Women's Empowerment and Reproductive Choices

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INTRODUCTION

The 1994 Cairo International Conference on Population and Development (ICPD) in their Programme of Action calls for promoting gender equality and equity and the empowerment of women. Furthermore, the conference also recognises the basic rights of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children, as well as the right to the information and the means to do so [Sadik (1994)].

The need for such a programme of action arose in view of the fact that in many countries, including Pakistan, women are generally least empowered and hence they have negligible rights to decide about the number of their children. According to the 1990-91 Pakistan Demographic and Health Survey, over 54 percent women either wanted to stop having children or wanted to wait at least two years before having another child [Ali and Rukanuddin (1992)]. However, in practice, all of these women were not protected; instead, only 12 percent were practising contraception [Shah and Ali (1992)]. The low incidence of family planning practice on the part of the women is not so much due to the dearth of family planning services; rather it is due to resistance by husbands, in-laws, and other peer pressures. Demographers like Caldwell (1982) and Cain *et al.* (1979) also contend that in patriarchal societies it is the patriarchy which militates against the fertility decline.

Another way of looking at the state of women in this society is to study a relationship between their actual and ideal number of children. Although the precise relevance of the statements on the ideal family size to the actual reproductive behaviour has always been argued [Hauser (1967); Lightbourne and MacDonald (1982)], yet many demographers agree that in developing countries observed fertility may not reflect

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the actual demand for children whereas the family size preferences would do so [Farooq (1981); Ware (1984)].

Table 1 is based on the currently married women aged 35+ years who have given numeric responses. The reason for restricting the analysis to women 35+ years old is that in Pakistan owing to young age at marriage, a large number of women in the 35–49 years age-bracket are grandmothers; and because of the grandmother taboo, i.e., the inhibition to bear children after becoming a grandmother, a majority want to cease child-bearing as they have achieved their desired family size [Ali (1989)].

Table 1

Percentage Distribution of Currently Married Women Aged 35+ Years,
By Number of Living Children and Ideal Family Size

Number of Living Children	Ideal Family Size*					
	0 – 2	3 – 4	5 – 6	7 – 8	9 +	Row Total
0 – 2	4.1	8.4	1.4	.7	.3	14.9
3 – 4	2.4	18.1	2.9	1.0	0	24.4
5 – 6	3.1	17.3	10.0	.7	.1	31.3
7 – 8	.9	12.1	3.6	2.1	.8	19.5
9+	0.2	4.9	3.6	.3	.9	9.9
Col. Total	10.81	60.8	21.5	4.8	2.2	100.0

*Based on numeric responses only.

Table 1 shows that there were only 35 percent women who have the same number of children as their ideal. Sixteen percent women still have less than their stated ideals, whereas almost half of the women have excess children from their stated ideal number of children. The non-correspondence between the two measures is certainly a matter of concern.

In such a situation, merely family planning programme efforts may not yield the desired results. Empowering women in a variety of social and economic spheres will not only reinforce their ability to control fertility but will also rid women of numerous abuses committed against them, including physical abuse by husband and in-laws.

In this paper, we shall restrict our analysis to identification of some of the women's empowerment variables, and test the effectiveness of these variables on reproductive choices.

DATA AND VARIABLES

The present study is based on the data of the 1990-91 PDH Survey. The survey collected information regarding demographic and health issues, and as such no specific information on women's empowerment was collected in the survey. However, efforts

are made to select those variables which reflect women's empowerment and autonomy in decision-making. The dependent variable used in the analysis is Children Ever Born (CEB).

The analysis in this paper is based on the currently married women aged between 15–49 years who have given birth to at least one child in the last five years from the date of the survey.

In this man's world, it is a fact that a woman's view is hardly taken into consideration, especially when a desired family size is pursued. Rather women are considered to be baby-producing machines entrusted with the duties of rearing and caring of children besides doing household chores. When the question, "Have you and your husband ever discussed the number of children you would like to have?", is answered in the affirmative, it reflects recognition of women's worth in being consulted for a decision as vital as the number of children to be produced, implying the degree of empowerment she has.

Usually, a person who has the supreme power and authority in the household is considered to be the head of a household. A woman as head of the household is undoubtedly empowered with the authority of decision-making. The question is, would women empowered with decision-making choose to have a smaller family size or not?

The question, "If you could go back to the time you did not have any children and could choose exactly the number of children you want to have in your whole life, how many would that be?", indicates her preference for the ideal family size. In response to this question, some women gave numeric answers whereas many termed the question as interference in God's affairs. For this question, we divided the reply into two. All those who gave numeric responses are considered to have had some grit and authority to decide about the number of children, and hence may be said to have empowerment of decision-making. Whereas, all those who gave non-numeric responses are 'fatalists'. In other words, these women may be said to have resigned their power and tend to accept whatever is their 'fate'.

