



Fertility trends among middle-class women in India: The intersection of socio-economic status, cultural beliefs, education, and family planning

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Abstract

Right from the beginning of 20th Century, the oft repeated word in government and non- governmental sectors is "population explosion". The popular governments have been taking decisive steps to control population such as provision of free education to girl child, 33% reservations for women in education and jobs and fixing the marriageable age for girls at 18 years and for boys at 21 years etc. This article mainly focuses on the relationship between SES and reproduction decisions of middle class women in India. Further, the article discusses various factors that influences the fertility decisions of women and the role of education and SES in family planning. Further, the role of government and non-governmental agencies in helping women in taking reproduction decisions.

Keywords: Middle class women, SES, reproduction, fertility decisions, family planning

Introduction

The socio-economic status (SES) of middle class women in India is a critical determinant of various life choices, including fertility decisions. While India continues to undergo significant socio-economic transformations, it is essential to understand how it intersects with fertility rates for several reasons. The dynamics of fertility is not only influenced by biological factors, but also deeply anchored in the socio-cultural context of a rapid development society. The middle class, encompassing a diversified group of people with different levels of income, education and employment possibilities, presents a single case to examine these intersections.

Literature Review

Fertility trends in women in the middle class in India are considerably shaped by a complex interaction of socio-economic status, cultural beliefs, and education and family planning practices. As Valecha *et al* noted. (2015)^[3], socio-economic determinants such as income, employment and access to health care critically influence reproductive choices. A higher socio-economic status is generally correlated with increased access to family planning services and greater acceptance of smaller family standards, thus contributing to a drop in fertility rates.

Cultural beliefs and societal standards also play a central role. Kohli (2021)^[2] explores the persistence of the preference of the son in women of the urban middle class, which can lead to continuous fertility despite the availability of family planning options. This cultural inclination, associated with socio-economic pressures, often complicates the reproductive autonomy of women and decision-making concerning the size of the family. The qualitative study of Katara (2024)^[1] also explains how cultural expectations meet with personal aspirations, revealing that women often appear between traditional family structures and modern aspirations for personal achievements.

Education appears as a crucial factor influencing fertility trends. Fusari and Veeramani (2016)^[7] research emphasizes

that the higher level of education in women is associated with increased awareness of family planning methods. Similarly, Dahal (2021)^[6] notes that women educated middle class in Kathmandu are more likely to prioritize career and personal development compared to large families, reflecting a trend that can also be applicable in the Indian context.

Family planning practices are often influenced by accessibility and societal attitudes towards contraception. Bee *et al.* (2020)^[5] conducted a transversal study which demonstrates different levels of knowledge and use of family planning in different socio-religious groups, leading to disparities in fertility rates. In addition, Kohli (2017)^[8] highlights the importance of the breeding agency, where women's decisions concerning family planning are complex for their socio-economic status and their educational history. In addition, DAS, GHOSH and Shenk (2024)^[9] emphasize how social responsibility and aspirations in women contribute to contemporary trends with low fertility, which suggests that women from higher socio-economic backgrounds prioritize fewer children in favor of investments in education and career. This reflects a broader story on changing perceptions of family and societal roles among the middle class in India.

Fertility of women and SES

Overall, fertility trends in middle-class women in India cannot be understood in isolation; They are the result of a complex matrix of socio-economic status, rooted cultural beliefs, schooling and practices evolving in family planning, as illustrated by various studies (Katara, 2024; Kohli, 2021; Valecha *et al.*, 2015; Bee *et al.*, 2020; Dahal, 2021; Fusari & Veeramani, 2017; al., 2024)^[1, 2, 3, 5, 6, 7]. Each of these factors contributes to shape reproductive choices and, in the end, fertility rates in contemporary Indian society.

Fertility trends in women in the middle class in India are complex and cannot be included in the wider socio-economic landscape. The middle class has experienced substantial growth in recent decades, stimulated by factors

such as urbanization, globalization and changes in the level of schooling. This demographic change has led to variable fertility behaviors, which makes it imperative to dissect the ways in which SES influences these behaviors. The relationship between SSE and fertility rates is underlined by several interconnected factors, including cultural beliefs, level of education, employment possibilities and access to family planning resources.

