she felt ready for marriage when her wedding was arranged:

What ready? In villages mother-father do not ask. And one feels so shy that one cannot tell anything in front of the parents.)

(RD16, Rural Dewas, 9<sup>th</sup> class, married at 15)

Many of the most educated respondents had confidence and the capacity for negotiation, in their natal and affinal homes alike. Rashmi in urban Dewas was our most educated respondent. A graduate, she had married at 24 –very old by the standards of our sample. She had chosen her husband carefully, rejecting proposals if she did not like them or their parents. “Many proposals came ... I refused, I didn’t like them either in appearance or their parents, or I didn’t like talking to them.”

Similarly, Manju of rural Alwar told us, even before we could ask her anything about her choice regarding her groom, that she had met her husband before they were married.

I did see the boy. We met face to face in Alwar. Both of us were asked for our opinions before the marriage. I had told my mother that I’ll not just see the photo but meet him as well. From the photo one can only see the face but after meeting one can find out the nature. Even my grannie [father’s mother] said that both of us should meet. She is of the old generation but still knows that if the children do not like then there could be problems created.

Ranibai of rural Dewas was in between the two modes. In this case, the young man came and they talked but then left the choice to her parents:

He had come with his friend. I saw. I talked too. He said that if you don’t like then speak out, if you like speak out even then. But I didn’t say anything. Whatever parents do should be correct.

Some of the most educated women in our sample had been especially selected by the young men whom they married. This in itself is unusual. But here we have ‘love marriages’, often in typically Indian terms and would expect it to affect the intra-household relationships in these households. In particular, it could be expected to change the balance between the older woman – the husband’s mother, and the young daughter in law.

Only in one case, that of Seema, do we have a classic romantic liaison in which the girl married a young man of a vastly lower caste and class and also with a visible impairment. The affinal family was both poor and uneducated although the boy in question could be called a success story because he was economically independent. The outraged natal family unsuccessfully took the boy to court but the court upheld the marriage. In four other cases the families played a large part in the story. For young Priya and her sister—who had been sent to town for schooling and were lodging with the family in question—the boy’s mother contacted the natal family to explain the growing relationship between them and her two sons and both families were pleased. Similarly, in three other cases the boy in question declared that he would marry none other but this girl. He was supported by the girl’s relatives. In one case they met several times before marriage but always accompanied by the girl’s mother.

Kavita of urban Alwar imposed an unusual condition to be met by the boy’s home – that it should have a toilet and a bathroom. She found the lack of privacy for these daily needs an impossible and unpleasant experience. In her dowry she

asked for a gas oven – she did not want to be bent over a smoky oven in her affinal home. Several other respondents participated in choosing their clothes and jewellery and other items.

It is interesting that there is little difference in attitude to dowry between the two groups. A few respondents said that the custom of dowry was evil. But they seemed to be repeating messages from school rather than believing in them. Respondents –schooled and unschooled alike—generally felt that it was not their own education which dictated the dowry, it was the boy’s status and qualifications. In practice, the somewhat better off families in this group often included consumer goods like a TV and a fridge along with the kitchen items and furniture for the girl’s new home. In fact, the one spirited oration against dowry came from one of the older, illiterate respondents—who revealed that she got information about dowry deaths from the television:

If you want your daughter happy then stop taking and giving dowry. Dowry makes money dear and not the person. So many people kill girls or send them back to their [natal] homes. Daughters will stay happy only when there will be such a law that will culminate the give and take of dowry. There are such people also who cannot even afford one pair of clothes for their daughter. The law should be one for both rich and poor. The poor thinks (wishes) a lot but cannot do much.

## **Negotiating the terms of joint residence**

### ***Women with no schooling***

These young women had entered their affinal homes often by their early teens (though in some castes they had been married two to three years earlier but had not begun cohabiting immediately). They were thus deeply in tune with the system having, as it were, been born into it. It was their work to look after everything in the house. In the two rural sites many poor young married women went out for wage labour in the fields. They understood their role in the affinal home very clearly and voiced it with disarming bluntness. As one said, ‘My *sās* (mother-in-law) also is greedy for me to look after all the work. Today too she was saying, “you, Mamta, you do a lot of work!” This particular respondent went out to work as a labourer and came back and cooked and cleaned and looked after the children. Notwithstanding her very poor health she continued with this on a regular basis. Similarly, another respondent in the same place said, ‘My mother-in-law’s only interest is that she gets her food.’

