

Female Autonomy and Fertility: An Overview of the Situation in South Asia*

*Until women in South Asia gain the necessary autonomy
to resist pronatalist pressures,
fertility will decline very slowly*

Fertility in the Asian and Pacific region has been falling with notable unevenness over the past one and half decades and there has been considerable variability in the decline among the subregions. Fertility in the region declined 36.8 per cent from 1960-1965 to 1980-1985 and most of the decline (30.8 per cent) occurred during the period 1970-1975 to 1980-1985.

East Asia experienced the steepest decline (53.1 per cent), almost all of which occurred since 1970-1975. The remarkable transformation in East Asia was greatly influenced by the decline in China where fertility dropped by 54.9 per cent during the more recent period.

The decline in South Asia (28.1 per cent) closely followed that of the Pacific (30.8 per cent), where a significant decline started in the earlier decade. East Asia is close to reaching replacement level fertility. In contrast, the total

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fertility rate (TFR) is close to 5 in South Asia and 4 in South-east Asia. The future rate of decline for the Asian and Pacific region as a whole depends primarily on these two subregions.

Large countries in the region such as Bangladesh, India, Pakistan, the Philippines and Viet Nam have fertility rates that are still very high, i.e. TFRs are in the range of 4 or more. Out of 14 large high-fertility countries, six have Governments that are pronatalist or have no major family planning programme. Of the remaining eight, four are from the Indian subcontinent, namely Bangladesh, India, Nepal and Pakistan. Two other countries, Afghanistan and the Islamic Republic of Iran, border the subcontinent; however, not much is known about their current fertility situation.

Three countries in the subcontinent, Bangladesh, India and Pakistan, constitute about 35 per cent of the population in the region. They are characterized by high fertility in the range of TFR = 4.5+ to 7+. It is evident that the fertility transition has yet to begin in full force in the countries of the subcontinent.

By contrast, the South-east Asian countries, Indonesia, Malaysia, Singapore and Thailand, have made remarkable progress with regard to socio-economic development and fertility reduction. However, slower progress in economic advancement alone cannot explain the lag observed in the three countries of the subcontinent. For example, Pakistan has continued to enjoy appreciable economic development without any corresponding success in family planning, while certain States in India have made remarkable progress in family planning despite only moderate improvements in economic conditions. Bangladesh also has made some progress in family planning in the absence of any significant improvement in economic conditions.

The persistence of moderate to high fertility in the subcontinent appears to be deep-rooted in the structure of society and its culture. When resistance to change lies at the structural and cultural level, policy intervention, the emphasis of which is on service delivery only, is not likely to bring any appreciable shift in the behaviour of the population.

This article explores several important dimensions of the socio-cultural milieu in the subcontinent that seem relevant to answering the question: "Why do a large majority of women in the subcontinent still not practise family planning?"

Most demographic surveys of the subcontinent consistently report that large majorities of women of reproductive age do not want any more children after the initial few births. Survey results also show that these women do not practise family planning.

Socio-cultural factors

These findings are often dismissed on the ground that they are not capturing the realities of the situation. However, not only are they valid, but those findings are also inadequate. The results truly reflect the individual desires of women, but they are inadequate in that they fail to identify the social and cultural constraints which prevent women from translating their desires into practice.

All too often, explanations of fertility change concentrate primarily on the dynamic influences of social and economic change or organized interventions to spread fertility control. Very little attention has been paid to the particular mixture of cultural features that may facilitate or inhibit fertility behaviour. Such an approach has proved useful in comprehending the recent fertility decline in Thailand (Knodel *et al.*, 1984, Knodel *et al.*, forthcoming).

A clear understanding of the social position of women in the subcontinent appears to be the best possible approach to comprehending the discrepancy between reported desires and behaviour (Mitra, 1978). The concept of female autonomy is more amenable to empirical measurement than the concept of status and is therefore adopted for this article. Autonomy indicates the ability (technical, social and psychological) to obtain information and to use it as the basis for making decisions about one's private concerns and those of one's intimates.*

In the agrarian societies of Bangladesh, India and Pakistan, female autonomy is strongly influenced by kinship, family and marriage relationships. It is also greatly influenced by age, religion, the political system and cultural norms and practices, including the division of labour between the sexes.

Kinship, family and marriage relationships

The kinship structure of the subcontinent is characterized by the principles of village and kin exogamy, relatively close ties among patrilineally related males and control of property by males. Of course, there are minor variations in the three countries. For example, although a Muslim woman in Bangladesh has the legal right to inherit property from her parents, in actual prac-

* Subsequent sections of this article draw heavily on the articles by Tim Dyson and Mick Moore, entitled "Kinship structure, female autonomy, and demographic behavior in India", *Population and Development Review*, vol. 9, No. 1, March 1983, pp. 35-60; and by Mead Cain, entitled "Women's Status and Fertility in Developing Countries," World Bank Staff Working Papers, No. 682, 1984.

tice it is more likely that her brothers will seize control of her share of inherited immovable property (land) regardless of her wishes. (She normally would not be entitled to moveable property.)