Cultural beliefs play a central role in training reproduction choices in women, in particular with regard to the size of the ideal family, the moment of childbirth and gender roles within households. In many Indian communities, socio-economic status influences the cultural perceptions of the family and procreation. A higher SES can be associated with more progressive opinions on the autonomy of women, marriage and procreation, which leads to a preference for small family. Conversely, lower SES groups can adhere to traditional standards that value larger families, which has an impact on global fertility rates.

Fertility, Education and SES

Education is another crucial aspect of the SES which has important implications for fertility decisions. The level of education has been systematically linked to the reduction of fertility rates, because it often gives women the knowledge and skills necessary for enlightened reproductive choices. Women in the middle class in India, who are generally more educated than their lower class counterparts, tend to get married later, have fewer children and are more likely to use contraception. Higher education levels empower not only women, but also contribute to a change in priorities, many choosing to invest in their careers and their personal development before starting families. This trend is further reinforced by increasing access to higher education in women, which shows a correlation with lower fertility rates. Job possibilities also play an important role in training fertility models in women in the middle class. As economic participation in women increases, there is a perceptible impact on fertility rates. Employment can delay procreation and contribute to a smaller family size, because women often favor the progress of career alongside their reproductive choices. The double burden of the continuation of professional opportunities while managing domestic responsibilities can motivate women to opt for fewer children. This interaction between employment and fertility highlights the need for workplace support policies and family environments that facilitate women's participation in the workforce while adapting their reproductive aspirations.

Middle class, Reproductive health and choice

Family planning services are essential in the mediation of the relationship between SES and fertility rates. Access to full family planning resources can considerably influence health and reproductive choices, especially in women in the middle class. Increased availability of contraceptives and information related to reproductive health allows women to make informed choices regarding childbirth. However, disparities exist, women from different Horizons SES knowing variations in access to these services, which can have a direct impact on fertility rates and family planning behavior.

In short, the socio-economic status of middle class women in India deeply shapes their fertility decisions by cultural beliefs, educational achievements, employment possibilities

and access to family planning resources. Examination of these interrelations is crucial to understanding the wider trends in fertility in the context of a society that is continuously evolving. This analysis is used to highlight the need for nuanced policies and interventions that meet the specific needs of middle class women in various socio-economic contexts. The cultural beliefs surrounding the fertility and size of the family play a fundamental role in the configuration of the reproductive decisions of middle class women in India. Traditionally, the cultural narrative in India gives maternity immense value, seeing it not only as a passage rite but also a key component of female identity (Donner, 2016) ^[17]. Such beliefs are often reinforced by family expectations that dictate that women should aspire to have children, particularly children, who are considered essential to continue family lineage and provide financial support in old age. This entrenched ideology can lead women to prioritize motherhood over their educational and professional aspirations, thus influencing general fertility rates.

Role of traditional family structure in reproduction choices

In addition, traditional family structures in India often cover extended families where collective decision making prevails. In these scenarios, women can feel pressured to comply with family standards regarding the desired number of children. For many middle -class women, the expectation of fulfilling family roles can eclipse personal aspirations, which reinforces high fertility rates within these communities. The intergenerational transmission of these cultural beliefs means that women are socialized from an early age in the idea that their main role is as mothers, which can lead to internalized pressures to adjust to social reproductive norms.

Religious and cultural narratives also intersect with these beliefs, since several religions defend pro-natalist ideologies, often seeing motherhood as a spiritual or moral obligation. For example, in Hindu communities, the concept of putra (son) is culturally consecrated, which leads many women to prioritize having male children, which often results in higher fertility rates as couples pursue multiple pregnancies until a child is born. This extends the complexity of individual elections as women deal with their desires in relation to socially constructed roles.

