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**POVERTY, GENDER INEQUALITY AND REPRODUCTIVE CHOICE :
Some Findings from a Household Survey in Uttar Pradesh**



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Preface and Acknowledgements

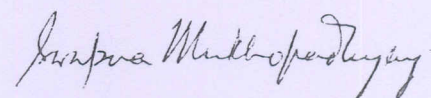
In 1993, the Institute of Social Studies Trust (ISST) had embarked on a three-year project titled '**Poverty, Gender Inequality and Reproductive Choice**' sponsored by the John D. and Catherine T. MacArthur Foundation. As a part of the project, a household survey was carried out in the states of Uttar Pradesh and Karnataka by the National Council for Applied Economic Research (NCAER), New Delhi. Analysis of the data generated by this survey has been done in-house by ISST researchers. This paper is the first in a series of papers we intend to bring out on the basis of information generated by the survey. This is a revised version of a paper we presented in a national seminar on 'Gender, Health and Reproduction' which was organised on 16-17 November, 1995 by ISST as part of the activities undertaken under the above mentioned project.

One of the major objectives of the project has been to explore the interface of poverty and gender inequality with reproductive behaviour and reproductive choice. Do poverty conditions directly impinge on fertility behaviour or do they operate through other intermediary mechanisms such as gender discrimination and patriarchy? How do other likely proximate determinants of fertility such as female literacy or female autonomy affect reproductive choice? Is contraceptive use significantly linked with female autonomy in reproductive matters? In the post-ICPD era, answers to some of these questions are essential for designing a woman-friendly policy. This paper is a preliminary attempt at addressing some of these questions with the help of the new survey data from the state of Uttar Pradesh. A fuller analysis of the data as of date is available in the first two volumes of the Final Report on the project to be submitted to the MacArthur Foundation in April 1996.

I would like to place on record ISST's deep appreciation to the MacArthur Foundation for sponsoring this important and interesting project. It is in the fitness of things that the first paper in ISST's Occasional Paper Series is based on the work done under this project.

My colleagues at ISST, Pallavi Ghosh and Sandhya Kandhari have copy-edited and coordinated the publication of these papers. Others who have worked in the team are Harinder Kaur, Sudhir Miglani, Sanjay Kumar Pattanaik and Surbhi Mallik. I deeply appreciate the efforts put in by all these people and thank them all.

29 March, 1996.



Swapna Mukhopadhyay
Director

POVERTY, GENDER INEQUALITY AND REPRODUCTIVE CHOICE - SOME FINDINGS FROM A HOUSEHOLD SURVEY IN U.P.*

Institute of Social Studies Trust

In this study, an attempt has been made to delineate the overlap between poverty, gender inequality and reproductive choice as manifested through observed fertility behaviour, using household survey data from five districts of rural Uttar Pradesh¹. Much of the recent demographic literature in India and abroad has sought to explain fertility behaviour through changes in women's status. This paper adds to the existing knowledge base on the complex linkages between gender inequality, poverty and reproductive behaviour. In doing so, we have also explored the differences in men's reproductive roles and motivations in contrast to women's. In most studies, it is implicitly assumed that fertility decisions are made by the couple as a unit and that male and female attitudes towards child bearing are not dissimilar. However, very little empirical data support this assumption. Our paper makes an attempt to study not only fertility behaviour as based on women's motivations for having children, their knowledge and use of contraception etc., but also focusses on how family partnerships are played out when men's and women's desires do not coincide. One of the key barriers to the realization of women's reproductive choice is shaped by the ability to overcome disagreements within her own household. All this has at its base the wider social and historical context of gender bias. A discussion on reproductive choice must confront this reality and address women's needs, not merely through education and new livelihoods, but also through empowering her in her dealing with the husband and other members of her extended family.

Much of the sociological and anthropological research on the studies of women has suggested that generally speaking, Indian women enjoy very little autonomy within their households because family decisions relating to finances, kinship relations, selection of mates are made by men, and

* This paper has been prepared by an ISST research team consisting of Swapna Mukhopadhyay, Praachi Tewari Gandhi and R. Savithri. A number of other members have contributed in various capacities. This is a revised version of the paper presented at the National Seminar on 'Gender, Health and Reproduction' organised by the Institute of Social Studies Trust in New Delhi on 16th and 17th November, 1995.

1 The paper is based on a micro-study that forms a part of a larger project titled "Poverty, Gender Inequality and Reproductive Choice". The project is being funded by the MacArthur Foundation. The schedules were fielded in several villages in Uttar Pradesh and Karnataka by the National Council for Applied Economic Research (NCAER). The data analysed here pertains only to the UP sample.

