

THE IMPACT OF KIN AND RESIDENCE ON FEMALE FERTILITY IN NORTH INDIAN TRIBES IN THE STATE OF JHARKHAND

Shalini Kumari Singh and G. K. Kshatriya

ABSTRACT

The intercommunication between kinship system and demographic outcomes serves as wealthiest areas for theoretical and substantive work in anthropological demography. Changes in kin networks help in explaining the changing reproductive outcomes. The demographic individual ages but does not develop once born but is instead defined by series of demographic events namely marriage, childbearing and death. Individuals grow and differentiate with their converging and diverging network of kins. Countries on the road to modernization experiences kin breakdown and a strong adherence with non- relatives affecting economic decisions surrounding parenthood. Paternal kin and particularly maternal kin play an important role in shaping the reproductive preferences and behaviour among young adults. However not much is known about influence of intra-family relationship on reproductive decisions. The present paper investigates the impact of kin on female fertility including breastfeeding duration, institutional delivery and contraceptive uptake. A difference in the reproductive output of kin can be seen for women than the woman does for herself. A cross sectional study based on 1000 ever married Santal and Mahli women in the age group of 15-49 years was conducted in fifteen villages of Purbi Singhbhum District, Jharkhand through random selection of households. Living with kin influences a delay in contraceptive uptake, early marriage of couples and shortening of breastfeeding duration. The breastfeeding duration was seen shorter for couples who desired more children. Women in neolocal residence have greater autonomy in their decision making than women marrying into joint family system's household are in a relatively weak positions in terms of making decisions for herself and her child.

Keywords: Kin, Neolocal, Virilocal, Uxorilocal, Fertility preference.

INTRODUCTION

In developing world the fertility decisions occur within a specific social context. Fertility decisions such as spacing births, stopping child bearing and practicing

Shalini Kumari Singh, Research Scholar Department of Anthropology, University of Delhi, New Delhi-110007, *E-mail: shalini071090@gmail.com*; **G. K. Kshatriya**, Professor, Department of Anthropology, University of Delhi, New Delhi-110007, *E-mail: g26_51@yahoo.co.in*

contraception must be understood in the broader context. These decisions made by women in a social environment and kinship network is said to be influenced through pathways less easily measured than exchanges (Bereczkei, 1998). For instance, kin exert lifelong influences on individual preferences for fertility timing and family size (Sear and Coale, 2011). Given the modern rise of contraception use and commensurate decline in undesired fertility, individual preferences for fertility outcomes may play an increasingly important role in fertility trends (Madhavan *et al.*, 2003). The study of nuclear and more complex types of family is beset by definitional problems, and variation in terms used by writers explains the looseness in the terminology so far employed. Hereafter, the term "nuclear family", as employed in Caldwell *et al.* (1982), which is an adaption from Le Play, 1855, will mean a conjugal couple with their unmarried children. A "stem family" will describe two married couples in different generations-in our area almost invariably where the older couple are the parents of the younger husband. A "joint family" refers to married siblings living together in our area almost always brothers; and a "joint-stem" family is the classical full pyramid where the older couple have with them more than one of their married children and usually grand-children as well. Any of these types can be "ex-tended" if other persons, usually relatives, live with them. Virilocal and Uxorilocal residence indicates whether the domicile shared by the married couple is with the family of the husband or with the kin of the wife whereas in neolocal residence a newly married couple establishes their home independently of both sets of relatives (Fox, 1967). Families may also exert explicit control over courtship, marriage timing, sexual behaviours and other proximate determinants to fertility (Caldwell *et al.*, 1982). Without denying the importance of household as a centre for ordering social relations and activities, there are two different norms that influence fertility dynamics and fertility decision making (Bankole and Singh, 1996). Anthropological demographers have more recently examined the role of kinship systems and the family on demographic processes. In examining the social world demographers have tended to focus on the household as the most important arena of social relations. Households are conceptualized as a dynamic social group defined by permeable boundaries embedded in a larger social context which is captured by natal and conjugal support networks. Many studies highlights that having a larger number of kin in her social network reduces her age at birth and also influences the decision to have a subsequent birth. Cultures based on clans and powerful kinship system networks encourage high fertility (Lorimer, 1954). Two proximate mechanisms namely kin assistance and priming influence a female transition to second birth (Sear and Mace, 2008). Kin assistance can be imparted in two ways, one is financial and other is childcare whereas priming requires a constant communication between the relatives. A substantial literature documents that homogeneous and dense networks exert pressure on family members to follow a normative pattern of behaviour (Birkel and Reppuci, 1971). These tight boundaries easily control and assist individuals in distress conditions whereas it also punishes those who transgress it. For instance women's social interaction will influence her capacity to use contraceptives and follow traditional

