# EFFECT OF WOMEN EMPOWERMENT ON THEIR FERTILITY BEHAVIOUR

**Samina Badar, *Shaheena Manzoor, **Muhammad Anwar Chaudhary, ***Misbah Shahid, Seema Yasmeen, Saima Arshad**

Quaid-e-Azam Medical College Bahawalpur, *Institute of Public Health Lahore, **Higher Education Commission Islamabad, ***Services Hospital Lahore

## ABSTRACT

***Objective:*** The objective of the study was to: (1) find out the association between women empowerment and number of children, (2) evaluate any association between women empowerment and use of contraceptives.

***Design:*** A cross sectional study.

***Place and Duration of Study:*** The study was conducted in selected areas of Bahawalpur City. The data was collected from March to June 2003.

***Subjects and Methods:*** A total number of 872 households were selected by systematic random selection from upper, middle and lower class. Data was collected from eligible respondent (currently married women of reproductive age group 15-49 year having at least one child of 3 years age) through a pre-designed questionnaire. Independent variable empowerment of women was calculated by giving score to education, occupation and autonomy at micro level. Dependent variables (fertility and use of contraception) were assessed for significance by applying chi square test.

***Result:*** 41.9% high empowered women were in the opinion that birth of a male child did not provide security ($p<.001$). A strong positive association between level of empowerment and contraception use ($p<.001$). There is negative association between women empowerment and number of children ($p<.001$).

***Conclusion:*** Efforts should be made to change the attitude of men that empowering woman is ultimately empowering the whole family.

**Keywords:** Women empowerment, fertility

## INTRODUCTION

Population explosion is a global problem. World population growth rate is 1.3%. In more developed countries it is 0.1% and less developed have 1.6%, Asia has 1.3% but Pakistan has 2.0% [1]. There is an apprehension that Pakistani women at the moment are not empowered to undertake variety of decisions by virtue of their lower status as compared to men. In Pakistani Society Women may want to control family size but they are not empowered to decide about that. They may need a good number of male issues to ensure their good status in the family and to secure their old age.

Women empowerment is perhaps the most critical determinant of changes in demographic and health behaviour. While assessing some dimensions of women empowerment in relation with fertility behaviour, education, employment, economic status, number of male issues, and autonomy at micro level is used as proxies for women status [2].

Women Empowerment means that woman have a right to make decision due to their status either gained by education, economic status, occupational status, male issue or combination of all these variables [3].

**Correspondence:** Dr Samina Badar, Assistant Prof of Community Medicine Department, Quaid-e-Azam Medical College, Bahawalpur.
E-mail: sbadar628@hotmail.com

Fertility: Number of children born to married women [4].

Currently married women. Women who are married and living with their husbands.

The objective of the study was to: (1) find out the association between women empowerment and number of children, (2) evaluate any association between women empowerment and use of contraceptives.

## SUBJECTS AND METHODS

This was a cross sectional study conducted in upper, middle and lower class locality at Bahawalpur City. Data was collected from March to June 2003, by trained medical students. While making the judgement about upper, middle and lower class the variables of income, occupation, general style of living and site of residence, were taken into consideration (In upper class (Model Town-A) most of the houses were more than 4 Kanals and majority of the people belonged to Feudal Class (Landlord & Industrialist), Middle Class (Satellite Town) houses were of 10 marlas to 1 Kanal and majority of the people belonged to White Collar Class (Officer Worker and Businessmen), and lower class people lived in slum area (Shahdrah Basti, Khadajat etc.) and majority belonged to labourer class (Blue Collar Class).

Data regarding the total number of households alongwith map was collected from the Federal Bureau of Statistics. There were total 8720 households present in the study area. By keeping time and resources into consideration 10% of the households i.e. 872 were selected. After taking a random start every 10th household was included in the study. To ensure proportionate sampling 158 households were included from upper class (1580), 206 from middle class (2060) and 508 from lower class (5080). From each selected house a woman fulfilling the eligibility criteria (i.e., currently married woman of reproductive age (15-49) with at least one living child aged 3 years or older) was interviewed by introducing predesigned questionnaire. When eligible woman was not present or the house was locked, next house on the right side was taken as a sampled house. If in case, there was more than one eligible woman the younger one fulfilling the criteria was selected for interview. Regular supervision and monitoring was done to ensure the quality of data.

