



Kerala: A Model Case for Education

Case Study

The old saying goes, “Educate a boy and you educate one person; educate a girl and you educate a nation.” Whether you believe this or not, there is one thing that is indisputable: women are key to reducing population growth and to effective development.

Female education positively impacts all aspects of community and national life. Studies have uncovered several compelling benefits to educating women, including:

- Lower fertility rates and the reduction of child and maternal mortality;
- Improvement of child nutrition and health;
- Enhancement of women’s domestic role and political participation;
- Increasing women’s labor force participation rates and earnings; and
- Creating intergenerational education benefits.¹

The impact of education on fertility is staggering and impressive. According to the World Bank, it is estimated that one year of female schooling reduces fertility by 10 percent. Further studies show that women who have completed primary school have fewer children than those with no education. The effect is particularly pronounced for secondary schooling. Female secondary education is associated with higher age at marriage, lower fertility and child mortality, good maternal care, and reduced vulnerability to HIV/AIDS.²

Nowhere is the impact of female education more pronounced than in the Indian state of Kerala. Kerala, a state in southwestern India, leads the country in women’s education. It ranks first in the country with an overall literacy rate of 94 percent and female literacy of 92 percent. In India as a whole, female literacy stands at just 50 percent.³

Valuing Women

Much of the success in female education in Kerala has been attributed to the historical value of women in Keralite society. It is believed that the women of Kerala have enjoyed a lot of liberty from the early days.⁴ Kerala’s record of educational expansion goes back in history to the public policies of some of the early rulers who encouraged female education. Throughout Keralite history, women have been involved at high levels of society in the arts and scholarship. It is this

value of women and their growth and development that is believed to have fueled the high literacy level.

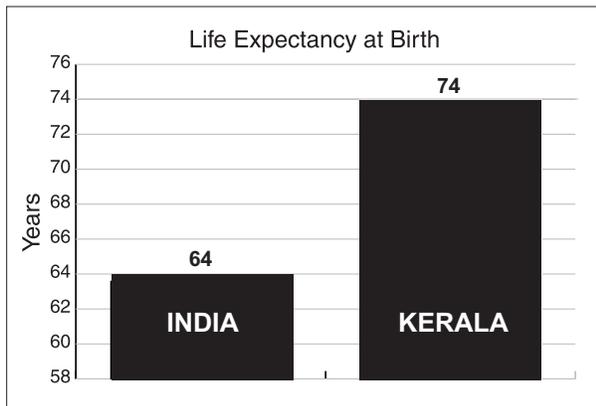
The matriarchal system in Kerala is a unique social heritage that allows Keralite women to enjoy a better status than their counterparts elsewhere in India. In traditional [Keralite] culture, women can inherit land and wield some political power – a sharp contrast with other parts of India. Keralite women also have certain decision-making powers unavailable to women in other parts of India, such as the power to choose their own mate. The age of marriage for women in Kerala was always higher than in all of India. In 2005, the average age of marriage for women was 21 in Kerala, as compared to 17 for the whole country.⁵ This delay in marriage helps to reduce the number of children a woman could potentially have in her lifetime by reducing the amount of time that she is at risk of becoming pregnant.

The Strongest Link

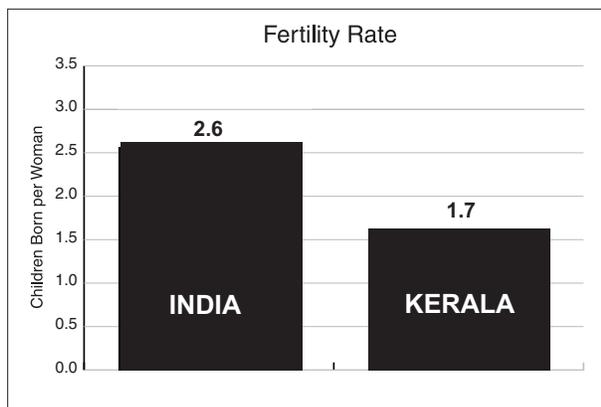
Education has been linked to many benefits, but none stronger than to lower fertility rates. Kerala achieved below **replacement level fertility** two decades ahead of the all-India target year of 2011. The total



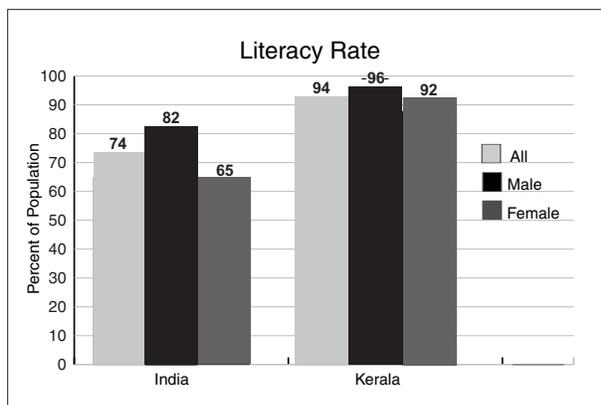
Kerala at a Glance



Source: Ministry of Health and Family Welfare, Government of India.