women are rarely consulted (Jeffrey, Jeffrey and Lyon, 1989). Moreover, the existing marriage practices such as village exogamy, patrilocal residence, patrilineal inheritance patterns, women's low and infrequent contact with their natal kin, etc. tend to make Indian women powerless, and physically and socially secluded (Altekar 1959; Karve 1965). All this leads to a low status of women which has been pointed out as an important factor responsible for the slow pace of demographic change in large parts of India. As is well known, the pace of change has been the slowest in the Hindi speaking belt of India, which includes U.P. from where our sample has been drawn, whereas the extent of decline in key demographic variables like rates of fertility and mortality has been much higher as, for instance, in some of the southern States. Demographic transition theories linking changes in these variables primarily with levels of economic development have been frequently challenged in recent literature citing evidence that very disparate stages of transition may be associated with similar levels of economic development². The fact that per capita incomes in Kerala and U.P. are not too dissimilar while fertility-mortality rates are drastically so, is the kind of example which has been cited ever so often. In particular, the factors that have come up repeatedly in explaining differences in fertility patterns is female literacy and women's involvement in the labour market³. While the impact of the latter factor has been more ambiguous, female literacy variable has now been accepted to be perhaps the single most important variable affecting fertility. Our results, however, suggest that it is important to properly contextualize such findings. Differential ability to read and write may not be an adequate indicator of differential status or awareness if there is not enough variation in the cultural milieu within the sample. Even the incidence of working outside may not adequately capture the element of autonomy it is presumed to capture if it is predominantly propelled and coloured by economic compulsions. In other words, a hypothesis which may have been vindicated by countrywide cross-sectional data may not be upheld as strongly by data from a relatively homogenous cultural region. Also, if the variability in the observed values of the explanatory variable is limited in the sample, statistically this will show up as low explanatory power of the concerned variable. This is a factor one cannot lose sight of especially when region-specific policy is being designed.

2. See for instance, Murthi, Guio and Dreze: 1995: Mortality, Fertility and Gender Bias in India : A District Level Analysis. DEP No.61. June. London School of Economics, London.

3. See Dreze and Sen: 1995: India: Economic Development and Social Opportunity. Oxford & New Delhi. Oxford University Press.

II. Issues and Hypothesis

Before we move onto a discussion of the micro study and our findings, it may be useful to dwell on the notions of poverty and gender inequality in the context of the present study on reproductive choice. For the purpose of this study, some important indices, each of poverty and gender inequality, were chosen as seen to be affecting male and female reproductive behaviour and choices. It is necessary here to point out that it is difficult to chart out "reproductive choice" from survey data as all the options available to a woman are hard to map. We can only look at reproductive choice through the outcome as in number of children or number of pregnancies or contraceptive use. Since there are many unseen and unseeable linkages between actual outcomes and the parameters of choice, nothing very definitive can be said about a woman's reproductive choice. For the purpose of our study, reproductive choice has been measured by fertility indices such as the number of pregnancies, the number of live births and by actual reporting of contraceptive use.

Each of these indicators has its limitation. For example, in number of pregnancies, we cannot distinguish between wanted and unwanted pregnancies. Therefore, by looking at the number of pregnancies, or even the number of living children, we are looking at fertility. Another problem that arises with the survey data is that we do not have total fertility rates for different age groups, although one can calculate age-adjusted fertility rates. Contraceptive use, on the other hand, is a better indicator of choice, but that too only tells us whether a particular woman wants to control contraception or not.

While we have attempted to test various existing hypothesis on fertility patterns and contraceptive use, the main purpose of the paper has been to see whether poverty and gender inequality have a significant impact on fertility behaviour and reproductive choice. Poverty has been measured by per capita household income and size of land holdings. The other variable, gender discrimination, is seen to be manifested through differences in male and female literacy levels, female labour force participation rates and other socio-cultural variables. In the context of reproductive choice, this discrimination is visible in a near lack of a woman's say in spending household income and deciding the family size, her perceptions as against her husband's on schooling of male and female children, difference in the number of sons and daughters desired by the couple, by family composition and other such variables. Apart from looking at poverty and gender inequality as explanatory variables in deciding reproductive choice, certain other variables which were considered important were child mortality, socio-cultural variables such as caste, practice of purdah, age at marriage for men and women, age at gauna, and so on.

Recent research on demographic change has identified a number of possible relationships between reproductive behaviour/choice on the one hand, and many of these variables. To start with, let us consider poverty. As the World Bank Country study "Gender and Poverty in India" (1991) points out, the study of poverty is primarily "the study of access and of constraints to access". In empirical terms, poverty also has a negative impact on access to good health in terms of status and services. This is important in view of the fact that health is a crucial link between poverty and reproductive choice as the following discussion indicates.

Poverty affects health at both preventive and curative levels. A lack of economic resources means a lower ability to acquire a nutritious diet, better living and working conditions

and other attendant factors that would prevent ill-health. On the other hand, the conditions lead to a wide occurrence of communicable diseases and diseases related to lack of nutrition. And given such a prevalence, health care services available in terms of physical accessibility, monetary cost and effectiveness are minimal⁴. Thus, in two fundamental ways, poverty influences a person's health. Similarly, poverty has a negative affect on women's health, a more acute effect because of the existing bias against women. Gender bias in nutrition and health care in childhood, early marriage and conception, lack of voluntary check on the family size during their reproductive years and poor state of pre-natal and maternal health care services only intensify women's health problems.

Further, as Ravindran (1993) argues, poor health status of women through various intervening variables has an effect on their reproductive choice. Poor health leads to a high incidence of wasted pregnancies and secondary infertility. This is one of the reasons that women do not want to voluntarily limit their family size.

Poverty restricts reproductive choice in other ways. Poor living conditions and other factors increase the infant mortality rate (IMR). It has been found that wherever IMR is high, couples are not willing to limit their family size.

The limited income of the household also does not make it possible for the female of the house to take a day off in order to find out about contraceptive methods from the local primary health care centre or undergo sterilization. Thus, in spite of unwillingness to bear more children, the woman is not able to put a stop to it. Poverty also leads to the belief that more mouths to feed also mean twice the number of hands to work. Thus, children are considered as economic assets and the greater the number of children greater the sense of security. As Stephen Mink in the World Development Report (World Bank, 1992) argues, environmental degradation makes fuel wood gathering, livestock pasturing and water fetching more difficult. As these are tasks that children can do, the value of children increases for parents. And these links are strongest where female fertility is already high. As some of the scholars such as Miller (1981, 1993) and Krishnaji (1987) have argued, poverty is correlated with lesser female discrimination and, thus, may positively influence reproductive choice.