## STATISTICAL ANALYSIS

The questionnaire was entered and analyzed on SPSS Statistical package version 10. Chi square statistics was used to check significant association and tables constructed for different variables.

### Operationalization of Variable

Calculation of Empowerment score index, level of education, occupational status, autonomy at micro level was taken. (Women were reluctant to tell about their or their family income. So score for income was dropped for calculation of empowerment).

The qualitative information from each of the remaining indicators was quantified by giving score to each aspect of the main indicator.

### Education

Nil=0, Primary=1, Middle=2, Matric=3, Intermediate=4, Graduate=5, Postgraduate=6

### Occupation

House Wife=0, Embroidery at home=1, Labourer=2, Office Work/Teacher= 3, LHV=4, Doctor/Engineer=6 (training & level of education of Doctor/Engineer is much better than LHV so one extra score is given).

### Autonomy at Micro Level

Ten questions were asked to assess the autonomy at micro level with their scoring at great extent was taken as upper (score 3), to some extent as middle (score 2), not at all as lower (score 1). On this dimension of empowerment respondent could get maximum of 30 score and minimum of 10 and the range was 10-30. It was divided into 3 equal points i.e. 10-16, 17-23, 24-30 and was labeled as low, medium and high.

For comparison purposes a composite score of empowerment (education + occupation + autonomy i.e. 6+6+30=42) ranging 10-42 was formed and divided into low 10-20, middle 21-30 and high 31-42.

Fertility Behaviour was assessed by

- Number of living children,
- Use of contraceptives

## RESULTS

In composite score of empowerment 33.6% women belonged to low, 42.7% women belonged to medium while 23.7% women belonged high empowerment group (table-1 & figure) showed percentages of women empowerment according to their level. Low empowered women only 6.2% were in opinion that the birth of a male child did not provide security in marriage bonding compared to 41.9% of highly empowered women who expressed similar opinion (P<.001) (table-2). Male issue has been a crucial in the provision of status to the women and security for marital happiness, financial support, family feuds, against divorce and old age. The women were asked about enhancement in the status of women by birth of male child. 51.9% low empowered and 44.5% high empowered women perceived that birth of a son to a great extent enhances the status of the women (P<.001). There is negative association between women empowerment and number of children. Among the respondents 48% of low empowered had 5 or more children as compared to 11.6% of high-empowered women (P<.001) (table-3). There is strong positive association between the levels of empowerment and contraceptive use. One could see that there is sharp increase in the percentages i.e. 41.2 (low) to 68.0 (medium) to 85.2 (high) (P<.001). When women were asked about the use of contraceptives 47.6% of low empowered while 78.9% of high-empowered women decided to use contraceptive methods by mutual decision of both the spouse (P<.001) (table-4).

**Table-1: Empowerment of respondents under different indicators.**

| **Scoring of Education** (1) | | | |
|---|---|---|---|
| | | **Frequency** | **Percentage** |
| Zero | Low | 406 | 46.6 |
| 1-3 | Medium | 184 | 21.1 |
| 4-6 | High | 282 | 32.3 |
| Total | | 872 | 100 |
| **Scoring of Occupation** (2) | | | |
| | | **Frequency** | **Percentage** |
| 0 | | 696 | 79.8 |
| 1 | | 62 | 7.1 |
| 2 | | 16 | 1.8 |
| 3 | | 72 | 8.3 |
| 4 | | 12 | 1.4 |
| 6 | | 14 | 1.6 |
| Total | | 872 | 100 |
| **Scoring of Autonomy** (3) | | | |
| 10-16 | Low | 156 | 17.9 |
| 17-23 | Medium | 334 | 38.3 |
| 24-30 | High | 382 | 43.8 |
| Total | | 872 | 100 |
| **Sum of all Scores (1+2+3) for Categorization of Empowerment** | | | |
| 10-20 | Low | 296 | 33.9 |
| 21-30 | Medium | 332 | 38.1 |
| 31-42 | High | 244 | 28 |
| Total | | 872 | 100 |