In addition, the lasting stigma surrounding the lack of children in many Indian communities amplifies the anxiety that women experience with respect to fertility. Cultural speeches often frame the value of a woman in relation to her ability to have children, resulting in a social inclination to see the lack of children as a failure (Donner, 2016) ^[17]. Therefore, the pressure of cultural norms can dissuade women to actively pursue family planning methods, further perpetuating the highest fertility rates.

Education and reproduction choices

The influence of cultural beliefs does not exist in a vacuum; Rather, interact with education and employment trends among middle -class women. For example, although education can train women to make more informed decisions about reproduction, predominant cultural expectations can counteract this empowerment. Women who reach higher education are more likely to delay motherhood, but can simultaneously face family opposition,

which limits their reproductive agency. The interaction of these factors highlights the complexity of decision-making processes that surround motherhood among middle-class women in India.

In summary, the cultural landscape significantly influences fertility rates of middle-class Indian women, intertwining traditional values and beliefs with social expectations about motherhood. These dynamics create a complex context that shapes women's reproductive choices, reflecting broader social norms and reinforcing the importance of considering cultural narratives by analyzing fertility tendencies. One of the most salient factors influencing fertility rates in middle class women in India is the level of education. Many studies have established a negative correlation between the level of education and fertility rates, stressing that higher education levels systematically correspond to lower fertility rates. This relationship can be attributed to various mechanisms by which education allows women to make enlightened reproductive choices.

Education provides not only knowledge of genetic health, but also improves the autonomy of women. According to Ghosh and Mistry (2016) ^[14], education provides women with essential skills and knowledge that considerably influence their decision-making processes concerning family planning. Patterred women are more likely to understand the implications of childbirth and the different choices available to them, which ultimately leads to more deliberate reproductive decisions. This understanding contributes significantly to a drop in unwanted pregnancies, thereby reducing overall fertility rates.

In addition to promoting reproductive autonomy, education often influences the socio-economic status of women and the participation of the labor market, which is also in correlation with fertility decisions. Women with higher educational qualifications tend to enter the labor market, thus prioritizing their professional aspirations on the start of a family at an early age. This change of priorities, associated with career obligations, leads to a delay in procreation. Research indicates that the age of marriage is increasingly postponed to well-educated women, which has a direct impact on the calendar and the number of children they choose (Desai and Andrist, 2010).

In addition, the level of education is associated with the access and use of family planning services. Women with higher education levels are more likely to be aware and have access to contraceptive methods, which allows them to control their reproductive health more effectively. Studies by Sharma *et al.* (2017) suggest that educated women are not only looking for family planning services more actively but also use contraceptive methods, resulting in a reduction in fertility rates. This trend is particularly relevant in an urban environment, where family planning initiatives are more established and accessible to educated women.

Cultural beliefs and fertility decisions

Cultural beliefs and societal standards also intersect with education to influence fertility decisions. While cultural expectations can encourage early marriage and procreation, educated women often question these standards. They tend to plead for a more balanced approach to family and career, promoting an evolution towards the small size of families. The interaction of education and the cultural context indicates that women educated in middle class strata are more likely to adopt modern family planning practices and

develop preferences for small families, which also helps reduce fertility rates.

Way ahead- Improving reproduction decision making is the key

In summary, the impact of education on fertility rates in women in the middle class in India is multifaceted. By improving decision-making capacities, improving access to basic health services and allowing women to delay childbirth for professional or personal reasons, education plays an essential role in training reproductive results. This evidence highlights the importance of educational policies aimed at increasing women's access to quality education, because these initiatives not only promote gender equality, but also contribute to significant demographic transitions., Employment intersection, economic independence and fertility decisions among middle-class women in India is a critical area of research, particularly considering rapid economic growth and subsequent changes in social norms within the country. Economic independence, facilitated by greater employment opportunities, significantly influences women's perspectives on pregnancy and family planning. Research indicates that financial stability usually leads to delay in childbirth, as women prioritize education and career development in relation to early family education. According to Pande *et al.* (2020) ^[15], women involved in the workforce tend to have fewer children while sailing in the demands of professional life and aspire to upward mobility. The resulting change from priorities usually coincides with increasing awareness of family planning methods and empowerment to make informed reproductive choices.