The empowerment of women in this analysis was measured by another set of questions, that is: "At the time you became pregnant with (name of the child), did you want to become pregnant *then*? Did you want to wait until *later* or did you want *no more* children at all?". The empowerment status of the women was determined in such a way that all those women who wanted the baby at the time of their pregnancy were considered to be "empowered". In the second category, all those who wanted the baby later but became pregnant were classified as "less empowered". And in the third category, i.e., "least empowered" were those who wanted no more children but got pregnant.

"If you needed to go to a health clinic or a hospital, could you go by yourself or would you need to be accompanied by someone?". The answers to this question denotes women's freedom of mobility and social independence. A woman capable of

going independently to a clinic or a hospital has the potential and the desire to have some empowerment, implying the likelihood of her participating in decision-making.

The level of female education and female labour force participation are the two other variables used here in the analysis. Both these variables depict the status of women. These variables are also the source of autonomy, as by acquiring education, women are generally exposed to the outside world, and also because of economic emancipation which they derive by earning money and begin to take control of their lives. In other words, female education and employment provides the confidence which in turn allows women to take decisions about the number of children to be produced.

METHOD

In order to measure the net effect of each predictor on the dependent variable, the technique of Multiple Classification Analysis (MCA) was used, as in the following equation:

$$y_{ij,\ldots,n} = \overline{Y} + a_i + b_j + \ldots + e_{ij,\ldots,n}$$

where $y_{ij,\ldots,n}$ is the score of individual n who falls in the ith category of predictor A, jth category of predictor B, etc.; $\overline{Y}$ is the grand mean of the dependent variable; a_i is the effect of membership in the ith category of predictor A; b_j is the effect of membership in the jth category of predictor B; and $e_{ij,\ldots,n}$ is an error term.

MULTIVARIATE ANALYSIS RESULTS

In the analysis of variance, all predictors except "discussion about the number of children to have" are significant. In the analysis of the data based on rural areas, all predictors are significant. In urban areas, "head of the household" is the only predictor which is found not significant. The co-variates used in the equation are also found to be highly significant for Pakistan, both for urban and rural areas.

Table 2 shows the net effect of each predictor on the dependent variable, controlling for the effect of other predictors and covariates. As is evident from the value of R^2, the predictability of all independent variables taken together without the covariates was 23 percent. The value of R^2 increased substantially to 62 percent when the additive effect of all predictors and covariates was included. The values of R^2 and adjusted R^2 are higher in urban than in rural areas.

The effect of the head of household status on CEB, as indicated by eta values, is quite low. The magnitude of the effect does not change when independent variables are adjusted (all Pakistan). However, the effect, as indicated by Beta values, becomes negligible when adjusted for both predictors and covariates simultaneously.

In this patriarchal society, it is almost inconceivable that in the presence of male elders, a woman becomes a head of the household, except in the case that the husband is invalid. Another instance is when her husband has left home for a job or is

Table 2

Multiple Classification Analysis of Children Ever Born and Selected Variables, Controlling for Current Age of Respondent, Age at First Union, Breast Feeding, and Contraceptive Use

Variable + Category	N	Unadjusted		Adjusted for Independents		Adjusted for Independents + Covariates	
		Dev'n	Eta	Dev'n	Beta	Dev'n	Beta
PAKISTAN							
Grand Mean = 4.242							
Head of Household							
Women	95	.88		.84		.08	
Men	3661	-.02	.05	-.02	.05	.00	.01
Response to Question on Ideal Family Size							
Numeric	1515	-.37		-.42		-.20	
Non-numeric	2441	.25	.12	.28	.13	.14	.06
At the Time of Becoming Pregnant, Wanted Pregnancy							
Then	2892	-.51		-.55		-.25	
Later	287	.01		.38		.41	
No More	578	2.57	.42	2.57	.42	1.03	.18
Discussion about No. of Children							
Yes	1350	-.04		.13		.06	
No	2406	.02	.01	-.07	.04	-.03	.02
If Needed to Go to a Health Clinic or a Hospital							
Could Go Alone	939	.24		.34		-.11	
Would Be Accompanied	2817	-.08	.05	-.11	.07	.04	.02

Table 2—(Continued)