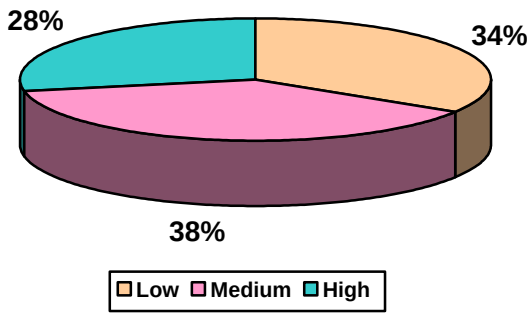


**Figure: Percentages of women empowerment according to their level.**

## DISCUSSION

Findings of the study clearly indicate that negative association exists between the empowerment of women and their fertility. These findings are in line with the findings of Manson [5], Greenspan [6], Sathar, Masson [7], Karim Mehtab [8], Salvaratnam [9], Sather, Kazi [10], Riley [11] and Blumberg [12].

**Table-2: Women empowerment and male child.**

| | Low 10-20 | | Medium 21-30 | | High 31-42 | | Total | |
|---|---|---|---|---|---|---|---|---|
| | **N** | % | N | % | N | % | N | % |
| **Status of Women rises after birth of male child** | | | | | **P<.001** | | | |
| Increase to great extent | 140 | 51.9 | 118 | 36.6 | 106 | 44.5 | 364 | 43.9 |
| To some extent | 120 | 44.4 | 142 | 44.1 | 68 | 28.6 | 330 | 39.7 |
| No effect | 10 | 3.7 | 62 | 19.1 | 64 | 26.9 | 136 | 10.4 |
| | 270 | 100 | 322 | 100 | 238 | 100 | 830* | 100 |
| **Male child provide security to marriage bonding** | | | | | **P<.001** | | | |
| Increase to great extent | 120 | 46.9 | 90 | 30.2 | 70 | 29.9 | 280 | 355 |
| To some extent | 120 | 46.9 | 120 | 40.3 | 66 | 28.2 | 306 | 38.8 |
| No effect | 16 | 6.2 | 88 | 29.5 | 98 | 41.9 | 202 | 25.7 |
| | 256 | 100 | 298 | 100 | 234 | 100 | 788** | 100 |

*P<.001* **42 refused to respond* ***84 refused to respond.*

**Table-3: Women empowerment and No. of children.**

| **No. of children** | Low 10-20 | | Medium 21-30 | | High 31-42 | | Total | |
|---|---|---|---|---|---|---|---|---|
| | **N** | % | N | % | N | % | N | % |
| ≤ 2 | 64 | 21.6 | 76 | 23.0 | 108 | 44.3 | 248 | 28.4 |
| 3-4 | 90 | 30.4 | 128 | 38.5 | 108 | 44.3 | 326 | 37.4 |
| 5+ | 142 | 48.0 | 128 | 38.5 | 28 | 11.6 | 298 | 34.2 |
| | 296 | 100 | 332 | 100 | 244 | 100 | 872 | 100 |

*P<.001*

**Table-4: Women empowerment and contraceptives.**

| | Low 10-20 | | Medium 21-30 | | High 31-42 | | Total | |
|---|---|---|---|---|---|---|---|---|
| | **N** | % | N | % | N | % | N | % |
| **Use of Contraceptives** | | | | | **P<.001** | | | |
| Users | 122 | 41.2 | 226 | 68 | 208 | 85.2 | 556 | 63.8 |
| Non Users | 174 | 58.8 | 103 | 32 | 36 | 14.8 | 316 | 36.2 |
| | 296 | 100 | 332 | 100 | 244 | 100 | 872 | 100 |
| **Decision making about contraceptives among users** | | | | | **P<.001** | | | |
| Self / Wife | 18 | 14.7 | 20 | 8.9 | 24 | 11.5 | 62 | 11.1 |
| Husband | 46 | 37.7 | 58 | 25.6 | 20 | 9.6 | 124 | 22.3 |
| Both | 58 | 47.6 | 148 | 65.5 | 164 | 78.9 | 370 | 66.6 |
| | 122 | 100 | 226 | 100 | 208 | 100 | 556 | 100 |

It has been found that there is a quite significant change in the percentage of contraceptive users as one move from low empowerment to medium and high empowerment. These findings support earlier findings reported by Greenspan A [6], Schuler, Hashmi [13], and Blumberg [12].