norms, if it is obligatory on her part. Social networks consist of social gate keepers such as mothers-in-law, mothers and husbands prominently promote in conserving the fertility norms (Gibson and Mace, 2005). The study contributes to a prior research on the role of residence pattern, presence of mother in law and any kin in the household in shaping the reproductive decision-making. In particular the main objective of the study is to examine the association between residence type and contraceptive use among the ever married women. The influence of institutional delivery and breastfeeding duration among currently married women in the presence of mother in law and any kin in the household is also observed in the present study.

MATERIALS AND METHODS

Data was collected through interview schedule method from 500 ever married Mahli women and 500 Santal women in the age group of 15-49 years from fifteen villages of Golmuri block, Purbi Singhbhum district, Jharkhand. The interview schedule contained questions regarding which set of parents the couple resided with after marriage. In the analysis uxorilocal and virilocal residence is used to refer to postmarital residence with the wife's or husband's parents, respectively; and neolocal refer to couples that lived with neither set of parents after marriage. Information on variables like age at marriage, age at first birth, mean number of child born, contraceptive use, education, socio economic indicators and employment history were also collected. Kin availability as an independent variable was measured in different ways for uxorilocal and virilocal residence. For multiple regressions, we created categorical variables for living with each set of kin after marriage, separate variables for husband's kin and wife's kin. 0 for women who did not live with either set of kin, 0=neolocal residence, 1 for women who lived in husband's family, 1=virilocal residence and 2 for those women who lived uxorilocally. Effect on female fertility is assessed by contraceptive use, institutional delivery and duration of breastfeeding among Santal and Mahli women. Thus, the dependent variable taken into consideration is contraceptive use, 0= None, 1=traditional method, 2= modern method, duration of breast feeding, 0= less than 6 months, 1= between 6 months and one year, 2= more than 1 year and delivery among women who had birth in last three years, 0= home/ no institutional delivery, 1= institutional delivery/hospital. The scale used to assess the socio economic status was Udai Pareek SES scale which consisted of 9, Caste, occupation, Education, Social Participation, Land, House, Farm Power, Material Possession and Family main items. These items significantly indicated socio economic status of rural families.

RESULTS

Table 1 shows the sample characteristics of 500 ever married Santal and Mahli women of which 27.8% of Santal women and 21.6% of Mahli women were currently married. 57.6% and 59.2% of Santal and Mahli, respectively, women had no

education. The median age at first marriage among Santal and Mahli women was 16 years and 17 years, respectively, which partly explains further the high average number of children per women, i.e., 4.51 children per women among Santal women and 3.24 children among Mahli women.

The household and network characteristic of ever married Santal and Mahli women is shown in Table 2. The median number of household member is 5 among Santal and 4 among Mahli women. The mean socio-economic status as measured by Udai Pareek SES scale is lower middle class for Santal, SES score =13.89 and lower class for Mahli, SES score =12.83. Of the Santal women, 26 % reside in Joint or extended family and 74 % of Santal women live in nuclear family. Further 37 % and 63 % of Mahli women reside in Joint and nuclear family, respectively. 24 % and 18 % of Santal women resided with mother-in-law and kin whereas 31 % of Mahli women resided with their mother-in-law. Presence of conjugal kin (14.6 % in Santal household and 16.2 % in Mahli household) in the household of women of both the tribes is largest when compared to natal kins (3.4 % in Santal household and 4.8 % in Mahli household).