In addition, Singh and Pattanaik (2019) ^[16] say that employment not only provides women with constant income, but also promotes an agency sense and self-determination in relation to their reproductive lives. For many middle-class women in India, securing a job represents more than just financial support; Symbolizes empowerment and autonomy. This new independence allows women to negotiate fertility decisions in the family context, challenging traditional norms that can prioritize numerous families or early childbirth. The ability to contribute economically can also lead to increased negotiations with partners regarding family size and delivery, thus altering the dynamics around fertility.

Nature of women's work/employment and reproduction decisions

Moreover, the nature of employment itself plays a fundamental role in the formation of fertility results. Women employed in formal sectors often enjoy benefits such as maternity leave and health insurance, which can alleviate some financial charges associated with pregnancy. On the other hand, women involved in informal employment may not have access to these benefits, which may discourage them to start or expand their families (Pandit & Mukherjee, 2022). This discrepancy illustrates how economic conditions directly affect family planning decisions among middle-class women, highlighting a differentiated relationship that intertwines work structures with reproductive health results.

Cultural factors further complicate this relationship. Although economic independence can enable women to postpone delivery, existing social and family expectations can still impose pressures that encourage early maternity.

Notably, the negotiation process regarding these expectations usually occurs in the context of double responsibilities, where women should balance professional commitments to traditional family roles. As such, the decision-making process around family planning and pregnancy becomes multifaceted, influenced by personal aspirations, economic stability and cultural imperatives.

In short, the intricate relationship between employment, economic independence and fertility decisions among middle-class women in India emphasizes the importance of contextualizing socioeconomic factors in broader cultural structures. As women participate more and more in the workforce, their reproductive choices probably evolve, reformulating demographic patterns in the process. The interaction of financial stability, family structure and expectations of society has fertile ground for further research, particularly in examining the long-term implications of these dynamics on fertility rates in India. Family planning plays a key role in determining fertility rates, particularly among middle class women in India. The meaning of accessible family planning services cannot be exaggerated as they facilitate education on reproductive health, contraceptive choices and finally enable women to make informed decisions about family size. The socioeconomic status of middle-class women directly influences their ability to access family planning resources, which in turn affects the results of fertility.

Accessibility to effective contraceptives and family planning

One of the main reasons that accessibility to family planning methods is the crucial lie in its ability to reduce unwanted pregnancy, which later reduces fertility rates. A study by QAZI *et al.* (2019) [23] highlights significant disparities in the knowledge of family planning in different socioeconomic strata, noting that middle-class women, when properly informed and equipped with resources, are more likely to effectively adopt contraceptive methods. Therefore, the intersection of socioeconomic status and access to family planning services incorporate a salient factor in the formation of reproductive behavior trends and fertility.

Cultural beliefs and social norms in Indian middle-class societies can serve as a barrier and a facilitator of the use of family planning. Traditional values around motherhood can lead to resistance to the adoption of family planning methods. However, when educational initiatives focus on changing these cultural narratives and promoting the benefits of smaller family sizes, women can be influenced to use available contraceptive methods. In addition, the influence of colleagues in these communities can significantly alter family planning perceptions, leading to increased capture and decreased fertility rates.

Education emerges as a crucial determinant in understanding the dynamics of family planning. Greater education among middle-class women is associated with increasing awareness of different contraceptive methods and a higher probability of employment, which also leads to delay in pregnancy. Research indicates that women with greater educational training tend to have a deeper understanding of reproductive health, advocating awareness campaigns on family planning adapted to educational environments of the middle class. Increasing educational opportunities that incorporate family planning discussions

can enable women to take care of their reproductive health, generating lower fertility rates.