4. See for details: Antia, N.H. and K. Bhatia (ed.): 1993 : People's Health in People's Hands. FRCH. Bombay.

In the social sciences, the most commonly used yardstick for measuring poverty is income, which also, to an extent, indicates consumption patterns. Several other aspects related to poverty such as access to education, health care services and general living conditions are not directly included. The poverty line is defined solely in terms of income required for a certain minimum amount of calorie intake that is essential. Survey data can be useful in broadening this definition.

Not much is known about the direct links between gender discrimination and reproductive choice in India. There exists a need to put the question of gender bias and gender relations at the centre of issues relating to reproductive health and rights, policies and programmes to empower women, and to motivate men to take responsibility for reproductive matters. (Germain, Nowrojee, Pyne, 1994). Factors such as poverty and poorly organized health services affect both women's and men's health and well-being. Indian women's reproductive and marital choices are particularly limited by their social and economic circumstances. It is important not to assume that individuals make decisions in a vacuum or that everybody makes "choices" equally "freely". Due to existing social inequalities, the resources and range of options women have at their disposal differ greatly, affecting their ability to exercise their rights (William 1991).

It is important to note that the realm of sexual and reproductive decisions and rights are embedded in the social matrix and the process of socialization through which individuals imbibe the power of decision making. The process starts within the family and increasing amount of research shows the association between gender bias within the family and such unfavourable demographic outcomes as discrimination against daughters in access to food and health care on the one hand, and early marriage, repeated pregnancies and high prevalence of son preference on the other. It is due to the differences in the way boys and girls are socialized within the family that influences differences in decision making capacities and capabilities of men and women. For our purpose, we have selected a few such variables which were considered to be important determinants of reproductive behaviour and choice. These are :

- * Male and female education and reproductive behaviour and decision making.
- * Women's work and reproductive behaviour.
- * Cultural aspects affecting reproductive behaviour.

Male and female education, reproductive behaviour and decision making

A number of studies provide evidence of a strong correlation between the educational level of the women and a couple's fertility (Cleland, J. and Rodriguez 1988 ; Cochrane 1979). World Fertility Survey data also indicate strong associations between women's education and age at marriage, desired family size and contraceptive use in developing countries (United Nations 1987).

There have also been some studies that have attempted to assess how education may influence women's personal attitudes and their roles in decision making. Cochrane, Leslie, and O'Hara (1982), found, for instance, that education not only delayed the wife's age at marriage but also increased husband-wife communication and knowledge, and improved attitudes and access to birth control — all of which were negatively related to fertility. With regard to attitude towards contraception, although it is well established that a woman's education is a primary determinant of her contraceptive knowledge, it is less clear whether it is only formal education that makes the difference (Dixon, Mueller 1993). Most studies assess the easily quantifiable years of schooling, but do not address such other forms of training as adult literacy programs, informal education and exposure to extension services, which are more difficult to measure (Mahmud & Johnston, 1994).

Mahmud and Johnston, (1994), also point out that it is possible that the effective use of birth control and choice as to number of children could depend on the woman's attitude towards experience of, and knowledge about family planning and health services, irrespective of whether she has ever attended formal school. Other sources besides formal schooling, such as peer and support networks, women's assets in terms of property and savings, her autonomy in matters related to affairs at home and outside, and informal education may be even more important for which further research needs to be done.

Women's work and reproductive behaviour

It is widely presumed that *ceteris paribus* women's productivity and participation in the labour force have a positive effect on the health of women and children. By increasing women's autonomy in the household, as well as financial capacity which leads to lesser dependence on others, alternative sources of social identity and support increases women's desire to delay marriage, and space or limit births (Dixon Mueller 1978, Safilios Rothschild 1982). Although economic activity to a large extent does provide women with a resource base, its influence on women's reproductive decision-making is determined largely by the underlying institutional structures that govern the value of women's labor in any society and the conditions under which women engage in economic activity. For example, it is well known that in India, in the lower income levels, a household gains status by withdrawing its women from the labor force. The relationship between gainful employment and greater reproductive and sexual choice is dependent on a large number of factors such as type of occupation, income, motivation, whether the woman works for someone, is self-employed, duration and continuity of work, whether the work is full or part-time. Youssef (1982) suggests that the impact of women's non-domestic work on fertility differs by type of activity and occupation but there has been little consistency in either the strength or the direction of the observed relationship. It has also been suggested that where women take up market employment for want of money, they continue to bear the burden of housework and in such cases, women's employment does not do much to strengthen their capabilities to implement their reproductive preferences (Bruce & Dwyer(ed) 1988). In some contexts, it has been found that independent earnings by poor women does appear to affect traditional gender relations within the household, enhancing women's participation and say in decisions. Also, those who earn independently appear to exercise a higher degree of autonomy, as shown by their higher use of birth control and significantly

greater physical mobility (Mahmud 1993, Nelson 1979). There is maximum benefit when women directly control the income they earn and such women were found to limit births (Mahmud 1993).