The type of residence among both the tribes is shown in Figure 1. Type of residence in the sample includes neolocal residence (staying with husband only), uxori-local residence (staying with wife's parent) and viri-local residence (staying with husband's parent). The figure shows that 74.60% of Santal women and 74.40% percentage of Mahli women stayed neolocally, 3% of Santal women and 3.60% of Mahli women stayed uxori-locally and 53.2% of women stayed viri-locally. By observing the type of residence we can deduce that the dataset follows and is much more inclined to patrilocal residence than matrilocal residence.

Table 3 and Table 4 present the bivariate association between type of residence, presence of mother-in-law and presence of any kin with the contraceptive use among

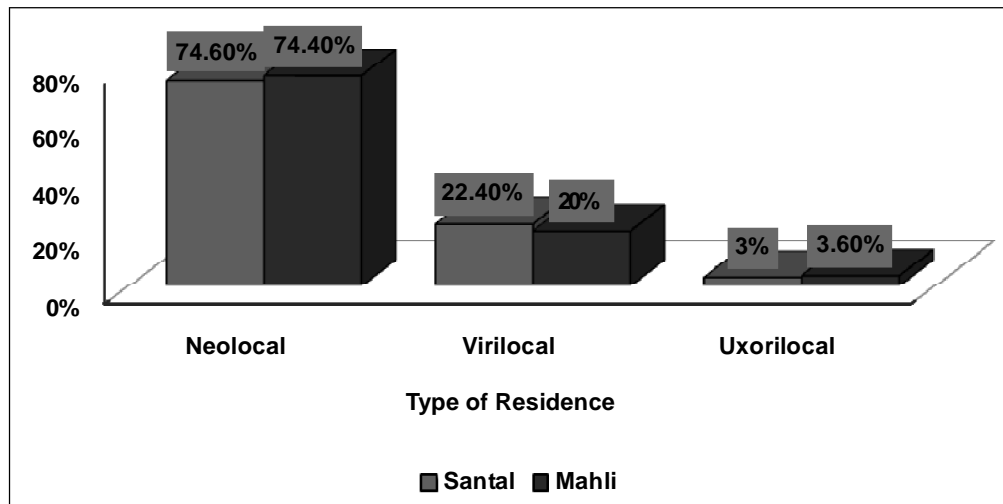


Figure 1: Type of residence among ever married Santal and Mahli women

Santal and Mahli women. It is clear from the tables that 78% of Mahli women and 75.2% of Santal women used modern contraceptive method whereas 20.8% of Santal women and 21% of Mahli women did not use any contraceptive method. It can be clearly seen that 72.4% of Santal women and 70% of Mahli used modern contraceptive method in the absence of any kin in their household. In particular Santal ($F=18.50^{***}$) and Mahli women ($F=11.23^{***}$) living with their mother-in-law were significantly more likely to not use contraceptive methods.

The F values are statistically non significant for contraceptive use with respect to presence of any kin in the household. A statistical significant difference in contraceptive use was found between the kin availability in neolocal, virilocal and uxori-local residence among Santal women ($F= 11.92^{***}$) and Mahli women ($F=9.6^{**}$).

Table 5 presents the bivariate association between household type and presence and absence of kin and mother-in-law and institutional delivery. Among 157 currently married women of both the tribes, institutional delivery in last three years is high for Santal women (61.2 %) than Mahli women (38.6 %). Significant differences were observed by residence type and presence of mother in law in their respective households. The institutional delivery was high for women residing with her husband, which was 50.9 % among Santal women and 35.6 % among Mahli women. 12.7 % of Santal women and 9.55 % of Mahli women had institutional delivery in presence of mother-in-law. The F values are statistically significant for institutional delivery for kin availability among Santal women ($F= 31.8^*$) and Mahli women ($F= 44.6^{**}$).

