Cultural Effects on Women’s Education, Autonomy, and Fertility

Unequal access to education has been an important women’s rights issue in many countries around the world. The 1994 International Conference on Population and Development concluded that the most important way to improve health is the education of girls and women. Increasing women’s education is also said to be a major contributor to a decline in population growth. While education is known to be a strong determinant of fertility, the links between fertility and education are not clear from the literature. Some propose that education may increase autonomy, which may result in more women using contraception, but research suggests that this is complicated by cultural factors. Rather than wholesale expansion of education, more culturally-specific programs that target fertility are needed.

Research has shown that the links between education, autonomy, and fertility are unclear. For example, women’s education may not necessarily lead to a reduction in son preference, as shown by a study in Bangladesh, where paradoxically, the absence of son preference was least for women with higher education. Several factors may be responsible for this situation; first, the length of female education is quite short. Additionally, education is still influenced by the social hierarchy and dominant values, including the domesticity and subordination of women. There are fewer opportunities for a woman to use her education, and women often only consider an education useful for getting a good husband.

A study of the impact of women’s autonomy, education, and employment in Oman on contraceptive use revealed that women’s education had the strongest effect on their use of contraception. However, Omar has had only one generation of adults who have been educated; there could be a generational lag in attitudes toward contraception and fertility. Despite the fact that educated women are more likely to need and use family planning, it may not be directly linked to
autonomy. For 43.6% of women in the study, the husband decides if they should use family planning. Oman is described as a tribal and family-oriented society where members of each tribe are expected to help each other, and extended families help raise children. In highly stratified societies, autonomy may be shaped by traditional factors, e.g. co-residence with mothers-in-law and dowry. This example demonstrates how culture can override the effects of education on fertility.

Although these studies suggest that there may be a link between higher education and autonomy, these links are not very clear-cut. The structure of the society and its values may also be a strong influencing factor in how effective education is in improving autonomy and issues concerning fertility. In highly stratified societies or societies that continue to teach traditional ideas about women’s subordination, education may not necessarily bring empowerment or changes in family. For these reasons, multiple factors and indicators of autonomy need to be considered when trying to understand the effects of education. What women learn through their communities is also important; reproductive attitudes and behavior can be influenced by the community, through means such as the media, mass schooling, and migration. Similarly, a woman’s contraception use is influenced not only by her own education, but by the education of other women in the community. Increased accessibility of services is another factor that needs to be considered. Therefore, we need to develop targeted educational programs for both men and women which take cultural factors into account. This could be achieved partly by consulting members in the local community and employing them as educators. Hopefully, through these types of measures, effective educational programs could be developed and implemented.

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