These women are aware that the household work will not be possible without them. And if they are doing wage labour then they have an additional tension in earning this money with their own hard work but not being able to control how it is spent. But they seem to find great difficulty in translating this potential power into substantive control over other aspects of their lives. For example, a key issue of dispute for young women is how often they are able to visit their natal homes (Jeffery & Jeffery 1988). When asked how often they visited their natal home they answered that they were completely dependent on the goodwill of their in-laws for this privilege. They cannot choose to go on their own, they have to be sent by their in-laws: ‘They [her in-laws] just do not send’ complained one. In this case she had

not visited her parents for three years. Her case was extreme. Another said 'If they send then I can go. But they do not permit. They will send me for meeting but not for staying there for any time.' Those living in nuclear households and those in the urban Dewas sample had greater mobility than the others.

These young wives are also carefully insulated from monetary transactions. All provisions for the house are brought by the elders. In rare cases, the money is in their hands but even then they have to ask permission for spending even small amounts. Their clothes are bought by others, chiefly their in-laws or their husband. Even when the woman is going out for wage labour, as happens in the two rural sites, it does not give her control over financial resources or more respect and status in the household. The money goes to others in the family – to the husband's mother or to the husband.

On the whole, then, these women seemed to accept the domination of their mother-in-law and the husband. Even if the situation was uncomfortable the husband's family especially the parents-in-law were their 'zimmedāri' i.e. responsibility. When we asked about what the mother-in-law found to praise in them, we received mixed responses. This may have been due to the frequent presence of the mother-in-law. Or it may just reflect the danger of stereotyping so many women as typical mothers-in-law. It could be that she was very good and loving and it could be that the issue itself was found questionable. A relationship between the mother-in-law and the new entrant into the same house was bound to be a conflictual one as the older woman sought to lay down the rules. Shyama, from urban Dewas felt there was no question of praise from a mother-in-law for her son's wife, and that their relationship is always conflictual: "What will mother-in-law praise, it goes on for mother-in-law and a daughter-in-law". Indira of rural Alwar agreed: with a note of satire she leant forward with a gibe.

Does anybody say it's good? Is there ever a word of praise? If the daughter-in-law does something there is criticism, and if she does not do it there is still criticism!

The husband did take decisions to move or not to move away from his parents but the women were not involved, at least openly. Few of these women were living in nuclear households, where the wife finds herself able to voice her own anxieties or concerns more easily.

### ***The most educated women***

The affinal home is generally a highly constricted space for the young bride whether educated or uneducated, and even the most educated young women seem to be well aware of what they face. The confidence built during their formative years, seemed to have given them greater power of negotiation in their affinal homes in different aspects at different points of time. It is interesting to see the boundaries being drawn and redrawn in the process of these women settling down in their affinal households. The husband's parents, the husband himself and the young woman all play their parts. In general, the husband and occasionally his father are educated at least till class 10, and the mothers-in-law are illiterate but seem well able to cope with the stresses posed by the arrival of a more educated daughter-in-law.

Only in Seema's case is there outright rejection of many norms of life in a small urban slum. One factor is her reaction to joint living arrangements: 'I do not like living with other people.' This is revolutionary because it is so clear and straightforward. Generally, young women are quick to disclaim responsibility for any split in the family or the division of a joint household into nuclear units. Often even after such a split the husband's mother plays a major role in all major decisions. But Seema discusses nothing with her mother-in-law. Again, money is held in joint custody (both are self employed in the same small enterprise) and both have equal access to it. Generally, young women have no control over money. To her the earnings of her husband are their own. When asked if she had received any support for hospital expenses from her parents-in-law's family she says: 'what (why) will they give me anything? He [her husband] will earn, I will spend.' And yet Seema is on amicable terms with her husband's sisters and his brother's wives and she considers them her friends. She is also consulted, she says, when there is need of numeracy and literacy tasks, as she is the most educated member of the family.

A major difference between these women and the least educated is the husband's role. Most of these women describe his word as being 'law' and in this they do not differ from their unschooled contemporaries. Even Seema claims that she asks for permission before doing any thing. Renuka's in-laws did not mind if she continued with education. But her husband did. She did not continue.