Table 6 presents the bivariate association between residence type and breastfeeding duration among currently married Santal and Mahli women. Among 247 currently married women out of 1000 ever married women, 80 percentage and 20 percentage of currently married women had a breastfeeding duration of more than 6 months and less than 6 months respectively. A significant difference in the mean was observed by residence type, presence of mother in law and presence of kin in a household.

In particular, women living with her mother-in-law and kin had less duration for breastfeeding whereas 96.4 % of women residing with her husband only had a breastfeeding duration of more than 6 months. The F values were statistically significant for breastfeeding duration for residence type among Santal women ($F= 36.2^*$) and Mahli women ($F= 24.6^{**}$). The advent of modern contraceptive intake has made limiting reproduction an easy task. As an alternative way of testing whether kin and residence influence contraceptive intake, multivariate logistic regression was used. Table 7 presents the effect of independent variable type of residence, presence of mother-in-law and kin on dependent variable contraceptive use with odds ratio and 95% confidence interval. The results of the multivariate logistic regression shows that neolocal residence significantly increases the likelihood of contraceptive use among the women (O.R.-4.5^{***}; CI-3.9,5.1). Women staying in husband's natal home were three times (O.R.-3.6^{**}; CI-2.9,4.2) more likely

to use contraceptive method than women staying in her natal home after marriage. Women staying in her natal home, i.e. uxori-local residence, had no significant effect on contraceptive use. In particular, women living with mother-in-law are significantly more likely to use contraceptives than women residing with kin. Presence of kin in residence has no significant effect on use of contraceptives among Santal and Mahli women.

Breastfeeding duration is often correlated with birth interval length among natural fertility (Ellison, 2001). One such route by which kin exerts an impact on women's birth interval is by cessation of breastfeeding. Kin may help directly or indirectly influence the breastfeeding duration by their presence in the household. Early weaned child is often taken care by other kin members more specifically, the role of mother-in-law was much adamant in this case. Table 8 presents the results of multivariate logistic regression odds ratios and 95% confidence intervals for the analysis of the effect of kin and mother-in-law presence on breastfeeding duration and institutional delivery among the currently married women Santal and Mahli women. The median length of breastfeeding was divided into less than 6 months and more than 6 months. The results of the multivariate logistic regression showed that women staying neolocally were twice more likely to have their breastfeeding duration as more than 6 months (O.R.-2.24**, CI-2.08, 2.91). Presence of mother-in-law and any kin in the household had no significant effect on breastfeeding duration. Women staying with their husband only were three times more likely to go for institutional delivery than women staying with her mother-in-law (O.R.-3.29**, C.I.-2.98, 3.56).

DISCUSSION

The households in the study typically belonged to rural Indian society in which patrilineal families formed by males were the backbone of society. Network features were seen to have an important association with fertility outcome, in the absence of household effects, women's social world clearly transcended the domestic space. The traditional kinship institution played a pivotal role in determining the bargaining power of women, where her status and identity were significantly defined and correlated with her postnuptial residence (Miller, 1981; Agarwal, 1994). Anthropologists affirmed that this bargaining power was further influenced by the restriction on the alliance formation within and across various kin groups and families. Women staying away from their natal home tend to have a less support of their natal family when residence was virilocal than uxori-local (Fox, 1967). A study conducted in India involving five generations of a family found that members in extended family were intimately involved in influencing couple's decision regarding number of children (Kara *et al.*, 1997). Kin network had a notable effect on contraceptive use on fertility of women. The study findings illustrated the prevalence of modern family planning use being lowest among women residing in virilocal residence than neolocal residence. Other factors like age, number of living sons and female education, absence of mothers-in-law also contributed to the use