Variable + Category	N	Unadjusted		Adjusted for Independents		Adjusted for Independents + Covariates	
		Dev'n	Eta	Dev'n	Beta	Dev'n	Beta
Women Currently Working							
Yes	621	.42		.33		.07	
No	3135	-.08	.07	-.06	.05	-.01	.01
Women's Education							
No Schooling	2980	.21		.21		.11	
Primary	347	-.45		.39		-.01	
Middle	150	-.70		-.76		-.24	
Secondary	234	-1.13		-1.23		-.91	
Higher	46	-1.89	.17	-1.88	.17	-1.60	.12
Multiple R Squared					.228		.618
Multiple R					.478		.786
Grand Mean= 4.175							
			URBAN				
Head of Household							
Women	15	-.27		.25		-.82	
Men	1028	.00	.01	.00	.01	.01	.04
Response to Question on Ideal Family Size							
Numeric	634	-.35		-.28		-.16	
Non-numeric	409	.55	.17	.44	.14	.25	.08
At the Time of Becoming Pregnant, Wanted Pregnancy							
Then	682	-.74		-.76		-.40	

Continued—

Table 2—(Continued)

	N						
Later	142	-.26		.02		.27	
No More	219	2.47	.50	2.36	.49	1.08	.24
Discussion about No. of Children							
Yes	544	-.18		-.03		-.03	
No	499	.20	.08	.04	.01	.03	.01
If Needed to Go to a Health Clinic or a Hospital							
Could Go Alone	444	.27		.36		.03	
Would Be Accompanied	599	-.20	.09	-.27	.12	-.02	.01
Women Currently Working							
Yes	135	.22		.15		-.06	
No	908	-.03	.03	-.02	.02	.01	.01
RURAL							
Women's Education							
No Schooling	547	.64		.59		.40	
Primary	163	-.15		-.18		.05	
Middle	94	-.47		-.39		-.12	
Secondary	195	-1.03		-.95		-.80	
Higher	44	-1.78	.30	-1.61	.27	-1.37	.21
Multiple R Squared					.364		.21
Multiple R					.604		.822
Grand Mean= 4.268							
Head of Household							
Women	80	1.09		.97		.28	
Men	2634	-.03	.07	-.03	.06	-.01	.02

Table 2—(Continued)

Variable + Category	N	Unadjusted		Adjusted for Independents		Adjusted for Independents + Covariates	
		Dev'n	Eta	Dev'n	Beta	Dev'n	Beta
Response to Question on Ideal Family Size							
Numeric	881	-.37		-.48		-.22	
Non-numeric	1833	.18	.09	.23	.12	.10	.06
At the Time of Becoming Pregnant, Wanted Pregnancy							
Then	2210	-.45		-.46		-.19	
Later	144	.33		.58		.45	
No More	359	2.65	.39	2.62	.39	.97	.15
Discussion about No. of Children							
Yes	806	.07		.22		.09	
No	1907	-.03	.02	-.09	.05	-.04	.02
If Needed to Go to a Health Clinic or a Hospital							
Could Go Alone	495	.24		.27		-.24	
Would Be Accompanied	2218	-.05	.04	-.06	.05	0.5	.04
Women Currently Working							
Yes	486	.47		.38		.12	
No	2227	-.10	.08	-.08	.07	-.03	.02
Women's Education							
No Schooling	2433	.10		.08		.02	
Primary	183	-.68		-.47		.00	
Middle	56	-.99		-1.01		-.22	
Secondary	39	-1.34		-1.25		-.63	
Higher	2	-3.27	.11	-3.16	.10	-2.70	.04
Multiple R Square					.186		.603
Multiple R					.431		.776

absent from home otherwise. In the third instance, she may become head of the household when she is widowed, divorced, or separated. Since our analysis is based only on currently married women, the last category is excluded from the analysis. In any case, Pakistani woman is accustomed to their subordinate position in the household, and even when she is entrusted with authority, she hardly exercises her will. This situation is particularly prevalent in rural areas, where cultural values are stronger as compared to urban areas.

Women's empowerment to decision-making as measured by the variable on 'ideal family size' does indicate some effect on CEB. As shown by 'beta' values, the effect diminishes once the confounding effect of predictors and covariates is adjusted. Nevertheless, the relationship remains in the right direction suggesting fewer CEB among those who gave numeric responses to the question on the ideal family size. This variable has shown a slightly better effect on the dependent variable in the urban than in the rural areas.

The variable "time wanted pregnancy" used here in this analysis as a proxi for women's empowerment shows a clear and the strongest effect on CEB. The relationship clearly suggests fewer children ever born for those who have their babies as planned. The women who go on bearing children even if they wanted no more babies have the maximum number of CEB. These are the women who are rightly termed as the least empowered ones.