But at the same time the relationship seemed different in subtle ways. They went to the markets with them, they appeared to talk more to them – about fertility matters, for example or when they were upset about something in the house. This was especially so in the case of those who had had 'love marriages' but was not exclusive only to them. Husbands often came across as caring, responsible and friendly. Divya looks forward to her husband coming home so he can help her with the children or they can watch a movie together. Kavita's husband carries her up and down the stairs as her leg is fractured and the bathroom is downstairs. He even comes home in the middle of the day to do so. Generally, the young daughter-in-law has to ask for money for the most minor of tasks like making a phone call – and also find someone to accompany her. But some of these young men give their wives large sums of money so they can carry out important tasks. Divya has a thousand or two in hand so she can take the children to the doctor if necessary – she has two very small children. She roams Alwar freely on her own. He has no objection. Renuka's husband also tries to make her more independent. '*Kis bāt ka dar hai. Paḍī likhī hai.*' (What are you frightened of? You are educated.) He has coaxed her to start going to the children's school, and to negotiate their tuition arrangements.

It is the mother-in-law who is generally ever-present in and around the household, whereas the husband is there briefly. So these young women generally have to negotiate their own space. It is interesting that these young women who in many cases roamed freely before getting married – one even rode a motor bike earlier – are now willing to stay within the four walls and to allow others to do all the outside jobs for them. (In Seema's case, she and her husband work together and also live separately from his parents, so it is a different arrangement.)

Several mothers-in-law come across as unpleasantly dominating. Renuka's mother-in-law behaves like the stereotype of popular Indian serials. She taunted Renuka about her dowry, scolded her about her behaviour and about her cooking and so on. Renuka felt all the restrictions keenly. She says her weapon is to exaggerate whatever her mother-in-law commands in retaliation. In other words, if her mother-in-law asks her to cover her forehead, she will cover her whole face. But she says that her mother-in-law has changed a lot.

Kavita's strategy also seems one of exaggeration, though she has turned it into the ideal daughter-in-law framework. The young wife is not supposed to go out alone. Kavita just never goes out. This fact emerges as an unusual one because Kavita fractured her ankle when she went down to clean the drain which had got blocked. It is repeated again and again in the course of the interview – she never goes out and the one time she did this accident happened. She is supposed to be immersed in cooking, cleaning and child rearing. She does just that. Now that her own children are in school she is looking after her husband's sister's daughter – around a year old. Within the house she retreats only into her own room and will not even visit her sister-in-law downstairs. It is not clear whether she has built her own world with this strategy. Kavita's children now want their mother where they always find her – in her room. Kavita's husband also retreats to their room when he returns and calls for things to be brought to him here.

Most mothers-in-law blend strictness and support. They are keen on well behaved daughters-in-law. They share in household chores, are ready with experiential learning, (and commands), are careful of the health of their son's wife. In quite a few cases it comes across that that they understand that the daughter in law's education has status value and are hopeful that it can bring future returns, Ramkanya of urban Dewas told us that her mother in law was very proud of her because she can fetch a government job. The tensions between traditional roles and what education can offer emerge neatly in Priya's case (urban Alwar). When researchers visited her home her mother-in-law was leaving for another city where she would take care of her elder daughter-in-law's four month old infant while the younger woman concentrated on doing her BEd examinations. At the same time she would be leaving Priya at home, and she parted giving worried instructions in a stern voice:

If you want to go then go only once dressed in a sari properly. There will be other daughters-in-law there. Maintain a *ghungat* [keep your face shaded by your sari end], i.e. observe a respectful demeanour]. Touch the feet of the elderly people. Otherwise stay at home

In many cases a close relationship with the husband's mother emerged in the narration of stories in this group. Two daughters-in-law (Renuka and Priya of urban Alwar) said that their mothers-in-law had 'changed' implying that they had been more difficult earlier. Somehow harmony appeared to have been achieved—a harmony that was less common in the homes of the women with no schooling.

## **Fertility preferences and decisions**

### ***Women with no schooling***

In this sample it does not seem as though our young respondents have been exposed to many influences that might have affected their fertility preferences. While the data do not bring out all these factors clearly they do indicate the motivation behind the preference for small families among our uneducated respondents with little exposure to the outside world. Put simply, it is a matter of '*mehngāī*' i.e. that the cost of living has become too high. Rekha, in urban Dewas, had also learnt from television that she should not have more than 2-3 children; otherwise she thought it would be difficult to feed them, but other women made similar comments:

'There is poverty. With the income we have it is difficult to feed one child. Two is still OK.'