Employment has a complex relationship with fertility rates among middle-class women. Women involved in formal employment usually exhibit a trend for lower fertility rates, as work commitments encourage the delay in family planning. The financial independence that accompanies employment allows women to make autonomous choices about their reproductive health. In addition, workplaces that support family planning education and provide access to contraceptive services can significantly improve knowledge and use, leading to beneficial reproductive results. However, barriers such as workplace policies that do not accommodate family planning initiatives, gender biases, and employment security concerns can prevent effective involvement with family planning resources.

The present reproduction challenges and opportunities in India

Finally, the accessibility of family planning services is a multifaceted issue to intertwine socioeconomic status, cultural beliefs, education and employment. Increasing awareness and use of family planning methods represents a strategic approach to reducing fertility rates among middle-class women in India. Therefore, directed interventions that meet the exclusive needs and barriers faced by this demographic group - such as culturally sensitive educational programs and employment support - are vital to promoting an environment conducive to making informed reproductive choices. As shown by QAZI *et al.* (2019) [23], the closure of the gap in the knowledge of family planning is essential to enable women and increase the results of reproductive health, further underline the critical need for sustained focus on improving family planning accessibility. The dynamics of the caste is considerably crossed with socio-economic status, influencing reproductive choices in middle class women in India. Historically, caste systems have dictated social stratification, interacting the identities of individuals with notions of fertility and family size. Literature suggests that women belonging to certain castes inherit specific beliefs concerning the ideal number of children, often rooted in cultural heritage and social expectations (Roy *et al.*, 2015) [21]. For example, women from higher caste, often associated with more urbanized and educated environments, may present family planning practices that align themselves with a preference for small family sizes. These preferences can be influenced by the socio-economic progress which encourages the alignment of reproductive choices with personal and financial objectives, in particular the security of higher education and employment opportunities.

Conversely, women from the lower caste, which can still be confronted with socio-economic constraints, often have more traditional opinions on fertility, reflecting adhesion to cultural norms which value larger families. These different attitudes towards fertility can be partially explained by access to resources such as education and health care, which can be limited in lower castes communities. In addition, caste-based identity can impose significant pressures on reproductive behavior, by which women may feel obliged to comply with the societal standards of their caste to honor family and cultural expectations.

In contemporary India, although economic mobility in women in the middle class has increased, the persistent effects of castes dynamics can always shape reproductive

decision -making. Studies indicate that the affiliation of castes can influence women's access to family planning resources, health care education and overall empowerment, therefore affecting their fertility rates. In particular, women from marginalized castes can face systemic barriers, such as discrimination and lack of access to complete reproductive health services, leading to higher fertility rates by inadvertently when juxtaposed to their middle -class counterparts in more privileged caste.

In addition, change towards urbanization introduces a complex interaction in which socio-economic growth amplifies the differences based on castes in fertility rates. Women of the urban middle class often experience an evolution of their agency, fueled by the increase in educational achievements and participation in the workforce. This demography is evolving more and more towards delayed marriages and procreation. On the other hand, women of the lower socio-economic strata, even in the middle class categories, can be less affected by these trends due to rooted cultural practices which strengthen traditional structures and family roles.

The implications of these intersection dynamics are deep, because they underline the need to consider caste not only as a social construction but as a determinant of the reproductive health results of women. This intersectionality arouses a rich avenue for future research which can further elucidate how the identity of the castes and the socio-economic status jointly shape the landscape of fertility rates in middle-class women in India, while also informing political interventions aimed at improving reproductive health and family planning., The tendency to delay childbirth among middle -class women in India is becoming increasingly pronounced, influenced by a confluence of social pressures and individual elections. One of the critical factors that contribute to advanced maternal age is the predominant cultural narrative that surrounds the roles and social expectations of women. Traditionally, motherhood has been celebrated and seen as a fundamental milestone in the life of a woman, which often leads to early marriage and childbirth. However, changing socioeconomic conditions has allowed an evolution in this narrative. Rajput *et al.* (2018) ^[19] claim that as women reach higher education levels and get more involved in workforce, urgent social pressure to marry and reproduce at an early age decreases.