Cultural factors affecting reproductive behaviour

Amongst the cultural factors that can be seen to affect reproductive behaviour and decision making one of the important factors is the concept of female autonomy. By female autonomy we mean the ability of women to take decisions on their own, without requiring permission of others in matters ranging from their decision to work to retain their incomes, how to spend household incomes, what to cook, where to go etc. For this we looked at a set of questions to assess the autonomy of women in three spheres.

Economic Autonomy: Women were questioned on a set of questions including.

- ◆ Independent source of income (if any)
- ◆ Who retained money earned by women (husbands or other members of the family) ?
- ◆ Whether women received any money for household expenses?
- ◆ Whether women could buy things (clothes etc.) for themselves without the permission of husband or other members of her marital household ?

Combinations of these questions were chosen to arrive at an index of women with 'no' economic autonomy - middle level economic autonomy, low economic autonomy and high economic autonomy. Similarly, an index was constructed for personal autonomy.

The other cultural factors mediated by gender that constrain women's choices are related to marriage and the practice of purdah. The universality of marriage and the early age at marriage, in the Indian context, makes it difficult for women to have a say in the number and spacing of her children. On the other hand, the practice of purdah could imply lower status and limited physical autonomy for the women which is also indicative of low autonomy in all other spheres.

The survey

The study was conducted in five districts in Uttar Pradesh and four districts in Karnataka. Districts were chosen to represent different agro-climatic regions within each State. In Uttar Pradesh, the districts selected were Almora, Faizabad, Ghazipur, Mathura and Muzaffarnagar, while those in Karnataka were Bidar, Dakshin Kanara, Kodagn Kolar and Mysore. Field work was carried out in 35 villages of U.P. and the same number in Karnataka averaging 7-9 villages per district. For the purpose of this paper only the U.P. data set has been analysed.

Sample

The total sample size from U.P. comprised of 1078 households spread over 35 villages in five districts. The sampled households are predominantly Hindu (87.2%). About 11.5% are Muslims, while Christians and others make up the remaining 1.3%. This study is restricted to women in the reproductive age group of 15-49 years and for men with wives in the said age group.

Twenty one per cent of the sample households belong to 'scheduled castes' and 21% belong to other backward castes. 'Others' constitute 33.4% of the sample. 7% state their identity as tribals, 23% respondent household refused to state their caste.

The total household income comes to less than Rs.850 per month for nearly 47% of the households surveyed, while another 30% reported an income between Rs.850 and Rs.1650 per month. Only 10% earn an income above Rs.2500 per month. With an average population size of about 6, this places a large percentage of the sampled population below the poverty line.

About 98.5% of the sample own houses, though 41.8% have 'Kutchra' type of house and 50% have one or two rooms in the house. 80% of the houses have no electricity supply but water sources are fairly accessible. 95% of the sample claimed that sources of water are available within 15 minutes of walking distance, though in summer water is less easily available.

74.1% of the sample households own some cultivable land. Out of this, 13.3% own land that is not irrigated. Nearly 50% are marginal land owners who own 2.5 acres (even less in some cases) of irrigated land.

The occupational structure of adult males suggests that nearly 50% are dependent on agriculture, 10.5%, are small traders or do petty business, while 14.35% of the adult male workforce make up non-agricultural labour.

The survey does not provide adequate indicators for separating out women's involvement in economically productive home-based activities very easily. Nearly 82.5% of the women reported being housewives and involved in home-based work, (categories that are clubbed together). While 12% work as agricultural labourers, another 1.8% are reportedly engaged in trade, animal husbandry and other self-employment activities.

Literacy levels are low with 41% of the males and 76% of the females totally illiterate. About 8% males and 5.1% females have reported to have had some schooling but not completed the primary level, while 23.1% of the males and 4.9% of the females surveyed have completed secondary school and above.

In 37% cases, both the husband and the wife are educated to the same level. Whereas only in 4% cases wives are better educated than their husbands, in nearly 60% cases the husbands have a better educational level. Level of exposure to different mass media such as newspaper, T.V. or radio is low. Among both men and women, exposure to radio (70% and 36% respectively) is much higher as compared to T.V. (50% and 23% respectively). Exposure of women is much lower with respect to any of the three media.

Both male and female respondents wish to have more sons than daughters. Around 57% wish to have 1,2 and 3 more sons, but, only 23% wish to have one more daughter, and a negligible number want more than one daughter.

The disparity between the male and female child is also apparent in ideas about children's education. Further, there is a remarkable difference in views of male and female respondents. There are 61% female respondents prioritizing son's education as compared to 40% males doing the same. About 30% of the females and 47% males wish to give equal importance to son's and daughter's education. There are negligible numbers prioritizing daughter's education.

Nearly 95% of both male and female respondents have stated that sons inherit the family land and only in cases where there are no sons, wives and daughters inherit. In 85% cases, men and women consider that sons are the major source of support in old age in financial and other ways. Though for short term support such as care during illness and economic support during crises, daughters are also counted upon.

Men and women in the households had been asked a number of questions to elicit information on the prevailing perceptions on women's autonomy and norms of wifely behaviour.

In deciding whether women can go out to work, according to men, in 93% cases, husbands have a say, and in 65% cases, wives have a say. According to women, in 89% cases husbands have a say and, in 81% cases wives have a say in the matter. About 85% of the couples sometimes discuss about expenditure and 35.5% frequently discuss it.

According to 81.5% men, their wives have a say in spending income, but only 65.3% women consider that they have a say in the matter. Yet, the number who do not have a say is not insignificant according to responses from both males and females.