'The stomach of a large family can't be filled.'

It is not surprising that the problem of getting enough food for the children to eat should be stated so strongly. If not for economic stress women would not have been going for agricultural labour. A complementary factor appears to be the reaction to problems faced by the larger families of the previous generation. Most respondents had four to seven siblings. 'It is difficult to survive and feed many mouths' said one respondent. Some women compared their mothers' positions to their own, saying that their mother is unhappy because she has so many children.

Education was mentioned as a basic need which requires money as well:

'It is a time when everything is costly. It is difficult to have children taught.

'If you have few children, you can educate them well.

There is some evidence that these women saw schooling, including girls' schooling, as a norm which they welcomed; one that provided opportunities for their children that they themselves had been unable to take advantage of. Their comments linked schooling to aspirations for a life less stressful than their own – a life free from the dreaded uncertainties and poor income from casual labour.

The number of children desired varied between two and three. This was also for the most part the family size achieved, by means we discuss later. However, generally, this was not with considerable friction as different preferences were being expressed. Generally, the powerful mother-in-law tended to have her way. The contention among the women generally arose because of strong son preferences, more often expressed among the women, both young and old, than by the husband.

Women wanting smaller families in all four sites should have plenty of information available about contraceptive pathways. The state family welfare programmes have been among the most direct ways in which the state has engaged with poor women for several decades. Our researchers were sometimes confused with family planning motivators, and were told that they did not need to talk to a particular young woman because she had already been sterilised.

The first birth was not planned. In the case of these young women this is even more important as they marry earlier on average than the educated ones. But most respondents also expressed a desire for well-spaced children. This they had learnt from media as well as their own common sense. When asked what contraceptive had been used for spacing of children, the most frequent answer was '*Kuchh nahi. Apne āp*' (Nothing, [the coming of babies happened] on its own). Occasionally there was talk of 'DNC' (dilatation and curettage, i.e. a surgical abortion). But here there was a slight feeling of discomfort as if it was a sin. Condoms were almost never mentioned. One of our respondents carefully hid what she felt was an absurd device away from her children, because they would use it as a balloon. Many women spoke of contraceptive pills, though few used them – they disliked them, saying that they caused nausea. The result was a dearth of contraceptive usage rather than a story of contraceptive usage.

The most acceptable and also the most frequently used method was female sterilization.<sup>4</sup> In this respect they are like other women in Rajasthan and Madhya Pradesh, where sterilisation is the preferred form of contraception, with more than one-third of women aged 15-49 in Rajasthan already sterilised, and 44 per cent in Madhya Pradesh, according to NFHS-III.

It was not at all clear how this particular method had won so much favour with these respondents. Male sterilization was rare – in fact women feared the loss of their husband's ability to earn a living – but female sterilization was accepted as a matter of course.<sup>5</sup> Even husbands and mothers-in-law were found to advocate this route. It was used even by women who did not go in for institutional deliveries. Perhaps it was being pushed through antenatal checkups as a desirable goal. Or it may be that the financial incentive being offered made it attractive.

Sterilization was sometimes one pathway that was actually open to the woman even if the path was lonely and she had no support. Condoms were not mentioned and male sterilisation resisted by men and women alike. Santoshi's story of thwarted ambition for early sterilisation and her final decision to go ahead whatever the consequences is interesting. Though many had a sense of agency, she was the only one to voice a fear of punishment. (Like others she was forbidden to have an operation because a second son was needed.)

After the birth of my two children I told my mother that I wanted to get my operation done ,, But then my husband retaliated and said ,, two children are too few. ... My third child was born in the hospital and then my mother asked me to get operated. But this time again my husband did not agree.

SM: How did you react to this? Did you say anything to your husband?

Santosh: ,, now what do I say? [The implied meaning here is that if one goes against a husband there is a fight.] My fourth child was born in the

<sup>4</sup> (Van Hollen 2003) and (Säävälä 2001) describe situations in south India where sterilization of woman aged 20-25 with one or two children is now common.

