



Asia-Pacific  
**POPULATION & POLICY**

March 1994 No. 28

East-West Center Program on Population

Honolulu, Hawaii

# Culture Influences Demographic Behavior: Evidence from India

**A** GENERAL line of demographic research centers on the background influences that underlie reproductive behavior. Recognizing that economic factors often do not explain demographic outcomes, researchers are looking beyond economics to account for variations in fertility and child health experiences throughout the developing world.

A recent study from India makes a plausible case for the effect of culture on demographic outcomes. Based primarily on field data collected in the urban slums of Delhi, the study argues that cultural traditions—and specifically the status of women as dictated by these traditions—have effects on demographic behavior that are independent of economic and other background influences.

The study looks at differ-

ences in fertility and children's health status among migrant households from two culturally distinct regions, one North Indian and the other South Indian, living side-by-side in a Delhi resettlement colony. The objective is to find the attributes of "culture" that influence demographic behavior in the two populations.

Assuming that, for the Indian case at least, the status of women is a key determining factor, the study seeks to confirm a connection between women's status and demographic behavior—specifically, fertility, child mortality, and male-female differences in child death rates. One feature of the study is the identification of intermediate behavioral variables that are important in explaining cultural variations in these three measures of demographic outcome.

The apparent importance of cultural influences on

demographic behavior has policy relevance extending beyond the immediate study area to other areas of the developing world.

Mark Edwards/Still Pictures



*Some cultural groups are highly sensitive about exposing women to the outside world. This study recommends that public baths and toilets, rather than water taps exposed to public view, be provided for women living in urban slums to ensure greater privacy and improve the health of women and their children.*



## Study Design and Methods

**I**N HER book *Culture, the Status of Women and Demographic Behavior*, Alaka Malwade Basu, a fellow at India's Institute of Economic Growth in Delhi, describes a field study she and her staff conducted in Delhi to examine cultural influences on demographic behavior. The study compared two groups of migrants, one of North Indian and the other of South Indian origin, living in a single resettlement colony in the city of Delhi. Both groups were of the lowest social and economic classes but differed in their cultural beliefs, attitudes, and practices. Within the resettlement colony, however, their living environment and physical access to services and opportunities were the same. By selecting households of different cultural backgrounds but similar socioeconomic circumstances, religions, and living environments, Basu was able to control for the possible effects of socioeconomic and environmental conditions on demographic behavior and thereby to isolate cultural influences.

The investigation focused on three demographic outcomes: fertility (i.e., the number of children born to each woman), child mortality, and sex differences in child survival. Data collection started with detailed interviews with the heads of households and with all the women in those households who had ever married. This retrospective data collection was followed by a six-month longitudinal study. Households with at least two living children under age 12 were visited once every two weeks to gather information on the children's activities, eating patterns, and illnesses and on the treatment of illnesses during the previous two weeks.

## Findings

**B**ASU FOUND the South Indian culture, as represented by households from the state of Tamil Nadu, to be generally more "modern" in outlook than that of the north. This translated into greater freedom of movement for women, female autonomy in household decisions, and openness to innovation. In contrast, the North Indian culture of Uttar Pradesh was more traditional. Women's lives were characterized by seclusion from the outside world and restricted economic activity. Regional differences in demographic behavior among the migrant groups, which were the same as those seen in their home states of Uttar Pradesh in the north and Tamil Nadu in the south, reflected these cultural disparities.

Tamil women had lower levels of cumulative and current fertility than the migrant women from Uttar Pradesh (Table 1). Although women from North India breastfed their children for longer periods, Tamil women had higher levels of contraceptive use—primarily of sterilization but of other effective methods as well. They also stopped their childbearing earlier than the women from Uttar Pradesh. Basu found that, with greater exposure to and interaction with the world outside the home, the women from Tamil Nadu were able not only to acquire information about birth control but also to develop positive attitudes about smaller family size and contraceptive use.

Childhood mortality was lower, too, in the Tamil households than in those from Uttar Pradesh (Table 2), with 111 children from the north having died for every 100 children from the southern group. The relevant elements in this differential, according to Basu, were increased exposure to healthful childrearing practices among the less conservative Tamil women, more willingness

to accept modern medical care, and a greater ability to practice what they had learned without conflict in the household.

*For every 100 child deaths among families from Tamil Nadu in Southern India, there were 111 child deaths among those from Uttar Pradesh in the north. The reasons, according to the author, were the Tamil mothers' greater exposure to healthful childrearing practices, willingness to accept modern medical care, and ability to practice what they had learned.*

The health culture of the North Indian region was found to differ from that of South India, especially when it came to the use of modern health services by girls and women. Locally available sanitary and health facilities, such as showers, toilets, and public clinics, were used unequally by the two groups because of the more stringent restrictions on the public movements of women in

**Table 1.**  
**Differentials in age-specific marital fertility rates, by region of origin**

Age group	Uttar Pradesh (n = 642)	Tamil Nadu (n = 578)
15-19	166.7	268.3
20-24	358.3	339.0
25-29	348.4	232.0
30-34	249.3	137.5
35-39	108.7	74.1
40-44	32.8	20.8
45+	0.0	0.0
Total marital fertility rate	6,321.0	5,358.5



Uttar Pradesh than in Tamil culture. The author notes that "the urban slum environment was . . . particularly well suited to the spread of gastrointestinal infections" among the North Indians because of their reluctance to send young girls to public water taps and toilet facilities.