The position remains the same when adjusted for other predictors. However, when the effect of covariates was also simultaneously controlled, the beta value decreased substantially, i.e., from 0.42 to 0.18 (all Pakistan). Yet this variable alone remains the most conspicuous in explaining the variation in the dependent variable. The urban and rural comparison indicates a higher effect in urban areas in spite of the fact that the diminishing effect of covariates is the largest here.

It is hypothesised that wife's discussion with husband, or vice versa, about the number of children to be produced influences her reproductive choices. The result of the analysis does not indicate this as there was negligible effect of this variable on CEB. The magnitude of the effect increases to some extent when the effect of predictors is controlled, indicating a suppressing effect of all these predictors on this variable. Moreover, the direction of the relationship also reverses, suggesting an increased number of children for those women who have mutually discussed with their husbands the matter about the number of children to be produced. Nevertheless, the inclusion of covariates in the list of controlled variables again reduces the effect of this predictor to the extent that leaves off almost no interpretation of the results.

As discussed earlier, a woman who could go out of her house alone is considered socially more independent, and hence capable of making a decision to suit herself. However, the effect of this variable on the dependent variable, especially after adjusting for both predictors and covariates, is too low to be interpreted. The urban and

rural comparison does indicate some effect in the urban areas. However, once the predictor and covariates effect is adjusted, the differentials become negligible.

In Pakistan, generally female labour force participation is low. However, most of the women are in low-paid jobs. Moreover, the majority enters the labour force after marriage [Ahmed and Ali (1992)]. Maybe the increased number of children strains an already meagre family income which compels women to enter the labour market. In other words, the income thus generated by her is used toward meeting family's requirements instead of being used on her own welfare to promote her confidence in decision-making. As a matter of fact, the relationship of this variable with the dependent variable depicts a relationship in agreement with the contention stated above. However, the magnitude of the effect is reduced substantially and becomes negligible once both the predictors and the covariates are adjusted. Similar results are found in the earlier studies based on Pakistani data [Syed (1978); Casterline (1984)]. The adjusted effect was slightly higher in the rural than in the urban areas.

As expected, an inverse relationship is found between wife's education and CEB. The magnitude of effect as measured by eta is quite good. The position does not change when predictors' effect is controlled. However, the value of Beta diminished once the effect of covariates was also adjusted. The diminishing effect may also be noted by comparing the differences between unadjusted and adjusted deviations among various educational groups. For example, the difference in CEB between the respondents with no schooling and those with higher education is over two children. This reduced to slightly over one-and-a-half children when the effect of the predictors and covariates was adjusted. Urban and rural comparisons indicated a substantially higher effect in the urban than in the rural areas.

SUMMARY AND CONCLUSION

Most Pakistani women are unaccustomed to the idea of planning children; for them, having children is a phenomenon as simple and common as most other issues of life. Among others who desire a specific number of children, the majority end up having more. It is because socio-cultural influences lead women to have a large family size. Our analysis also denotes similar results, and hence most of the empowerment variables used in this analysis do not explain the variation in the dependent variable as was expected. The two variables which show some influence on the CEB are women's "educational attainment" and "time wanted pregnancy".

In such a situation, it is essential to provide an environment in which it is possible for women to exercise their rights at their own will. This is possible only when the education pervades the whole community. Nevertheless, small area studies, based on the micro approach to look into the mechanism of socio-cultural influences which disincline women from exercising power, may be the need of the hour.

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Comments

I fully appreciate the efforts of the authors and congratulate them on their attempt. I, however, have the following general and specific points to make.

General

1. The paper uses the notions of empowerment, autonomy, and emancipation of women without any attempt to briefly interpret and contexualise their meanings and significance in terms of reproductive choices within a conceptual framework.

2. Using the PDHS 1990-91 data, the Multiple Classification Analysis (MCA) has been appropriately used, given the nature of the variables. No mention is however made of the distribution of the dependent variable, children ever born (CEB), and its standard deviation. In my opinion, the distribution of CEB is quite skewed, and I believe it has been normalised for using MCA; otherwise the results may have captured some bias. The Head of Household variable has very few cases in women's category, and particularly in the case of the urban women. This probably reflects in the instability of results where the sign changes between urban and rural. It is suggested that this variable may be excluded as it hardly explains any variation in CEB.

In terms of the results, unadjusted for other predictors, 'Pregnancy Wanted at the Time of Becoming Pregnant' comes out to be significant in the case of Pakistan, both urban and rural. Women's Education is the next significant variable in all cases. The response to the question on Ideal Family Size is the next significant predictor.