<sup>5</sup> Ranbaxy, a leading Indian pharmaceuticals company, and the Population Foundation of India jointly ran an integrated reproductive and child health programme from 2001 in Dewas district, and attempted to help the District Collector meet a target of 3,000 vasectomies in 2006, but found this very difficult. We are grateful to Erin Court for this information.



Mithilesh Hospital. ... Then I got it done forcefully. I thought now I have to get it, if he wants to keep he can keep, if he wants to beat me then let him.

There is a positive side to the picture. The demand for contraception is being met to a large extent through accessibility to the procedure of sterilization. Definitely this will result in healthier mothers, healthier children and better life chances for all. This is no mean achievement considering that women often complained of '*kamzori*' or weakness—though the conditions of sterilisations are not always safe or hygienic, nor are ethical issues (of informed consent for example) always taken seriously.

But there are inequities and dangers in the situation. From the responses received sterilization procedure was not always the best of alternatives. There are medical as well as a rights issues. To look at the former first. Dependence on sterilization seemed an important part of the unmet demand for contraception. Doctors were reported to have refused till the woman became stronger. Since they used no other method they were thus exposed to more pregnancies. Second, there was the stipulation according to them that 8 days of rest were needed. They were hard put to it in some cases to find someone to take over the house for this period. Secondly, an over reliance on this method has a sense of inequity resulting from inadequate knowledge and a family planning programme which is not effective enough. For young mothers to resort to a step of this finality after bearing the all important son could be somewhat unwise – given the poor health status of most women. But as Alaka Basu has noted, 'A sterilization as soon as the required number of children has been borne (and this number has decreased for several reasons) allows younger women to be ceded many of the freedoms of the naturally post-procreative woman' (Basu 2002: 359). We have yet to see if this will happen in Rajasthan and Madhya Pradesh as it has in Karnataka and Tamil Nadu.

### ***The most educated women***

The fertility preferences of the most educated women were again clearly for few children, and the reasons quoted were also similar to those cited by the women with no schooling. Most often the desired family sized ranged between one and two children. Of course, aspirational goals leave no bar to the money required to bring up each child.

The usage of contraceptives by these young women showed reasonable knowledge of a variety of contraceptives. Where there is data on the source of knowledge it is attributed to other sisters-in-law in the affinal home and doctors. All the couples (except Seema who had a fertility problem) used contraceptive measures not to plan the first child but to plan the subsequent births. Husband and wife discussed this issue and the husband played a role. Renuka's husband for example, found her having trouble taking Mala D and told her he would use condoms. Divya's husband is against her taking the pill. He uses condoms but unfortunately they still had the next baby and now have two very small babies, a situation which is driving young Divya to desperation.

Mothers-in-law had a mixed role, often decisive. Priya's mother was willing to let Priya abort her *first* child as Priya felt she was too young but the medicine she gave her failed. In general, the older women appeared to feel that the first birth should

be as nature wills it and this is also what Divya's gynaecologist told her too. Kavita's mother-in-law wanted her to have the children without spacing. This is what Kavita obediently did.

Son preference continues to exert powerful pressure even as respondents claimed that both were equal. Their faces usually glowed when their sons entered the room or area in which we sat. In fact, sterilisation was the route adopted by obedient Kavita in spite of her mother-in-law's instructions perhaps in sheer fear that she would meet the same fate as her sister in law. She had chased the dream of two sons as the mother in law demanded. Kavita took this step after her second daughter. Her husband's indifference to whether the child was a boy or a girl gave her the mandate for this. She herself felt frequent and recurrent pregnancies would be her lot.

I get pregnant very easily. I decided myself [to be sterilised]. My husband said that a girl or a boy were the same to him.

Kavita's sister-in-law kept moaning to us about the travails of seeing to her four daughters – a number which was owing to the '*lalach*' [greed] for sons.

As Table 4 shows, Kavita is not the only one of the educated group to opt for sterilisation but this is not done because it is the sole recourse, and sometimes it doesn't work. Manju of rural Alwar, unusually for a woman with so much schooling, has four children. We asked her how many children she wanted:

I wanted three but had more. My husband said, "I want one girl and one boy." I did arrange for the operation to be done earlier but I had fallen very ill. The doctor refused to do the operation because blood was not enough and I too had become weak."