of modern family planning. Many qualitative studies pointed towards the hinderance of mother in law in using modern contraceptive method and encouraging traditional method of contraception. Women living with husband only were significantly more likely to have an institutional delivery and a prolonged duration of breastfeeding than women living either with mother-in-law or any kin. Recent studies demonstrated that women living in multigenerational households tend to have a large family size than those living in nuclear households (Kadir *et al.*, 2003; Avan *et al.*, 2005 and McCleary *et al.*, 2012). Extended families usually included older family members, who were a strong followers of cultural traditions believing in larger family size as a necessity in continuation of family line. Reproductive decisions of termination of breastfeeding at an early duration as compared to women living in nuclear household is further said to be influenced by joint family network (Saika *et al.*, 2009 and McCleary *et al.*, 2012). Other studies from South Asia have demonstrated an influential role of mothers-in-law in altering the fertility decisions including the timing of childbearing, use of FP, ideal number of children. Notably, the influence of the mother-in-law may differ by whether the couple lives with the mother-in-law in the same household or not. A study conducted by Saika and Singh used nationally representative data from India and showed that women living in joint households are less likely to have an institutional delivery than women living in nuclear household. Further studies have indicated a key role of mother-in-law after the delivery of first child. Janani Suraksha Yojana, JSY or safe motherhood Scheme launched by Government of India in 2005 influenced young mothers to have institutional delivery by crediting them with an extra cash rather than influencing them by cultural norms to deliver at home traditionally. Women from the present studied area were significantly more likely to have an institutional delivery when staying with their husband only rather than residing with their in-law. There are several limitations to the present study which warrants mention. First and foremost being the data collection for the present study was cross sectional and thus many kin effects on fertility outcomes were underestimated. For an example, mother-in-law or kin present in the household could be a due to a recent birth. Secondly determination of post nuptial residence was based on household roaster which indicated the relationship between all members and the head of the household. Finally, no data was collected on the list of kin as support givers and degree of actual support provided by them. To conclude, women staying in neolocal residence were more subjected to institutional delivery, elongated breastfeeding duration and modern contraceptive use which further altered their fertility. Presence of mother in law or any other kin in the household had a less significant effect on female fertility.

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Table 1: Descriptive characteristics of Santal and Mahli women

| Women | Santal | | Mahli | |
|---------------------------------------|--------|------------|--------|------------|
| | Number | Percentage | Number | Percentage |
| Ever married women | 500 | 100 | 500 | 100 |
| Currently married women | 139 | 27.8 | 108 | 21.6 |
| Illiterates | 288 | 57.6 | 296 | 59.2 |
| Literates | 212 | 42.4 | 204 | 40.8 |
| Younger than 30 years | 296 | 59.2 | 295 | 59 |
| Median age at 1st marriage (in years) | 16 | | 17 | |
| Median age at 1st birth (in years) | 18 | 19 | | |
| Average number of children per women | 4.51 | 3.24 | | |

Table 2: Household and network characteristics of ever married women

| Characteristics | Santal | | Mahli | |
|-----------------------------------|--------|------------|--------|------------|
| | Number | Percentage | Number | Percentage |
| Median no.of household members | 5 | | 4 | |
| Mean asset score | 13.89 | | 12.83 | |
| % living in nuclear | 373 | 74 | 312 | 63 |
| % living in joint/extended family | 127 | 26 | 188 | 37 |
| Presence of mother in law | 120 | 24 | 154 | 31 |
| Presence of other kin | 90 | 18 | 105 | 21 |
| Natal | 17 | 3.4 | 24 | 4.8 |
| Conjugal | 73 | 14.6 | 81 | 16.2 |

Table 3: Use of contraceptive methods by Santal women

| Characteristics | Modern | | Traditional | | None | | F |
|----------------------------------|--------|------------|-------------|------------|--------|------------|----------|
| | Number | Percentage | Number | Percentage | Number | Percentage | |
| All women | 376 | 75.2 | 22 | 4.4 | 102 | 20.4 | |
| Presence of kin | | | | | | | |
| No | 362 | 72.4 | 1 | 0.2 | 4 | 0.8 | 0.304 |
| Yes | 14 | 2.8 | 21 | 4.2 | 97 | 19.4 | |
| Presence of mother-in-law | | | | | | | |
| No | 360 | 72 | 8 | 1.6 | 15 | 3 | 18.50*** |
| Yes | 16 | 3.2 | 14 | 2.8 | 86 | 17.2 | |
| Type of Residence | | | | | | | |
| Neolocal | 336 | 67.2 | 6 | 1.2 | 20 | 4 | 11.92*** |
| Virilocal | 25 | 5 | 15 | 3 | 78 | 15.6 | |
| Uxorilocal | 15 | 3 | 1 | 0.2 | 4 | 0.8 | |