In 65.5% cases, men and women said that the women did not need family elders' permission to spend money for personal use. Out of 15% who earn money, men consider that in 50% cases, the wives give them their incomes, but in only 25.5% cases women say that they give their incomes to the husbands.

The average number of pregnancies including wasted pregnancies in the form of abortions, miscarriages and still births are reflected in Table 1.

The Contraceptive Prevalence Rate (CPR), including terminal methods works out to about 32%.

Around 68% of the couples sometimes discuss contraception, and 7% discuss it frequently. According to women, in 58% cases, a woman with spouse decides about contraceptive use, in 23% cases the woman decides and in 8% only the husband decides. According to men, in 60% cases the couple decide together. In 33% cases, only the men decide, and in 5% cases only the wives decide.

Contraceptive use appears to be positively correlated with higher male and female age at marriage. In the two age classes where most women get married, contraceptive use is higher for those getting married between 15 and 20 years than those getting married between 11 and 15 years by about 8%. Similarly, the use of contraceptives for men married between 21 and 25 years is higher than those married between 15 and 20 years (difference more than 10%). Higher age at marriage might imply greater decision-making authority of the woman within the household. Also, late age at marriage may indicate that the couple is more well informed in matters such as family planning than those marrying very early. Age at gauna, on the other hand, seems to have little effect on contraceptive use, perhaps because it is determined by the onset of puberty that is more 'natural' than 'cultural'.

Decisions related to planning the family size are influenced by the values that socialization inculcate in a person. If one agency of socialization is the family, the other is formal education. Literature on the subject argues that the higher the education of the female, the lower is her fertility. This probably indicates that she has greater choice in relation to reproduction. The sample consists primarily of uneducated women, and therefore, it is difficult to examine the above mentioned correlation. However, men's education is found to be positively correlated with contraceptive use. Though the contraceptive use is higher for all levels of education in men than uneducated men, the extent of use nearly doubles itself in couples where the men are graduates. Since in a majority of the cases women are uneducated, this reveals that men's education does widen reproductive choice for the couple.

The other aspect of a woman's socio-economic status that is believed to give her greater autonomy is her engagement in economically remunerative activity. In our sample, women earning independently are very few which makes an analysis of the effect on contraceptive use unclear. There is, in fact, a slight negative correlation so that contraceptive use declines in families where the woman earns. However, a woman's independent earning might not necessarily indicate her greater autonomy, and might be due to poverty, and thus does not positively affect contraceptive use. The significance of land owned by the female is not known because there are hardly any women owning land.

Woman's control over household income could mean that she has greater decision-making authority with respect to family size. But in the sample, it is found that say in spending household income, getting cash in hand for household or personal expenditure has little positive impact on contraceptive use. In fact, greater freedom to purchase items of personal use is correlated with lower contraceptive use. One reason for the above might be that greater autonomy in aspects of expenditure does not necessarily mean that the woman would consciously reduce her fertility or that she will have the freedom to do so. However, it is observed that in the few couples where women earn independently, contraceptive use increases where the woman has greater control over her income.

Indicators of women's decision-making authority in relation to working outside home, family size and children's education is not correlated with higher contraceptive use. This might be because of constraints on her decision-making when located in the context of the authority structure in the household. Thus, her say in different matters may not be very important though most women claim to have some say. Further, say in other matters may not be correlated with exercising choice in matters of reproduction.

Another reason found to be important for the lack of family planning is the desire to have more sons, both among male and female respondents. Absence of contraceptive use in about 35% of the sample is also reflective of the desire of these couples to have more sons. The differential evaluation of male and female children in this manner is important for the lack of conscious effort to limit family size. The differential evaluation is in turn both a function of an inherent gender bias and of poverty.

As has been discussed earlier, poverty can restrict reproductive choice. Per capita income has been identified as the primary indicator of economic status. It is found that contraceptive use is positively correlated with rise in per capita income. There is a marked rise in contraceptive use among couples where per capita income is Rs 1500/- per annum or more. Poverty, by affecting chances for survival, access to health and nutrition, makes it imperative for couples to have large number of children. Thus, higher contraceptive use in economically well-off categories would imply that they have greater choice.

Land holding, as another indicator of economic status, is less significant. Most of the samples consist of marginal land owners. Current contraceptive use is about 30% in this sample, and there is an increase with increase in the size of land owned, though only 10% own more than 5 acres. The percentage of couples using contraceptives increases (by 7% or more) in the categories that own 'semi pucca' and 'pucca' houses rather than 'kutcha' ones. The greater incidence of contraceptive use in people owning a fairly large piece of land or 'pucca' houses might be due to the perception that these are economic assets, and thus provide security. This would alleviate a condition of poverty and increase the choice available to couples.

Poverty is considered to affect reproductive choice because it is correlated with a high incidence of child mortality. In our sample, too, in families where one or more children have died, contraceptive use is much lower than in families where none have died. As poverty in these cases via child mortality provides a natural check on family size, the couples probably are not willing to use contraceptives.

Apart from poverty and gender inequality, the other factors that would be significant for reproductive choice are whether the couples cognize the need for and actively participate in limiting their family size. However, it is important to note that the cognition and action would themselves depend upon various factors of poverty and gender inequality. In the sample, while 66% couples discuss contraception sometimes, not even 10% discuss it frequently. Whereas discussing sometimes is not correlated with actual use, frequent discussions do lead to much greater contraceptive use. Families where contraceptive use is discussed frequently may be characterized by better status and greater decision-making authority of women. The relationship between husband and wife could also be such that more democratic decision-making is possible than in families where contraceptive use is discussed rarely.