Again, it is not clear why the educated respondents have a better knowledge base about contraceptives and are better disposed to it. Can we link it to a long schooling process which has made receptivity to knowledge greater as well as a willingness to try out different technologies? In Dewas there had been a very active intervention in a public-private partnership is particularly striking for the way in which participants in this group were able to describe their interactions with medical personnel. It may be that the educated medical personnel interact with the educated women in a more egalitarian and less dictatorial mode. In other words, it may be less the changes in the educated women themselves, and more in the ways they are perceived and responded to by others, particularly government personnel and professionals, that make the difference, but our data here allow us to do no more than to speculate.

## CONCLUSION

We should reiterate that this paper represents only a very preliminary analysis of the data. We hope to consider in more detail the position of rural young women with 8 years of schooling. In some important respects (particularly the extent to which they stand out amongst their peers) they may be similar to women with 10 years or more of schooling in urban areas. We shall also take into account the findings from the household survey, to be carried out in Rajasthan and MP, before

we can be sure that the picture we present here can be sustained in the light of quantitative data.

Two contrasting stories have emerged so far, however. On the one hand, in some important respects, the conditions of young educated and uneducated women remain apparently barely affected by the changes that are sweeping across India. At key transitions—whether or not to stay in school, who to marry, and when— young women remain heavily disadvantaged. In their early married life, they have little scope to delay child-bearing, and even in questions of total family size, others (especially their mothers-in-law) continue to play very important parts in the decisions that are reached. But schooling plays a role even for uneducated women: they seem to have internalised the idea that their own children should not miss out on schooling in the way that they themselves did. They see schooling their own children as a parental responsibility, in ways that previously perhaps only arranging their marriages was. In a context of rising aspirations, even those whose current financial situation may be fairly desperate see schooling as an essential part of their lives, in ways very different from the perceptions of their own parents.

Couples – whether educated or not – are thus increasingly able to have the number of children which they actually want. This may happen through better knowledge about contraceptives, in having a more positive attitude towards them, or through more autonomy in using various contraceptive methods. But, interestingly, it is also influencing the number of children actually wanted. Education is being perceived as an enabling factor for the future and one that is a prerequisite both for boys and girls even among uneducated groups. For families close to the brink and resorting to wage labour for their needs, having smaller families makes sound sense for the future.

The other story is the potential for transformation available to young women who manage to get as far as 10 years of schooling. It is not yet clear from our interviews what is most efficacious about the schooling experiences. For some women it has clearly been the chance to meet young men outside the control of their natal families. For others, it may be the self-confidence to deal with government officials, whereas for yet others it is the access to information (for example on the benefits of immunisation) that gives them the courage to take decisions or ensure that their voices are heard.

However, a cautionary note needs to be sounded. Even if motivation for small families is strong, better livelihoods, quality schooling and a more sensitive health care system remain at the core of the potential for improvements in maternal and child health. Reproductive citizenship—in the sense of rights that women have to be in charge of their own transitions to marriage, to motherhood and to control over their own fertility—cannot be achieved in a vacuum. Schooling cannot be an alternative to improvements in the social and economic rights of poor people, and focusing on schooling must not detract attention from the reforms that are needed to improve incomes and make health services affordable and approachable for the poor.

**Table 1: Percent of currently married women who usually participate in household decisions, 2005-06**

	No Education	<8 years complete <sup>2</sup>	8-9 years complete <sup>2</sup>	10 years completed and above <sup>2</sup>	All women
<b>India</b>	51.3	50.9	50.6	58.9	52.5
<b>Madhya Pradesh</b>	46.5	46.2	40.0	54.5	46.7
<b>Rajasthan</b>	38.4	37.6	40.6	58.3	40.2

Source: National Family Health Survey 3,

**Table 2: Selected educational and social indicators for India, Rajasthan, Madhya Pradesh, Alwar and Dewas.**

	India	MP	Dewas	Rajasthan	Alwar
Female literacy rate (ages 7 or above) (2001)	54.0	50.5	44.9	44.3	43.9
Total fertility rate	3.2	3.9	3.8	4.2	4.5
Percentage of women aged 20-24 married below 18 (minimum legal marriage age) (2005-06)	44.5	53.0	(68.0)	57.1	(44.8)
Sex ratio (boys per 100 girls) of children aged 0-6 (2001)	107.8	107.2	107.0	110.0	112.6