Specific Points

1. (P.1, para 2, last sentence).* I would like to point out that evidence from PDHS does not quite support this argument. According to PDHS (p. 81), Forty-three percent of women reported the reason for not intending to use contraception since they wanted more children. Religious reasons were cited by 13 percent, followed by lack of knowledge about family planning (11 percent). Only 6 percent women mentioned husband's opposition to the adoption of FP methods.

References are cited contending that in patriarchal societies it is patriarchy which militates against the fertility decline. The purpose of this statement is not made clear. I, however, feel that the authors imply patrilinearity in the patriarchal societies which leads to son preference, and particularly the desire for the eldest child to be a male so as to perpetuate patriarchy. Under the conditioning influence of this couples desire and prefer sons, and some continue having daughters. The paper also does not take into account factors like private property ownership, laws of inheritance, interaction of class,

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*The references are to the text of the paper as originally presented to the 11th Annual General Meeting of the PSDE.

ethnicity, feudalism, and tribalism with patriarchy and how these influence the status of women and their reproductive choices in Pakistan's context.

2. (P. 2, para 2). The discrepancy between the actual and the ideal number of children is considered an indicator for looking at the status of women. The authors acknowledge and cite references indicating that the precise relevance of the statements on the ideal family size to the actual reproductive behaviours has always been argued and yet many demographers agree that in developing countries observed fertility may not reflect the actual demand for children whereas the family size would. How the reference cited links with the earlier statement is not made clear. A brief conceptual linkage between the status of women, observed fertility (family size preference), and actual demand for children would make the statements coherent and meaningful. The paper does not take into account factors like the higher rates of illiteracy, poverty (both men and women), lack of knowledge, and accessibility to FP services, etc., which perhaps can fill in the missing links and connect with the status of women in the appropriate context.

3. (P. 3, para-2). The authors assert, to all good intent, that empowering women in a variety of social and economic spheres will not only reinforce their ability to control fertility but also rid them of the domestic violence against them. The linkage between women's empowerment, reproductive choices, the contribution to family's welfare, and the contribution to overall socio-economic development is completely ignored. The issue of domestic violence, quite pervasive within gender relations in the familial context of Pakistan, links with the broader issue of pervasiveness and perpetuation of violence within different power relations—gender relations being one aspect, notwithstanding the fact that violence against women takes various forms and exists at various social levels.

4. (P. 4, para-3). It fails to acknowledge the productive roles of women, whether monetised or non-monetised in various sectors of the economy. Discussion of couples about family size is taken as an indicator to study women's status, but it also reflects on status of men (husbands), role of elders in the joint family, lack of knowledge and awareness about FP methods and sources and other socio-economic and psychological factors.

5. (P. 4, para-4) A strong statement made without any logical explanation as to why a person has the dominance (instead of supreme power) within the household set-up. I am implying provider-provided relationship. What about females' contribution to the family and the dependence of men on women within the familial context, and vice versa. Do the power relations between the genders remain the same through time or do they change? What factors affect the change? How do the power relations between genders reflect on the familial set-up in Pakistani society?

Results

6. (P. 11, para-1) The reason given for the variable Head of Household is not significant in explaining CEB—"Pakistani woman is accustomed to their subordinate position in the household, and even when she is entrusted with authority, she hardly exercises her will". This is a generalised statement. An explanation could be that neither men nor women know about FP services. Besides, there are socio-economic and psychological factors behind the couple's and men's and women's individual demand for children.

7. (P. 12, concluding sentence). "In Pakistan, generally, labour force participation is low". But I would like to add that it is also reported to be low. An enormous contribution is made by women in agriculture, construction, and industrial and informal sectors but not formally acknowledged and reflected in the GNP. Besides other factors, there are technical constraints.

8. (P. 14, para-1). "Most Pakistani women are unaccustomed to the idea of planning children; for having children is a phenomenon as simple and common as most other issues of life". This is the perception of the authors. And various surveys, including the PDHS, indicate that the majority of women do not want more children. It is the knowledge about family planning services, their accessibility and availability, which is the constraining factor. Besides, there are other socio-economic and psychological factors due to which couples and women have children. I agree with the authors in recommending education for all. In addition, the curriculum and media campaigns should include gender sensitisation so as to achieve gender balance. Men need training and sensitisation to treat women as equals, whereas affirmative action for women is necessary through training in self-assertion so as to enhance their decision-making. Responsible parenthood also needs to be focused for both so that unwanted pregnancies can be avoided.

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