According to the custom of patrilocal marriage, a newly married women is brought from her family of birth and placed in her husband's house which is usually distant from her parents' house. The preference for lineage and village exogamy attenuates a woman's ties with her family of birth and reduces the possibility that her family will intervene on her behalf after marriage. In the Indian subcontinent, as in most other agrarian societies, kin relationships still constitute the prime avenue of access to such scarce social resources as information, economic assistance and political support for the great majority of people.

An individual's power, influence and social ranking are closely related to his or her ability to exploit kin linkages. Thus cultural practices, such as patrilocal marriage, that tend to constrain or erode personal links between a married women and her natal kin directly diminish a woman's autonomy. At the same time, norms of avoidance (a married woman is regarded as an outsider in her family of marriage) make it difficult for a woman to establish effective links within the household into which she marries; she is, therefore, left almost powerless socially. Arranged marriage and differences of almost 10 years in age at marriage between bride and bridegroom place a woman in a subordinate position relative to her husband at the outset of marriage (Cain, 1984).

Dowry is an essential part of Hindu marriage in India as well as in Bangladesh. Although dowry is not an Islamic tradition, it is gradually becoming the fashion in Muslim marriage in Bangladesh. The size of dowry demanded usually far exceeds the amount of dowry given (either in cash or kind or both), which again puts women at a disadvantage from the outset of the marriage. When a woman from a poor family cannot bring any dowry with her or has nothing to inherit, she is endowed with neither money nor property that is her's alone. This situation further reduces her influence among the members of the husband's family.

Beneath the larger social organization, there exists in each village an organizational subsystem (termed *bari* in Bangladesh and *caste* in India) that regulates the life of groups in the village. It acts as a source of collective security for its members and as a guardian of their mores.

Membership in a *bari* or *caste* is crucial when individuals are faced with a choice, as in the case of accepting an innovative idea or adopting it in practice. Moreover, it puts a great restraint on female autonomy, particularly the movement of women outside the home and the seclusion of women (Rahman, 1986).

Age

Deference for age is strictly adhered to in the subcontinent, regardless of class and creed. As mentioned previously, women are in a disadvantageous position because on average they are almost 10 years younger than their husbands. Among women, solidarity and potential resistance are undermined by an age hierarchy that allies older women with men in dominant positions. The young bride enters her husband's household to find herself under the control and supervision of her mother-in-law. In general, older women dominate younger women: mothers-in-law dominate daughters-in-law and elder brothers' wives dominate younger brothers' wives, and so on.

Religion

Both as an ideology and as a normative force that governs behaviour and expectations, Islam sanctifies male dominance. It is also explicit about the sexual division of labour and responsibility, with men being the providers and protectors of women and women the servers of men. Such beliefs and practices make women subservient to their husbands.