N = 500

***p<0.001

**p<0.01

*p<0.05

Table 4: Use of contraceptive method by Mahli Women

| Characteristics | Modern | | Traditional | | None | | F |
|----------------------------------|--------|------|-------------|-----|--------|------|----------|
| | Number | % | Number | % | Number | % | |
| All women | 390 | 78 | 5 | 1 | 105 | 21 | |
| Presence of kin | | | | | | | |
| No | 350 | 70 | 1 | 0.2 | 14 | 2.8 | 1.058 |
| Yes | 40 | 8 | 4 | 0.8 | 91 | 18.2 | |
| Presence of mother-in-law | | | | | | | |
| No | 348 | 69.6 | 2 | 0.4 | 24 | 4.8 | 11.23*** |
| Yes | 42 | 8.4 | 3 | 0.6 | 81 | 16.2 | |
| Type of Residence | | | | | | | |
| Neolocal | 360 | 72 | 0 | 0 | 17 | 3.4 | 9.6*** |
| Virilocal | 18 | 3.6 | 3 | 0.6 | 84 | 16.8 | |
| Uxorilocal | 12 | 2.4 | 2 | 0.4 | 4 | 0.8 | |

N = 500

*** p<0.001; ** p<0.01; * p<0.05

Table 5: Institutional delivery among Santal and Mahli women who had birth in last three years

| Characteristics | Institutional Delivery | | F value |
|----------------------------------|------------------------|------------|---------|
| | Number | Percentage | |
| ALL WOMEN | 157 | 100% | |
| Presence of kin | | | |
| No | 148 | 94.2 | |
| Yes | 9 | 5.8 | 8 |
| Presence of mother-in-law | | | |
| No | 110 | 70 | |
| Yes | 47 | 30 | 13.1* |
| Type of Residence | | | |
| Neolocal | 136 | 86.6 | |
| Virilocal | 17 | 10.8 | |
| Uxorilocal | 4 | 3.6 | 20.2*** |
| SANTAL WOMEN | 97 | 61.8 | |
| Presence of kin | | | |
| No | 90 | 57.3 | |
| Yes | 7 | 4.4 | 3.7 |
| Presence of mother-in-law | | | |
| No | 70 | 44.5 | |
| Yes | 20 | 12.7 | 1.1 |
| Type of Residence | | | |
| Neolocal | 80 | 50.9 | |
| Virilocal | 15 | 9.5 | |
| Uxorilocal | 2 | 1.2 | 31.8* |
| MAHLI WOMEN | 60 | 38.2 | |
| Presence of kin | | | |
| No | 58 | 36.9 | |
| Yes | 2 | 1.2 | 4.8 |
| Presence of mother-in-law | | | |
| No | 45 | 28.6 | |
| Yes | 15 | 9.5 | 2.51* |
| Type of Residence | | | |
| Neolocal | 56 | 35.6 | |
| Virilocal | 3 | 1.9 | |
| Uxorilocal | 1 | 0.06 | 44.6** |