Differences in male and female perceptions

In 529 out of the 1078 households surveyed, women in the 15-49 years age group as well as their husbands were questioned on a number of issues. A comparison of the answers that were given by the women and the corresponding responses of their husbands present an

interesting picture of differences in perceptions and awareness.

It is interesting to note that a large number of women, when questioned about who do they expect to depend on in old age, said that they will depend on their sons. More men seem to feel that depending on daughters is a possibility they are not willing to ignore or discount. Again on questions of educating their daughters as compared to their sons, more women as compared to men, seem to subscribe to greater gender-bias, in that a larger percentage of women have higher ambition for their son's education; as compared to their daughter's. In comparison, men harbour a greater degree of egalitarian ambition for their sons and daughters.

This kind of gender equality does not, however, extend to men's perception about their wives. In response to just about every question asked to men and their wives to elicit information on the degree of autonomy women enjoy with respect to various matters, men have persistently come out with statements that deny such autonomy to women in numbers that are much larger than such statements made by their wives. Many more men than their wives, for instance, feel that women do not and should not decide whether or not they should work outside the home, or have a say in matters dealing with children's education, or similar issues. In other words, the data seem to suggest that women feel that they have a greater degree of autonomy in many things than their husbands are prepared to admit. Nevertheless, when it comes to the question of their children, be it old age support, or children's education, women appear to have imbibed traditional gender discriminatory values in a greater degree than their husbands. This is an interesting hypothesis which needs further investigation.

Some of the most interesting contrasts in male and female responses come up in the area of contraceptive use. Out of a total of 529 cases surveyed, in 103 (57+46) cases, i.e. in nearly 20% of the cases, there is a contradiction in male and female reporting on current contraceptive use. The percentage turns out to be higher if we club the 'no-response' cases with those that have reported 'no use' among both males and females. When asked whether they intend to use any contraceptive method, in the next 12 months, the discrepancy is even higher.

The picture is even more revealing when contraceptive use is classified by the type of use. Male reporting of use of male contraceptive is far higher than the corresponding reporting by females. For instance, as against 36 husbands who say that they currently use condoms, only 11 wives have corroborated the claims. Even male sterilization claims made by the husbands outstrip the reporting by their wives. When questioned about intentions of contraceptive use in the next 12 months by contraceptive type (Table C-4), the imbalance within the family on responsibility for contraception is very clearly brought out. There is at least one thing that men and women seem to agree on. Many more couples intend to depend on female contraception methods. Only 1 couple agreed on male sterilization or vasectomy as compared to 29 on tubectomy. 4 women intend to go in for the latter without their husband's knowledge, while the large majority of couples were undecided.

Multivariate Analyses: Some Results:(Cf. Statistical Appendix II)

The survey questionnaire used for generating the data under review is very large. In all, each questionnaire generates values for nearly fifteen hundred variables spread over a number of modules. Our major concern in this paper has been to shift through this large body of data in order to understand the nature of linkages between reproductive behaviour on the one hand and gender inequality and poverty on the other. This section reports the results of some preliminary investigations we have carried out in this direction using multiple regression techniques.

Ideally, issues such as those of fertility, child mortality, reproductive health and reproductive choice should be analysed within a simultaneous equations framework. The survey unfortunately has very little information on reproductive health. Also, although there are long sections on pregnancy history, it is difficult to link this information to the phasing of contraceptive use if any. We resisted from using a simultaneous equation framework and have experimented with single- equation estimation of structural equations at the cost of some inefficiency and bias of the estimators.

The dependent variable in these equations is fertility behaviour as represented by the number of pregnancies or the number of live births among women in reproductive age brackets. Ideally, these could have been adjusted for the difference in remaining reproductive spans of women in different age groups to net out the effect of age. One method of doing this would be use the estimated distribution of children expected to be born to women in different age groups in Uttar Pradesh from the Sample Registration System (SRS) data to arrive at fertility indices normalized by age *. We have chosen instead to use the number of pregnancies as reported in the data and have used age of the respondent as one of the explanatory variables. Predictably, this comes out with very significant t-values in all the equations. Given the current age of the respondent, the lower is the age at marriage (FF3A1), or better the lower is the age at gauna (FF3B1), the higher is the reproductive span lived through by a respondent at the time of the survey, and therefore, the higher will be the number of pregnancies, other things remaining constant. Both these variables come out with positive and significant t-values in our equations.

Given the large size of the questionnaire, the set of variables from which we could choose our other explanatory variables was uncomfortably large. However, the task was made easier by the fact that a number of these variables are of peripheral relevance to the central concern of this paper, which is to unravel the linkages between poverty, gender and fertility behaviour. Use of some others for running regressions was ruled out by the fact that some sections in the questionnaire — as for instance, the module on detailed labour used pattern by members of the household — have been left blank by many. We had problems in choosing indicators of the respondent's autonomy within the household as a factor which could influence reproductive choice. The number of questions asked to elicit the extent of control the woman has in her day to day living situation were many. We clubbed them in groups, and developed indices of the woman's economic and personal autonomy to be used as

* See for instance, statement 21 titled "Percent Cumulative Fertility by Age, India and major states", 1993, p. 44 of Fertility and Mortality Indicators, 1993, Sample Registration System. Registrar General of India, New Delhi.

