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WOMEN AUTONOMY AND ITS INFLUENCE ON REPRODUCTIVE HEALTH

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A study was designed to investigate reproductive behaviour within the socio-economic and cultural context of local population. A random sample of 120 married women aged 15-45 years having at *least* one living child was selected from two tehsils of district Faisalabad. It emerged from the study that explanations of reprOductive behaviour were consistent with modern attitude and behaviour towards family life. Women age at marriage, women education and their participation in the decision-making process and the husbands; participation *in* domestic chores have established their significance in explaining fertility behaviour independent of material circumstances.

Key words: reproductive health, women autonomy

INTRODUCTION

Pakistan is at an early stage of fertility transition and is experiencing high stable fertility. The population growth rate is *nearly* 2.9% per annum; total fertility rate is about 6.5 live births per woman, and crude birth rate is 41 live births per 1000 population. The contraceptive use is very low and fertility is near to natural level (Population Reference Bureau, 1997).

With the present population growth rate, it will take about 25 years for the population to be doubled in its size. Various strategies have been adopted since 1953 to check the enormous population growth but limited success in lowering fertility level has been achieved (Zafar *et al., 1995).*

The population experts from Pakistan have stressed the need for basic research on fertility behaviour within the framework of people's values and beliefs about family formation (Hashmi, 1991; Zafar, 1996). Many studies conducted in 9ifferent parts of the world, pinpointed the significance of role and status of women in predicting fertility and contraceptive behaviour.

Traditionally, women in Pakistani society have been assigned 10Ner status and their expected *role* has been housekeeping and child bearing and rearing. Pakistani society recognizes superior status of men as compared to women. Poverty, *low* level of education and traditions make people even more traditional. It is considered that it is for women's Own good, that the man takes all the basic decisions. The decisions about marriage, receiving proper education, securing gainful employment, receiving proper health care are *mostly* made for her, and not by her (Shah, 1986).

The literature on gender role viewed its significance in the context of reproductive behaviour. Ramu(1988) argued that the traditional values related to sex-role exert a strong effect on couple's fertility behaviour in the Indian sUbcontinent. He also expressed that by virtue of *instrumental* roles of husbands, they mostly enjoy a formal and legitimate right to exercise authority in family matters. It is viewed that in the traditional soCieties, the social power is not due to ability but it is inherited by the family and social system. It is argued that higher status of women and more egalitarian roles of husband and wife are related to .lower fertility and higher level of contraceptive use (Oppong, 1982; Beckman, 1983).

The present study was designed to examine the significance of socio-cultural dimensions in terms of husband-Wife communication and woman's participation in the decision-making process in explaining reproductive behaviour.

STUDY DESIGN

One hundred and twenty respondents Le. married women aged 15-45 years with at least one living child were interviewed. From district Faisalabad, two tehsils, Faisalabad and Sumundari, were selected randomly and from each tehsil, three villages were selected randomly to interview 120 respondents. The village list published by the Pakistan Census Organization based on the 1981 Population Census was taken as sampling frame for drawing a sample of villages from the study area. The selected villages

from 'tehsil Faisalabad were Chak No. 60 J.B. Shahbazpur Chak No. 75 J.B. Sohal and Chak No. 1 J.B. From tehsil Sumundari, the villages were Chak No. 390 G.B., Chak No. 388 G.B. and Chak No. 398 G.B. All the villages were electrified and the population ranged from 3,000 to 8,000.

RESULTS AND DISCUSSION

Education and Family Size: Table 1 indicates that 84.2 % of the respondents were illiterate while the remaining were literate. The data in Table 1 also show that 51.7 % of the respondents had small to medium families (up to 4 children ever born), while 48.3 % had large families (more than 4 children ever born). The chi-square test established association between the women's literacy level and family size. Sathar (1988) and Zafar *et al.* (1997) reported about the significance of social factors in influencing fertility and contraceptive behaviour. They argued that women education has an independent effect on reproductive behaviour. Zafar further pointed out that explanatory power of wife's education regarding contraceptive and fertility behaviour is better than the husband's education and it is an important predictor variable among the other socio-economic variables such as family income, age at marriage, occupation and child mortality in determining reproductive health.

Age at Marriage and Family Size: The age at marriage has been recognized as an important factor in fertility transition. In a society like Pakistan where procreation outside marriage is prohibited, the age at marriage has been identified as an important variable in predicting fertility and contraceptive behaviour (Zafar *et et.,* 1995). The study findings clearly established the relationship between the age at marriage and family size (Table 2). In Pakistan, early child bearing is encouraged because it makes women position strong and also ensures the husband's self-image as a complete man in the society. Women who get married in their early ages experience a long period of child bearing and have higher fertility than women who are married in later ages.

A view of one of the respondents of focus group discussion conducted in Faisalabad by Zafar (1993) explains the impact of early marriage on number of children and on social life of women. She said "I was married at young age. However, when I grew up to the age where I could understand things better, I was already under a burden of very many children, and looking after them was another huge burden. Actually those days were for playing, laughing and enjoying, but early marriage threw me in the clutches of a large family which was, of course, responsible for eroding my life of joy and gaiety".

Husbands's Participation in Domestic Activitie:i -and Family Size: It is clear from the data in Table 3 that only a fraction of the husbands extend helping hands to their wives in their domestic activities, while majority of the husbands (85 %) had low participation in household chores. It emerged from these findings that the husbands had dominant attitude and think that women's role and men's role are-different. The association of husband's participation with the reproductive behaviour has been found in earlier studies too (Zafar, 1996). The bivariate analysis demonstrates that the wives whose husbands' participated in domestic activities had smaller families as compared to those whose husbands did not participate in domestic chores. Beckman (1983) and Zafar (1996) identified the importance of the husband's participation in domestic chores in explaining reproductive goals. It may also be helpful in defining the women status in developing countries. Zafar suggested that for the attainment of demographic-development objectives, the issue of women's status is of vital importance.