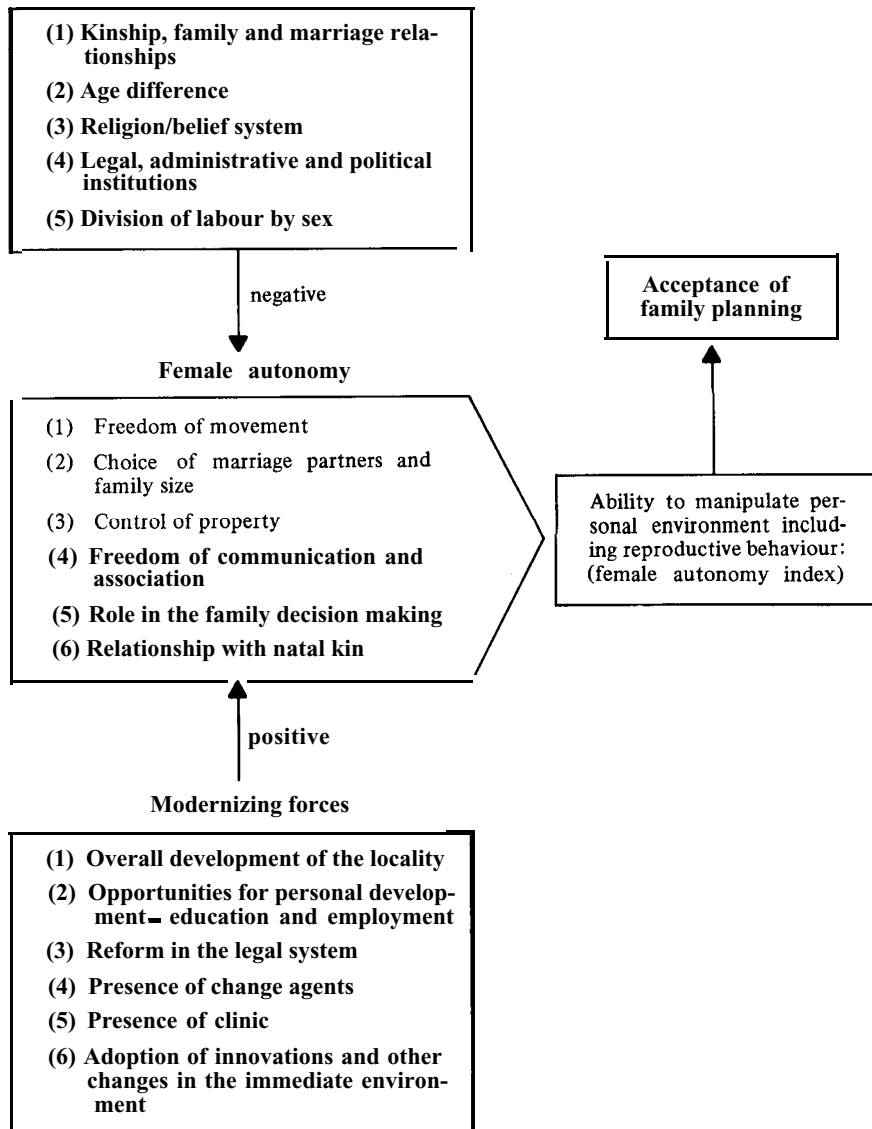
Submission to the husband by the wife is also abundantly glorified by the Hindu religion. A Hindu woman regards her husband as her god regardless of his character. A married woman's prime task is to produce a male heir so that a son can perform the last religious rites at the death of the husband. A woman's standing among her husband's kin is greatly undermined when she does not produce a son. Whereas Muslim inheritance law allows a daughter to receive one-half of the share received by a son, Hindu inheritance law does not allow even the one-half share to be given to the daughter. Both religions therefore reinforce inequality among men and women and allow female subjugation to be perpetuated.

Another important aspect of Islam, as practised in Bangladesh and Pakistan, which has direct effects on female autonomy is purdah, the seclusion of women. Purdah is a system of secluding women and enforcing high standards of female modesty. Its manifestations in Bangladesh and Pakistan include severe restrictions on a woman's movements outside her immediate homestead, and standards of dress that hide face and form.

Women who move out of the homestead into the public domain are considered both provocative and offensive. In India, groups of patrilineally related males would have their honour, reputation and consequently their power undermined should the chastity of their females be subverted. As a consequence, free movement of females is very rigidly controlled. Restrictions on female personal movement and "protection" from other males takes the form of seclusion in India too.

Figure: Social structure and cultural factors, female autonomy and acceptance of family planning

Social structures and cultural factors



Division of labour

The predicament of dependent women that forces them into relative seclusion within their own household compound also denies them access to economic opportunities outside the homestead. In these countries, a division of labour among household members has evolved whereby women specialize in work inside or near the homestead and men specialize in work outside the home. This division of labour itself engenders a powerful element of men's control over women, enforcing women's dependence, on men by denying them direct access to income-earning opportunities. The sexual division of labour applies to all women in the rural areas and the costs, in terms of abuse and loss of status, of engaging in types of work that require movement outside the homestead are indeed very high.

Son preference

In societies in which women are dependent on men, where they are excluded from inheritance and mainstream economic activities, parents place a great premium on sons. This preferential treatment of the male child severely retards the personal development of girls and hence affects their autonomy in later life.

Political system

Political power in the subcontinent, as in other developing areas, is monopolized by men. Until relatively recently, elected and appointed government officials were almost always male. Village councils, which adjudicate most local disputes, are exclusively composed of men. In part because of male domination of political institutions and in part because formal judicial institutions and administrations are weak, particularly in the rural areas, legal protection of women is nominal. If a female litigant is not closely related to and supported by a man, she is likely to lose a case regardless of its merits. Under the influence of *purdah*, women are discouraged from going to court to establish legitimate claims.