qualitative explanatory variables. Alternative indicators were used to measure the level of awareness of the respondent, the economic status of the household, personal characteristics of the husband, perceptions about reproduction and contraception by the husband as well as the wife and indicators communication within the marital relationship. A representative sample of results is presented in Appendix

II. A summary of findings is given below

An interesting result that has repeatedly surfaced with this data set which perhaps runs counter to the received wisdom in this area in recent years, is that female literacy is represented by years of schooling, or levels of school achievement, has come up with totally insignificant t-values in most equations we ran, while another variable, which we tried as a surrogate for awareness, i.e., female exposure to radio broadcast (FD5A1) appears with much greater explanatory power. The result is interesting because it suggests that the goodness or otherwise of an indicator in terms of capturing the essence of an unquantified and unquantifiable qualitative variable such as awareness, may vary significantly depending on the context within which it is embedded (cf. the introductory section above).

Another significant finding in the fertility equations is the powerful impact of per capita income as explanatory variable for fertility as opposed, once again, to received wisdom in this respect. Since one of our central concerns had been to delineate the links between poverty and reproduction, we chose a number of indicators for both variables. Among the indicators we chose for poverty were per capita incomes (PCI), size of land holdings, housetype and asset/livestock ownership, of which, the best results were obtained with respect to PCI.

While the linear specification did not produce good results, t-values were very significant when we introduce a quadratic term. Thus, fertility appears to be strongly correlated to per capita income in a parabolic manner, with high fertility being associated with very low and very high levels of PCI and dropping in between. The lowest predicted fertility levels are reached typically at levels of per capita incomes that are significantly higher than the sample average.

We experimented with a range of female autonomy variables which were thrown up by the survey. Most of these were of a qualitative or categorical nature. Some of these have been reported in the equations. By and large, they have come out with a not too significant explanatory power. An attempt was made to construct some indices of different dimensions of female autonomy. Apart from the 'high economic autonomy' index, no other case turned out to have significant explanatory power.

Concluding Remarks

A number of studies in recent times have explored the determinants of fertility behaviour and contraceptive use among women. Our attempt in this paper has been to shed fresh light on these categories with the help of data from a household survey carried out in five districts of Uttar Pradesh under a project designed to bring out the links between poverty, gender inequality and reproductive choice.

The elaborate multi-dimensional reach of the questionnaire has made it possible to explore the complex inter-linkages of many factors that affect reproductive behaviour of women. Our investigations reveal that poverty as measured by per capita household incomes is a strong determinant of fertility behaviour, albeit in a non-linear fashion. Media exposure, especially exposure to radio broadcasts, is another factor that comes out as significantly and positively linked with use of contraceptives. Child mortality, predictably, has a deterrent effect on contraceptive use, while higher literacy levels are linked with higher incidence of use.

The data generated by the U.P. survey clearly reveal that even for the one-third of the women in the reproductive age group who have reported contraceptive use, such use can be barely said to reflect an evidence of exercising reproductive choice. For a large majority of these women, contraceptive choice is limited to tubectomies, and most of them reveal, on questioning, their unhappiness with the terminal nature of the method, apart from post-terminal health problems. Does, even though contraceptive technology has reached the far corners of rural India in a big way, the nature of choice for poor women is highly constrained.

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STATISTICAL APPENDIX - I

Education Level of Female Respondent by Contraceptive Use

| Current Contraceptive Use | Using | Not Using | No Response / Don't Know | Total |
|---------------------------|---------------|---------------|--------------------------|-----------------|
| Education | | | | |
| Uneducated | 117 | 260 | 25 | 402 (76.0) |
| Less Than Primary | 11 | 21 | 2 | 34 (6.4) |
| Primary | 14 | 27 | 7 | 48 (9.1) |
| Middle | 10 | 11 | -- | 21 (4.0) |
| Matric | 5 | 9 | 2 | 16 (3.0) |
| High Secondary | 3 | 1 | -- | 4 (.8) |
| Graduation | 2 | 1 | -- | 3 (.6) |
| No Response / Don't Know | -- | 1 | -- | 1 (.2) |
| Total | 162 (30.6) | 331 (62.6) | 36 (6.8) | 529 (100.00) |

Education Level of Male Respondent by Contraceptive Use

| Current Contraceptive Use | Using | Not Using | No Response / Don't Know | Total |
|---------------------------|---------------|---------------|--------------------------|-----------------|
| Education | | | | |
| Uneducated | 39 | 120 | 23 | 182 (34.4) |
| Less Than Primary | 15 | 24 | 5 | 44 (8.3) |
| Primary | 24 | 37 | 5 | 66 (12.5) |
| Middle | 37 | 49 | 8 | 94 (17.8) |
| Matric | 26 | 37 | 8 | 71 (13.4) |
| High Secondary | 18 | 25 | 6 | 49 (9.3) |
| Graduation | 16 | 7 | -- | 23 (4.3) |
| Total | 175 (33.1) | 299 (56.5) | 55 (10.4) | 529 (100.00) |