The issues before middleclass women

Middle class women increasingly prioritize educational and professional development over early family training, reflecting broader socio-cultural changes. This delay is often perceived as a means for women to achieve greater economic independence and personal fulfillment. Education not only equips women with the necessary information for informed family planning, but also improves their occupational perspectives, which allows them to aspire to careers that may not be compatible with motherhood in the first years. In addition, the greatest access to information related to reproductive health and fertility has allowed women to make informed reproductive decisions, allowing them to negotiate deadlines that best align with their life objectives.

In terms of employment, middle -class women are integrating their careers into their identities, resulting in a growing tendency to opt for maternity later in life. Research indicates that working women often consider that their

professional aspirations are a priority, which plays an important role in the delay of childbirth (Rajput *et al.*, 2018) ^[19]. The act of balance between promoting a career and complying with family obligations is not exempt from challenges. However, many women report a preference to marry and start a family later in life to achieve a more stable economic base and guarantee a safe lifestyle for potential children.

In addition, personal elections formed by cultural influences significantly affect reproductive time. Some middle class women adopt individualistic perspectives who prioritize personal agency, seeing motherhood as an integral aspect of their identity but not necessarily as a main approach. This change has been accompanied by changing attitudes towards marriage and fatherhood, and many women express desires to delay these milestones until they feel personally and professionally lists. The implications of this trend are multifaceted, since late pregnancies can affect fertility, increase health risks for both the mother and the child and alter family structures.

It is also important to keep in mind that, although many middle -class women benefit from these changes, disparities persist, particularly among economically disadvantaged groups. The complexity of the socioeconomic status, combined with entrenched cultural beliefs, can create significant barriers that limit the reproductive options available for women outside the middle class. Therefore, the analysis of the implications of advanced maternal age through the lens of the socioeconomic status provides a nuanced understanding of the interaction between culture, personal options and fertility rates, positioning middle -class women within a broader socio-cultural and economic context., Government policies and socio -economic strategies play a fundamental role in addressing fertility trends among middle -class women in India, particularly as these women negotiate the complexities that arise from cultural beliefs, educational achievement, employment opportunities and family planning resources. In urban environments, where socio -economic disparities are pronounced, specific interventions can serve to mitigate fertility rates while promoting empowerment and informed reproductive options.

The National Family Planning Program of India, initiated in the 1950s and evolving continuously, seeks to provide access to contraception and reproductive health services. Recent iterations focus on improving awareness and providing comprehensive education with respect to family planning, which can significantly affect fertility rates among middle -class women by allowing them to make informed decisions (Kumar *et al.*, 2021). However, although access to contraceptives is necessary, it remains crucial that these services are accompanied by culturally delicate dissemination efforts that take into account the various beliefs and practices within urban middle class communities.

Education remains a fundamental component of socioeconomic strategies aimed at influencing fertility trends. Numerous studies have demonstrated a negative correlation between educational achievement and fertility rates, which suggests that the highest levels of education lead to lower fertility among women (Bhat and Zavier, 2003). Investment in women's education, particularly in urban areas, must be prioritized, not only through traditional schooling, but also through the vocational education and

adult training programs that raise women's status both in the workforce and in decision-making processes. These initiatives encourage a culture of empowerment, promoting the idea that women can actively participate in economic activities and postpone childbirth to obtain better personal and professional results.

Employment opportunities also play an important role in configuration of fertility rates. As middle-class women enter more and more to the workforce, there is a corresponding trend towards late maternity and smaller family sizes. Government policies that promote gender equality in employment, such as flexible work hours, maternal license and incentive of companies owned by women, can further support this trend. For example, the 2017 Maternity Benefit Law (amendment) was designed to improve maternity license and promote women's health, thus encouraging women to follow their careers without sacrificing their reproductive elections (Government of India, 2017).