Participation in the Decision-Making Process and Family Size: The communication process between husband and wife has been assessed through the issues such as buying food for family, purchasing or selling major goods for the household, decision about number of children desired, gifts to be given to relatives, punishment of children for misbehaving, children education and their marriages. The index of communication process based upon above mentioned issues has been obtained through the cumulative responses. The distribution of scores ranges from 6 to 21. The lowest score is an indication that husbands frequently consult their wives about familial issues and matters, while higher score indicates that husbands rarely consult their wives about these issues. Table 4 indicates that 43.3% of the respondents were frequently consulted by their husbands in the above mentioned family and non-family issues, while majority of the respondents (56.7%) were not consulted. The chi-square test established association between the index variable - wives' participation in the decision-making process and family size at 5% level of significance. Zafar (1995) argued that preferences for smaller families and contraceptive use are found to be consistently associated with modern attitudes and behaviours

Table 1. Relationship between respondent's education and family size (children ever born)

Res,",;on':lent'seducation	Family size: Up to 4 children (small/medium)	Family size: 5+ children (large)	Number (percent)
Illit -~ate	45,5	54,5	101 (84,2)
Literate	84.2	15,8	19(15.8)
Number	62	58	120
Percent	51,7	48.3	100

Significant at 5 %.

Table 2, Relationship between age at marriage and family size (children ever born)

Age at marriage (years)	Family size: Up to 4 children (small/medium)	Family size: 5+ children (large)	Number (percent)
Up to 16	22.7	77.8	22(18.3)
17-20	55.9	44.1	68(56.7)
21 +	63.3	36.7	30(25.0)
Number	62	58	120
Percent	51.7	48.3	100

Significant at 1 %.

Table 3. Relationship between husband's participation in domestic activities and family size (children ever born)

Husband's participation in domestic activities	Family size: Up to 4 children (small/medium)	Family size: 5+ children (large)	Number (percent)
Often	72.2	27.8	18(15.0)
Occasionally or not	48.0	52.0	102(85.0)
Number	62	58	120
Percent	51.7	48.3	100

Significant at 5 %,

Table 4, Relationship between participation of wives in the decision-making process and family size (children ever born)

Participation in the decision-making process	Family size: Up to 4 children (small/medium)	Family size: 5+ children (large)	Number (percent)
Frequently	61.5	38.5	52(43.3)
Occasionally or not	44.1	55.9	68(56.7)
Number	62	58	120
Percent	51.7	48.3	100

Significant at 5 %.

Table 5. Relationship between horizon of movement and family size (children ever born)

Women's horizon of movement	Family size		
	Up to 4 children (small/medium)	5+ children (large)	Number(percent)
Broader	55.7	44.3	70(58.3)
Narrow	46.0	54.0	50(41.7)
Number	62	'C"	120
Percent	51.7	4,.3	100

Non-significant at 5%.

towards the husband-wife relationships. He concluded that cultural setting and tradition exert an important influence on reproductive behaviour independent of economic realities.

Women's Horizon of Movement and **Family** Size: In order to examine the women's horizon of movement, the questions regarding going to different places were asked from the respondents. The questions dealt with such activities as going to local market, to local health centres, fields outside the village, visits to relatives or friends' houses inside the village, a nearby shrine and/or a village. An index is constructed based upon all these questions related to women's horizon of movement. The responses on these issues have been summarised in Table 5.
The distribution of scores ranges from 6 to 12. The lowest score is an indication that women had broader horizon of movement, while higher score indicates that women had narrow or restricted horizon of movement. It can be seen from Table 5 that majority of 'the respondents (58.3%) had broader horizon of movement, while the remaining had narrow horizon. The chi-square test for significance did not demonstrate association between the family size and women's horizon of movement.

Key Findings and Recommendations: In order to examine the reasons of fast growing population in Pakistan, different socio-cultural aspects of married life of the rural women have been discussed and analyzed. It has been found that women education, age at marriage, wives' participation in the decision-making process regarding important family matters and the husbands' participation in the domestic chores are vital issues affecting family size of our rural women. The following recommendations are made to enhance the women status so that desired population targets can be achieved:

i) In order to achieve the desired broader population goals, it is advocated that the educational level of women should be elevated and all possible measures should be taken to break down the barriers in achieving this goal.

ill Another aspect of social life i'V. age at marriage, needs attention. It is recommended that possibly the women should be married at an age when they are fully mature. This will help in achieving the physical, psychoIoqical and mental development of women because early marriages often resulted in shortly-spaced many pregnancies. Such marriages severely affect the women's socio-psychological development along with their reproductive health.

iii) Social position of Pakistani women appears to be the best possible approach in understanding the reproductive behaviour. In Pakistan, social position of women is also strongly affected by kinship, family values, and cultural norms and practices including the division of labour between the sexes. It is recommended that perception regarding the division of labour between the sexes needs to be changed and husbands should be motivated through the mass media so that they participate more in the domestic activities in order to achieve the increased level of spousal communication which is essential to control fertility.

iv) In order to achieve the desired family size, it is necessary that women's participation in the decision-making process regarding family and non-family matters should be promoted. It is strongly advocated that the women's participation in all the development processes parallel to men should be ensured and all possible measures should be taken to remove the barriers in achieving the goal. There is an

urgent need to make people aware about the quality of life in the mother-child health context which will help in achieving broader population goals.

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