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WOMEN EMPOWERMENT & FERTILITY BEHAVIOUR

**DR. SAMINA BADAR**

Associate Professor and Head of
Community Medicine Department
Quaid-i-Azam Medical College
Bahawalpur.

PROF. DR. SHAHEENA MANZOOR

Dean Institute of Public Health, Lahore.

DR. ABDUL JAMEEL CHAUDHARY

Consultant Epidemiologist,
Riyad Kingdom of Saudi Arabia.

Dr. Mohammad Anwar Chaudhary, Ph.D

Consultant Higher Education Commission
Islamabad.

Dr. Misbah Shahid

Gynaecologist Services Hospital
Lahore.

Dr. Seema Yasmeen

Department of Community Medicine,
Quaid-i-Azam Medical College,
Bahawalpur.

Saima Arshad

Department of Community Medicine,
Quaid-i-Azam Medical College,
Bahawalpur.

ABSTRACT... Sbadar628@hotmail.com. **Objective:** To find out the relationship, if any, between women empowerment and their fertility behaviour. **Design:** A cross sectional descriptive study. **Place & duration of study:** The study was conducted in selected area of Bahawalpur City. The data was collected from March to June 2003. **Subjects & 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. **Results:** 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 contraceptive use ($P < .001$). There is inverse relationship between women empowerment and number of children ($< .001$). **Conclusion:** There is strong inverse relationship between women empowerment and fertility while positive association exist with contraceptive use.

Key words: 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 countries have 1.6%, Asia has 1.3% but Pakistan has 2.0%¹. There is an apprehension that Pakistani women 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. 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, autonomy at micro level is used as proxies for women status².

SUBJECTS & METHODS

This was a cross sectional study conducted in upper, middle and lower class locality at Bahawalpur City. While making the judgment about the class of locality the variable of income, occupation and general style of living were taken into consideration. Data regarding the total number of households along with map was collected from the Federal Statistics of Bureau. There were total 8720 houses present in the study area. By keeping time and resources into consideration a total number of 872 houses were selected by following systematic random selection procedure. After taking a random start every 10th household was included in the study. A total number of 158 from upper class (1580), 206 from middle class (2060) and 508 from lower class (5080) were selected (to ensure proportionate sampling). 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 pre-designed questionnaire. When eligible woman was not present or the house was locked/ office next house on the right side was taken as a sampled house. If in case, there were more than one

eligible woman the younger one fulfilling the criteria was selected for interview. Data was collected from March to June 2003, by trained medical students. Regular supervision and monitoring was done to ensure the quality of data. The questionnaire was entered and analyzed on SPSS Statistical Package 10. Chi square statistics was used to get significant value and percentages were used for evaluating the difference.

Women Empowerment means that woman have a right to make decision due to their status either gained by education, or economic status, occupational status, male issue or combination of all these variable³.

Fertility: Number of children born to a married women⁴.

OPERATIONALIZATION OF VARIABLES

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

Housewife	=	0
Embroidery at home	=	1
Labourer	=	2
Office work/teacher	=	3
LHV	=	4
Doctor/Engineer	=	6

Autonomy at Micro Level

Ten questions were asked to assess the autonomy at micro level with their scoring to great extent was taken as upper (score 3), to some extent as middle (score 2), Not at all (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 purpose a composite score of empowerment ranging 10-42 was formed and divided into low 10-20, middle 21-30 and high 31-42.

Fertility behaviour was assessed by

1. Number of living children.
2. Use of Contraceptives
3. An intervening variable for male issue was also assessed because it may affect fertility behaviour.

RESULTS

There is inverse relationship 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 ($P < .001$). 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) ($P < .001$).

Male issue has been a crucial variable in the provision of status to the women and security for marital happiness, financial support family feuds, against divorce and old age. The data showed 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 ($P < .001$).

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 ($P < .001$).

Results

CALCULATION OF SCORE INDEX OF COMPREHENSIVE VARIABLE OF EMPOWERMENT (Composed of Education, Occupation & Autonomy)			
1. Scoring of Education			
		Frequency	%age
Zero	Low	406	46.6
1-3	Medium	184	21.1
4-6	High	282	32.3
Total		872	100
2. Scoring of Occupation			
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
3. Scoring of Autonomy			
<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 level empowerment			
10-20	Low	296	33.6
21-30	Medium	332	42.7
31-42	High	244	23.4
Total		872	100

long run¹⁴. Son preference is found to be common in low empowered women^{10,15,16,17}.

CONCLUSION

The result of this study showed that there is strong inverse relationship between women empowerment and their fertility. The relationship between women empowerment and contraceptive use was positively associated. The provision of security by male child was more strongly felt in low empowered than high empowered women. So importance placed by male issue is very significant intervening variable that leads to high number of children. On the basis of these findings it may be concluded that women empowerment provides multidimensional aspects of security which ultimately affect parity.

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