Sources: Female literacy rates and sex ratios: 2001 Census

Total fertility rates: 2001 Census (Rajan 2005)

Age at marriage data: Third National Family Health Survey, 2005-06 (Data for Alwar and Dewas are from the Reproductive and Child Health Survey, with less reliable figures)

**Table 3: The four RECOUP sites: Economic and Social Indicators**

	Dewas (MP)		Alwar (Rajasthan)	
	Rural	Urban	Rural	Urban
Population Total	1965	1689	2769	1590
N of Households	344	352	461	300
Average household size	5.71	4.80	6.01	5.30
Percentage of households in different categories				
SC/ST	30.2	28.4	30.4	58.3
OBC	38.4	32.7	34.9	9.0
Other Hindu	16.3	25.9	28.6	25.3
Muslim	15.1	13.1	6.1	7.3
Percentage of households with wage labour as the main occupation				
SC/ST	80.8	59.0	42.1	38.9
OBC	27.3	33.0	26.1	11.1
Other Hindu	17.9	33.0	7.6	17.1
Muslim	57.7	47.8	25.0	27.3

Source: Household censuses conducted by CORD, 2007.

Notes: SC/ST = members of the Scheduled Castes and Scheduled Tribes

OBC = Members of Other Backward Classes

**Table 4: Schooling levels of married women aged 20-29 in the four RECOUP research sites**

<b>Location and Ethnicity</b>	<b>Education groups</b>			<b>TOTAL</b>
	None or only Primary (classes 1-5 or less)	Upper primary (classes 6-8)	Secondary or above (class 9 or more)	
<b>Alwar rural</b>				
SC/ST	53	13	12	78
OBC	41	17	24	82
Others	3	7	38	48
Muslims	14	0	0	14
<i>Totals</i>	<i>111</i>	<i>37</i>	<i>74</i>	<i>222</i>
	<i>(50%)</i>	<i>(17%)</i>	<i>(34%)</i>	<i>(100%)</i>
<b>Alwar urban</b>				
SC/ST	35	19	32	86
OBC	0	0	4	4
Others	4	1	8	13
Muslims	14	0	1	15
<i>Totals</i>	<i>53</i>	<i>20</i>	<i>45</i>	<i>118</i>
	<i>(45%)</i>	<i>(17%)</i>	<i>(38%)</i>	<i>(100%)</i>
<b>Dewas rural</b>				
SC/ST	35	5	7	47
OBC	18	12	30	60
Others & DK	16	11	13	32
Muslims	25	6	4	35
<i>Total</i>	<i>94</i>	<i>34</i>	<i>54</i>	<i>182</i>
	<i>(52%)</i>	<i>(19%)</i>	<i>(30%)</i>	<i>(100%)</i>
<b>Dewas urban</b>				
SC/ST	32	14	3	49
OBC	20	16	15	51
Others	12	13	6	31
Muslims	13	1	4	18
<i>Total</i>	<i>77</i>	<i>44</i>	<i>28</i>	<i>149</i>
	<i>(52%)</i>	<i>(30%)</i>	<i>(19%)</i>	<i>(100%)</i>

Source: Household censuses carried out by CORD

**Table 5: Basic Characteristics of the Women Interviewed**

<b>N of women with none or 5 and less than 5 years of schooling</b>	<b>Dewas (MP)</b>		<b>Alwar (Rajasthan)</b>	
	<b>Rural</b>	<b>Urban</b>	<b>Rural</b>	<b>Urban</b>
No. of women interviewed	9	7	10	7
Mean Age at marriage	14.4	15	12	14
Mean no. of children	2.3	2.4	3.2	1.5
No. of women sterilised	4	2	7	2

<b>N of women with 8 or more than 8 years of schooling</b>	<b>Dewas (MP)</b>		<b>Alwar (Rajasthan)</b>	
	<b>Rural</b>	<b>Urban</b>	<b>Rural</b>	<b>Urban</b>
No. of women interviewed	7	7	6	7
Mean Age at marriage	16.5	16.2	17.1	18.4
Mean no. of children	2.1	1.8	2.3	1.8
No. of women sterilised	2	1	3	2

Note: One woman was discovered, on interview, to have had 6 years of schooling.

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