N=157

***p<0.001; **p<0.01; *p<0.05

Table 6
Breastfeeding duration among currently married Santal and Mahli women

| Characteristics | Breastfeeding Duration | | | | F value |
|----------------------------------|------------------------|-------------|--------------------|-------------|----------|
| | Less than 6 months | | More than 6 months | | |
| | Number | Percentage | Number | Percentage | |
| ALL WOMEN | 39 | 100% | 198 | 100% | |
| Presence of kin | | | | | 15* |
| No | 7 | 17.9 | 144 | 72.7 | |
| Yes | 32 | 82.1 | 54 | 27.3 | |
| Presence of mother-in-law | | | | | 23.12*** |
| No | 11 | 28.2 | 8 | 4 | |
| Yes | 28 | 71.8 | 190 | 96 | |
| Type of Residence | | | | | 25.5** |
| Neolocal | 13 | 33.3 | 191 | 96.4 | |
| Virilocal | 22 | 53.9 | 5 | 2.5 | |
| Uxorilocal | 5 | 12.8 | 2 | 1.9 | |
| SANTAL WOMEN | 14 | 35.8 | 143 | 72.2 | |
| Presence of kin | | | | | 38* |
| No | 6 | 15.3 | 97 | 49 | |
| Yes | 8 | 20.5 | 46 | 23.2 | |
| Presence of mother-in-law | | | | | 13.2 |
| No | 3 | 7.6 | 43 | 21.7 | |
| Yes | 11 | 28.2 | 100 | 50.5 | |
| Type of Residence | | | | | 36.2** |
| Neolocal | 2 | 5.1 | 106 | 53.5 | |
| Virilocal | 8 | 20.5 | 34 | 17.2 | |
| Uxorilocal | 4 | 10.2 | 3 | 1.5 | |
| MAHLI WOMEN | 25 | 64 | 55 | 27.7 | |
| Presence of kin | | | | | 24* |
| No | 8 | 20.5 | 37 | 18.6 | |
| Yes | 17 | 43.5 | 18 | 9.1 | |
| Presence of mother-in-law | | | | | 18*** |
| No | 4 | 10.2 | 15 | 7.7 | |
| Yes | 21 | 53.8 | 40 | 20 | |
| Type of Residence | | | | | 24.6** |
| Neolocal | 5 | 12.8 | 37 | 18.1 | |
| Virilocal | 16 | 41 | 14 | 7 | |
| Uxorilocal | 4 | 10.2 | 4 | 2 | |

N = 247

***p<0.001

**p<0.01

*p<0.05

Table 7
Multivariate logistic regression, odds ratio with 95 % confidence Interval of use of contraceptive method among ever married women

| <i>Dependent Variable</i> → <i>Independent variable</i> ↓ | <i>Contraceptive use</i> | |
|---|--------------------------|-----------------|
| | <i>Odds ratio</i> | <i>95% C.I.</i> |
| Type of Residence (Reference Category: Uxorilocal) | | |
| Virilocal | 3.6** | (2.9, 4.2) |
| Neolocal | 4.5*** | (3.9, 5.1) |
| Presence of Mother-in-law (Reference category: Not living with mother-in-law) | | |
| Mother-in-law in residence | 1.9* | (0.8, 2.5) |
| Presence of any kin (Reference category: Not living with kin) | | |
| Any Kin in residence | 1.0 | (0.5, 1.7) |

N = 1000
 ***p<0.001
 **p<0.01
 *p<0.05

Table 8: Multivariable logistic regression odds ratio 95% confidence intervals of breast feeding duration among currently married women and for institutional delivery for women who had a birth in last three years

| <i>Dependent Variable</i> → | <i>Breast feeding Duration</i> | | <i>Institutional Delivery</i> | |
|---|--------------------------------|-----------------|-------------------------------|-----------------|
| | <i>Odds ratio</i> | <i>95% C.I.</i> | <i>Odds ratio</i> | <i>95% C.I.</i> |
| Type of Residence (reference Category: Uxorilocal) | | | | |
| Virilocal | 1.29* | ,1.04,1.58 | 0.98 | ,0.42,1.06 |
| Neolocal | 2.24** | ,2.08,2.91 | 3.29** | ,2.98,3.56 |
| Presence of Mother-in-law (Reference category: Not living with mother-in-law) | | | | |
| Mother-in-law in residence | 1.18 | ,0.9,1.42 | 2.1* | ,1.9,2.7 |
| Presence of any kin (Reference category: Not living with kin) | | | | |
| Any kin in residence | 0.71 | | 0.98 | |

N = 247
 ***p<0.001
 **p<0.01
 *p<0.05

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