Theoretical linkages

The direct relationships linking social structure, female autonomy and family planning acceptance are summarized in the accompanying figure. The complete dependence of younger women on men and older women, deference for age and lack of access to the outside world make it difficult for them to resist pronatalist pressures. Moreover, early marriage increases their period of exposure to the risk of pregnancy in the absence of opportunity to regulate their fertility. Females are brought up to believe that their own wishes

Table: Selected state-level indexes related to women's status and acceptance of family planning in India

Region/State	Per cent of couples protected by family planning ^{a/}	Female labour force participation rate 1971 ^{b/}	Per cent of women practising purdah ^{c/}	Per cent of females literate 1971 ^{d/}	Per cent of births medically attended ^{e/}	Son preference index ^{f/}
South						
Kerala	28.8	13	4.3	54.3	25.1	17.2
Tamil Nadu	28.4	15	4.9	26.9	21.9	11.5
Audhra Pradesh	26.5	24	9.4	15.7	12.2	8.9
Karnataka	22.4	14	5.4	20.9	15.9	11.2
Maharashtra	34.1	20	16.7	26.4	1.5	18.4
North						
Gujarat	20.1	10	41.8	24.7	9.7	20.8
Rajasthan	13.0	8	62.2	8.5	4.1	n.a.
Uttar Pradesh	11.5	1	46.4	10.7	2.5	25.0
Madhya Pradesh	20.9	19	42.9	10.9	5.1	21.9
Punjab	25.0	1	44.5	25.9	11.3	31.3
Haryana	30.1	2	12.6	14.9	15.3	20.7

East									
Bihar	12.2	9	29.6	8.7	2.8	24.3			
West Bengal	21.2	4	n.a.	22.4	n.a.	18.4			
Orissa	24.4	7	27.7	13.9	6.8	15.7			
All India	22.1	12	n.a.	18.7	n.a.	20.2			

Notes: a/ Statistics are cumulative to 1979; source: *The Monthly Bulletin of Family Welfare Statistics*, Evaluation and Intelligence Division, Department of Family Welfare, New Delhi, September 1979.

b/ **Source:** Census of India, 1971, *Series I - India*, Part IIA (ii), Union Primary Census Abstract, New Delhi, 1976.

c/ **Source:** Committee on the Status of Women in India, *Towards Equality: Report of the Committee on the Status of Women in India* (New Delhi, Government of India, 1974).

d/ Statistics include the population aged 0-4; source: Government of India, *Pocket Book of Population Statistics* (New Delhi, 1972). Although the statistics relate to the absolute level of female literacy, it is worth stressing that their relative literacy (i.e., *vis-a-vis* males) also tends to be substantially lower in the main northern states. The same point is applicable to labour force participation.

e/ **Source:** Government of India, *Pocket Book of Health Statistics* (New Delhi, 1975).

f/ **Source:** J.C. Bhatia, "Ideal number and sex preference of children in India," *Journal of Family Welfare* (Bombay) 24, No. 4 (1978). An index of zero would imply equal preference for sons and daughters.

Source: *Population and Development Review*, vol. 9, No. 1, March 1983, p. 49.

and interests are subordinate to those of the family group. They are, therefore, likely to sacrifice their own wishes to regulate fertility, even at the cost of risking their health from repeated pregnancies.

Given the situation of relative social isolation faced by newlywed women, there are clear advantages to high fertility. A wife is encouraged to create her own social group by producing children. Confronted with an insecure future that will probably become more unstable when her husband dies, a woman undoubtedly sees children, especially sons, as a potential source of security, both economically and socially. This lack of female autonomy contributes to high fertility. The links between female autonomy and acceptance of family planning can be seen in the table on pages 50-51 (Dyson and Moore, 1983).

Conclusion

The Asian and Pacific region has experienced a remarkable decrease in the fertility level over the last decade, with notable variations in magnitude among the subregions. East Asia, particularly China, contributed much to this decline in fertility but there are still large areas with high fertility (TFRs in the range of 5 to 7) particularly in the subcontinent and its neighbouring countries.

There has not been any major decline in fertility in the subcontinent in the last decade or in the previous one. The reason appears to be deep-rooted in the structure of these societies and associated cultural practices. The forces of modernization, which are gradually gaining momentum, will perhaps help women to gain the necessary autonomy to resist pronatalist pressures. Until such time, fertility will tend to decline at a very slow pace.

References

- Cain, Mead (1984). *Women's Status and Fertility in Developing Countries*, World Bank Staff Working Papers, Number 682.
- Dyson, Tim and Mick Moore (1983). "Kinship structure, female autonomy, and demographic behavior in India," *Population and Development Review*, vol. 9, No. 1, March 1983, pp. 35-60.
- Knodel, John, Aphichat Chamrathirong and Nibhon Debavalya (1984). "The Cultural Context of Thailand's Fertility Decline", *Asia-Pacific Population Journal*, vol. 1, No. 1, pp. 23-48.
- _____ (1987). *Thailand's Reproductive Revolution: Rapid Fertility Decline in a Third World Setting*, (The University of Wisconsin Press, Madison), 251 p.
- Mitra, A. (1978). *India's Population: Aspects of Quality and Control*, (New Delhi, Family Planning Foundation of India), 2 vols.
- Rahman, Makhilsur (1986). *Tradition, Development and the Individual: A study of conflicts and support to family planning in rural Bangladesh*, (Asian Population Change Series, No. 1, Department of Demography, Australian National University, Canberra).