Source: Census of India, 2011.



Source: Census of India, 2011.

fertility rate declined from a high of 5.6 children per women in the period 1951-1961 to a low of 1.7 in 2009 (well below the replacement level fertility of 2.05).⁶ This steep decline in fertility rates is attributable to free family planning facilities set up at all levels of the health services system. Family planning services were made more successful against the backdrop of

a highly literate and educated population. Nearly 60 percent of the couples in Kerala are protected by some modern family planning methods.⁷

Minimizing Mortality

Another important corollary to female education observed in Kerala is improved infant and child mortality rates. In conjunction with lower fertility rates, Kerala also has the lowest infant mortality rate among Indian states. The infant mortality rate (IMR) in Kerala declined from a rate of 66 per 1,000 live births in the 1960s to 12 per 1,000 in 2009, over three times less India's rate (50 per 1,000) that same year.⁸

Lower infant and child mortality is the most consistently observed effect of female education on any demographic factor. This relationship is almost universally observed across countries and across cultures. Most studies show that a woman's education has a stronger effect on child survival than does the household's economic status or her husband's characteristics. It is believed that the relationship between a woman's education and infant and child mortality is her enhanced awareness of good health practices, greater confidence [about dealing with medical professionals], and greater ability to make decisions about her children's well-being.⁹

Education Holds the Key

There is evidence that education enhances women's economic and social self-reliance, so that educated women are less likely to want large numbers of children, or sons, to provide them economic support in old age or to legitimize their positions in their husband's families. However, simple literacy alone is not enough to influence family size. Studies are finding that there is a minimum threshold of education (more than five or six years) must be achieved before there are significant improvements in female autonomy (or decision-making power) that will impact family size, particularly in highly gender-stratified societies like India.

Some general hypotheses on the impact of education on fertility are:

1. Education raises the opportunity cost of women's time and opens up other opportunities for women [jobs outside the home] that conflict with repeated child rearing.¹⁰
2. Educated women know more about contraceptives and where to obtain them.¹¹
3. Female education may assist in achieving the planned number of births, especially by facilitating knowledge of and access to contraception and by enhancing women's bargaining power within the family.¹¹



Female students at a school in the tribal district of Jhabua, Madhya Pradesh, India. Education of girls is still a major challenge in India with regard to achievement of the United Nations Millennium Development goals. Photo: ©2007 Anil Gulati, Courtesy of Photoshare.

Making the Case

Granted, Kerala is not a utopian society. However, it does make a great case for highlighting the importance and benefits of women's education, bolstered by the availability of family planning services and facilities. With such activities, the state of Kerala has transformed from one of the fastest growing populations in India to the one with the slowest population growth rate (below replacement level) and some of the best development and demographic indicators in all of India in terms of social development. The Kerala case is indicative of the benefits that can be achieved in stemming rapid population growth by valuing women and promoting their education.

Endnotes

¹ "Girls Education," *The World Bank*, 10 July 2007 <http://go.worldbank.org/1L4BH3TG20>.

² Caren Grown, "Taking action to improve women's health through gender equality and women's empowerment," *The Lancet*, last modified February 5, 2005, <http://www.thelancet.com/journals/lancet/article/PIIS0140673605178726/fulltext>.

³ Census of India, 2011, <http://censusindia.gov.in>.

⁴ "Education: Status of Women," *Government of Kerala*, July 10, 2007 <http://www.kerala.gov.in/education/status.htm>.

⁵ "National Family Health Survey, 2005-2006" Ministry of Health and Family Welfare, Government of India, (NFHS-3) *India Reports*, www.hetv.org/india/nfhs/index.html.

^{6,8} "Maternal and Child Mortality and Total Fertility Rates" Office of Registrar General, Sample Registration System (SRS) India, July 7, 2011, www.censusindia.gov.in/vital_statistics/SRS_bulletins/MMR_release_070711.pdf.

⁷ National Family Health Survey, 2005-2006" Ministry of Health and Family Welfare, Government of India, (NFHS-3)

⁹ Shireen J. Jejeehoy, *Women's Education, Autonomy and Reproductive Behavior: Experience from Developing Countries*, International Studies in Demography (Oxford: Oxford University Press, 1995.)

¹⁰ Jean Drèze and Mamta Murthi, "Fertility, Education and Development: Further Evidence from India," *Population and Development Review* Mar. 2001: 33-63.

¹¹ National Family Health Survey, 2005-2006" Ministry of Health and Family Welfare, Government of India, (NFHS-3)

¹² Drèze and Murthi, "Fertility, Education and Development: Further Evidence from India," *Population and Development Review* Mar. 2001: 33-63.