As it has been found that Son preference is one of the prime motivator for desire of additional children, which ultimately affects couples adoption of contraceptives in long run [14].

Son preference is found to be common in low empowered women [10,15-17].

## CONCLUSION

The result of this study showed that there is strong negative association between women empowerment and their fertility. Women empowerment and contraceptive use was positively associated. On the basis of these findings it may be concluded that women empowerment provides multidimensional aspects of security which ultimately affect parity.

## RECOMMENDATION

- Efforts may be made to change the attitude of men in the sense that

women being their partners while being empowered would ultimately empower the whole family.

- Male issues provide security, maintains its significance unless some alternatives institutional infrastructure like variety of insurance providing institutions (old age security) are developed in the country.

## REFERENCES


1. Badar S, Mir AM. *Current Population Scenario of Pakistan and its implications. An introduction to medical demography and population studies*. Rawalpindi: Population Council; 2004. p. 183.
2. Sathar ZA, Kazi S. Women's Autonomy and Gender Relations. *Women's Autonomy, live hood and Fertility: a case study of rural Punjab*. Islamabad: Pakistan Institute of development economics; 1997. p. 33.
3. Dixon RB. *Rural women at work*. Baltimore: John Hopkin University Press; 1978. p. 6.
4. Park K. *Text Book of Preventive and Social Medicine*. 26th ed. Jabalpur: Banarsidas Bhanot; 2008. p. 356.
5. Manson KO. *The status of women: a review of its relationship to fertility and mortality*. New York: The Rockfeller Foundation; 1984. p. 23.
6. Greenspan A. Effects of education on Reproductive Behaviour: lesson from Pakistan. *Asia Pac Pop Policy* 1992; 23: 14.
7. Sathar ZA, Manson KO. How Female Education Affects Reproductive Behaviour in Urban Pakistan. *Asian Pac Popul Forum* 1993; 6(4): 5-13.
8. Karim MS. Differentials in age at first marriage. In: Alam I, editor. *Fertility in Pakistan: A Review of findings from the Pakistan Fertility Survery*. Voorburg: International Statistical Institute; 1986 p.12
9. Selvarantnam S. Population and status of women. *Asia Pac Popul J* 1988; 3(2): 3-28.
10. Sathar S, Kazi S. *Profuctive and Reproductive Choices of Metropolitan Women: Report of survery in Karachi*, Islamabad: Pakistan Institute of Development Economics; 1988. p. 8.
11. Reley NE. Gender Power and Population change. *Popul Bul* 1997; 52(1): 2-46.
12. Blumberg RL. Income under female verses male control: hypothesis from a theory of Gender stratification and Data from the third world. In: Blumberg RL editor. *Gender Family and Economy: the triple overlap*. Newbury Park: Sage Publications; 1991. p. 97-127.
13. Schuler SR, Hashemi SA. Credit Programme on Women's Empowerment and the contraceptive use in the Rural Bangladesh. *Stud Fam Plann* 1994; 25(2): 65-76.
14. Farooqi MNI. Son preference, Fertility Desire and Contraceptive use in two largest cities of Pakistan. *Pak Popul Rev* 1990; 1(1): 54-64.
15. Robey B. Pakistan's Population growth: the need for Action. *Asia Pac Pop Policy* 1991; 17: 1-4.
16. Haughton J, Haughton D. Son Preference in Vietnam. *Stud Fam Plann* 1995; 26(6): 325-7.
17. Kulkarnis, Kumar BS, Saikia US. *Son Preference and Fertility Decline in India:* Paper presented at the seminar on comparative respective on fertility transition in South Asia, Islamabad, Pakistan; 1996 December 17-20.