Finally, Tamil households had a much smaller sex differential in childhood mortality than did those from Uttar Pradesh (Table 3). Not only did the Tamil households not display the "typical" South Asian pattern of a greater female disadvantage in survival, girls actually fared better than boys in this group. In contrast, among the North Indians sampled, the sex differential in child mortality was 115 girls to every 100 boys (which is likely an underestimate). Basu believes that the cause for the higher mortality rate among female children from more conservative Uttar Pradesh was not necessarily discrimination against girls, but rather a desire, again, to protect them from the outside world. This may have caused the parents to delay medical attention, in some cases until it was too late.

The two migrant groups shared some behavioral characteristics. With the exception of hospital deliveries and, in some cases, preventive immunizations, which women from Uttar Pradesh were less receptive to, both groups were generally willing to use readily available medical services. Public medical services were generally not available, however, at times convenient for working women.

For both the North and South Indian households, female education was found to lower fertility and child mortality but, contrary to expectation, to increase the sex differential in child death rates. Women's employment tended to lower fertility and the sex differential in child welfare but to increase the overall level of child mortality. Basu believes that employment of

**Table 2.**  
**Differentials in childhood mortality, by mother's region of origin**

Mother's region of origin	% of children dying	% of children dying within:			
		1 month	1-11 months	1 year	5 years
Uttar Pradesh (n = 242)	26.2	8.6	7.4	25.7	25.7
Tamil Nadu (n = 2,007)	23.6	6.8	6.3	21.7	21.7

women outside the home also worsened their health because of the double work shift it entailed. On the other hand, the smaller sex differences in child mortality among working women, she speculates, was probably related to the women's greater independence and confidence with increased exposure to the outside world and "the awareness that girls are also potentially economically useful individuals."

Having controlled for the living environment, for socioeconomic differences among households, and for maternal education and employment, Basu was left with sizable differences in fertility, child mortality, and the male-female ratio of child deaths. These she attributed to cultural differences between the two study groups. She concluded that one of the most important characteristics differentiating groups

culturally is the status of women—specifically the extent of women's exposure to the outside world, interaction with the world outside their families, and control over decisions at home. She described the status of women, then, as the "link between regional or cultural background and demographic outcome."

## Policy Implications

THE FINDINGS from this study underscore the importance of making public health and family planning policies "culturally sensitive." The central conclusion—that demographic behavior is a function of, among other things, cultural background—means that "policies to influence this behavior cannot afford to be culture-blind."

**Table 3.**  
**Differentials in sex ratios of children ever born and in percentages dying, by sex and mother's region of origin**

Mother's region of origin	Mean no. of children ever born	% of sons dying	% of daughters dying	Sex ratio (sons/daughters) of children ever born
Uttar Pradesh (n = 618)	3.76	23.5	27.3	1.14
Tamil Nadu (n = 522)	3.26	21.2	20.5	1.03



On the basis of the results of her study, Dr. Basu had these recommendations to improve the health of women and children:

- Ensure flexibility in the content of public health and family planning programs to suit local realities.

- Provide at-home services for prenatal care and childbirth in communities where women are traditionally sheltered from contact with strangers, especially men. Use the savings realized from fewer hospital visits to increase the number of well-trained midwives and female health practitioners.

- Give increased attention to preventive health care, including immunizations.

- Improve efforts to inform and educate the public about how to prevent and treat illnesses. Improve communication between health-care

providers and the poorest, least educated, and most physically secluded population groups.

- Keep public medical clinics open at hours during which working mothers can attend.

- Provide public baths and toilets, rather than water taps exposed to public view, for women living in urban slums. Ensure more privacy in these group facilities.

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*"Policies to influence demographic behavior cannot afford to be culture-blind."*

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## Conclusion

**B**Y CONTROLLING for the effects of standard socioeconomic variables on the demo-

graphic behavior of two culturally distinct migrant groups living in a Delhi resettlement colony, this study found that cultural differences between the two groups, from northern and southern India respectively, partly explained differences in their fertility levels, child mortality, and the gender differences in their child mortality rates.

One manifestation of these cultural differences was differences in women's status and autonomy. The author concludes that economic growth is "certainly one important way of achieving change in women's status and in demographic behavior. But if one is seeking more immediate effects, the findings from this book suggest that economic growth needs some non-economic help."

Asia-Pacific

## POPULATION & POLICY

*Asia-Pacific Population & Policy* reports on research of interest to policymakers and other professionals concerned with population and family planning.

Support for this publication is provided by the Office of Population, U.S. Agency for International Development, under a cooperative agreement with the Program on Population of the East-West Center.

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ISSN 0891-6683

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This bulletin is based on the following book:

*Culture, the Status of Women and Demographic Behavior: Illustrated with the Case of India*, by Alaka Malwade Basu. Oxford: Clarendon Press, 1992.

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