In addition to labor and educational policies, family planning initiatives specifically designed for demography of the urban middle class should be used. Programs that offer comprehensive reproductive health services, which include advice on family planning options and support for safe pregnancy practices, can close the gap in fertility trends. The integration of technology in these initiatives, such as mobile health applications that provide information on reproductive health and reminders for the use of contraceptives, can further improve accessibility and participation with family planning services.

In addition, collaboration with non-governmental organizations (NGOs) that focus on women's health can amplify the scope of government initiatives. The evidence suggests that NGOs are instrumental in the implementation of base interventions that resonate with local cultural contexts and address specific needs within urban communities (Bhowmik *et al.*, 2020). These associations can be critical to reduce socioeconomic disparities related to fertility rates among middle-class women by ensuring that families are equipped with knowledge and resources to plan their reproductive lives effectively.

Therefore, addressing fertility trends among middle-class women in India requires a multifaceted approach that includes effective government policies, both in access to family planning and in socio-economic support. These strategies should consider the unique challenges and opportunities presented by urban environments. By equipping women with education, employment opportunities and culturally appropriate family planning resources, it is possible to positively influence fertility rates, thus promoting healthier families and a more balanced demographic trajectory. The interaction between the socioeconomic state and fertility rates among middle-class women in India is a complex phenomenon deeply rooted in a matrix of cultural beliefs, educational achievement, employment opportunities and family planning practices. As observed, socioeconomic status significantly shapes women's perceptions with respect to the maternity and size of the family, with economic stability often correlated with a latest start of maternal and smaller family sizes (Singh *et al.*, 2022) [12]. This is particularly evident in urban contexts where middle-class women, influenced by contemporary

cultural narratives, prioritize professional and personal development on traditional motherhood expectations.

Cultural beliefs play a fundamental role in the configuration of fertility patterns, in which traditional values often advocate larger families as a measure of prosperity and social status. However, middle-class women adopt more and more modern values that prioritize smaller families due to concerns about the quality of life, early childhood education and economic burden associated with multiple children's breeding (Khadka *et al.*, 2015) [25]. This change reflects a gradual transformation of social norms, although regional variations persist, and some communities still strongly adhere to pro-natalist ideologies.

Conclusion

The educational level of women is a crucial factor that influences fertility rates. The higher Educational achievement among middle-class women is associated with a greater awareness of reproductive health, better access to family planning resources and a greater propensity to delay childbirth. Women with advanced education are more likely to participate in the workforce, thus improving their socioeconomic status and reinforcing their ability to make informed decisions regarding the size of the family (Singh *et al.*, 2022) [12]. In addition, education allows women to challenge traditional gender roles, allowing them to negotiate their reproductive rights and preferences within family and social contexts.

Employment also plays an important role in the influence of fertility decisions among middle-class women. Economic independence often leads to the prioritization of professional progress, which in turn affects family planning options. The women used are more likely to use contraception effectively and plan their pregnancies aligned with their professional aspirations. In addition, the double burden of work and household responsibilities can lead to the decision to postpone maternity or limit family size (Khadka *et al.*, 2015) [25]. Therefore, the policies that promote the use of women and provide support for the balance between work and life could further influence fertility rates positively.

Family planning initiatives are essential to understand the dynamics of fertility within this demographic group. Access to comprehensive family planning services, including contraceptive options, advice and reproductive health education, is vital to allow middle-class women to exercise autonomy over their reproductive choices. However, despite the improvements in accessibility, cultural stigmas and erroneous information about family planning persist, presenting barriers for effective use. Therefore, there is a pressing necessity of improved educational campaigns that address cultural erroneous concepts and promote positive attitudes towards family planning.

In summary, the relationship between socioeconomic status and fertility rates among middle-class women in India is multifaceted, very affected by interrelated factors such as cultural beliefs, education, employment and family planning. Future research should focus on longitudinal studies to explore not only changing dynamics over time, but also the nuanced effects of different socioeconomic contexts. In addition, political initiatives must adopt a holistic approach that integrates educational reforms and related to employment with culturally sensitive family planning services to effectively address the complexities of fertility dynamics in these socio-economic strata.

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