Occupation of Female Respondent by Contraceptive Use

| Current Contraceptive Use | Using | Not Using | No Response / Don't Know | Total |
|---------------------------|---------------|---------------|--------------------------|----------------|
| Occupation | | | | |
| Farmer | 31 | 20 | 3 | 54 (10.2) |
| Agricultural Labour | 1 | 10 | 1 | 12 (2.3) |
| Small Trade | -- | 1 | -- | 1 (.2) |
| Unemployed | -- | 3 | -- | 3 (.6) |
| Home Based Work | 127 | 290 | 32 | 449 (84.9) |
| Student | 3 | 2 | -- | 5 (.9) |
| Children | -- | 2 | -- | 2 (.4) |
| Others | -- | 1 | -- | 1 (.2) |
| Refusal | -- | 2 | -- | 2 (.4) |
| Total | 162 (30.6) | 331 (62.6) | 36 (6.8) | 529 (100.0) |

Wife's Say in Spending Family Income by Contraceptive Use

| Current Contraceptive Use | Using | Not Using | No Response / Don't Know | Total |
|------------------------------------|---------------|---------------|--------------------------|-----------------|
| Wife's Say in spending fmly income | | | | |
| Yes, there is say | 112 | 205 | 19 | 336 (63.5) |
| No, there is no say | 49 | 125 | 19 | 193 (36.5) |
| Total | 161 (30.4) | 330 (62.4) | 38 (7.2) | 529 (100.00) |

Whether Wife is Given Cash For Household Expense by Contraceptive Us

| Current Contraceptive Use | Using | Not Using | No Response / Don't Know | Total |
|-----------------------------------|---------------|---------------|--------------------------|-----------------|
| Cash Given For Household Expenses | | | | |
| Yes | 99 | 192 | 19 | 310 (58.6) |
| No | 63 | 139 | 17 | 219 (41.4) |
| Total | 162 (30.6) | 331 (62.6) | 36 (6.8) | 529 (100.00) |

**Whether Wife Can Work Outside Home by Contraceptive Use
As Answered by Female Respondent**

| Current Contraceptive Use | Using | Not Using | No Response / Don't Know | Total |
|---------------------------|---------------|---------------|--------------------------|-----------------|
| Can Work Outside home | | | | |
| Yes ,can work outside | 47 | 46 | 7 | 100 (18.9) |
| No , cannot work outside | 115 | 285 | 29 | 429 (81.1) |
| Total | 162 (30.6) | 331 (62.6) | 36 (6.8) | 529 (100.00) |

**Whether Wife Can Work Outside Home by Contraceptive Use
As Answered by Male Respondent**

| Current Contraceptive Use | Using | Not Using | No Response / Don't Know | Total |
|---------------------------|---------------|---------------|--------------------------|-----------------|
| Wife can work outside | | | | |
| Wife has no say | 74 | 96 | 17 | 187 (35.3) |
| Wife has say | 101 | 203 | 38 | 342 (64.7) |
| Total | 175 (33.1) | 299 (56.5) | 55 (10.4) | 529 (100.00) |

**More Number of Sons Wanted by Contraceptive Use
as Answered by Female Respondent**

| Current Contraceptive Use | Using | Not Using | No Response / Don't Know | Total |
|---------------------------|---------------|---------------|--------------------------|-----------------|
| More No. of Sons Wanted | | | | |
| 0 | 146 | 195 | 11 | 352 (66.6) |
| 1 | 9 | 38 | 6 | 53 (10.0) |
| 2 | 5 | 39 | 6 | 50 (9.5) |
| 3 | -- | 4 | -- | 4 (.8) |
| On God | 2 | 54 | 13 | 69 (13.0) |
| Unsure | -- | 1 | -- | 1 (.2) |
| Total | 162 (30.6) | 331 (62.6) | 36 (6.8) | 529 (100.00) |

**More Number of Sons Wanted by Contraceptive Use
as Answered by Male Respondent**

| Current Contraceptive Use | Using | Not Using | No Response / Don't Know | Total |
|---------------------------|---------------|---------------|--------------------------|-----------------|
| More NO. of Sons Wanted | | | | |
| 0 | 150 | 175 | 24 | 349 (66.0) |
| 1 | 16 | 35 | 9 | 60 (11.3) |
| 2 | 4 | 21 | 9 | 34 (6.4) |
| 3 | -- | 5 | 2 | 7 (1.3) |
| 4 | -- | 1 | -- | 1 (.2) |
| On God | 3 | 58 | 10 | 71 (13.4) |
| Unsure | 2 | 4 | 1 | 7 (1.3) |
| Total | 175 (33.1) | 299 (56.5) | 55 (10.4) | 529 (100.00) |

Infant Mortality by Contraceptive Use

| Current Contraceptive Use | Using | Not Using | No Response / Don't Know | Total |
|---------------------------|---------------|---------------|--------------------------|-----------------|
| Infant Mortality | | | | |
| 0 | 122 | 216 | 25 | 365 (68.8) |
| 1 | 27 | 75 | 9 | 111 (20.98) |
| 2 | 6 | 22 | 1 | 29 (5.48) |
| 3 | 4 | 8 | 1 | 13 (2.5) |
| 4 | 2 | 4 | -- | 6 (1.1) |
| 5 | -- | 2 | -- | 2 (.37) |
| 6 | -- | 2 | -- | 2 (.37) |
| 7 | 1 | -- | -- | 1 (.18) |
| Total | 162 (30.6) | 331 (62.6) | 36 (6.8) | 529 (100.00) |

**Annual Household Income by Contraceptive Use
as Responded by Males**

| Current Contraceptive Use | Using | Not Using | No Response / Don't Know | Total |
|-------------------------------|---------------|---------------|--------------------------|-----------------|
| Annual Household Income (Rs.) | | | | |
| < 2500 | 8 | 14 | 1 | 23 (4.3) |
| 2500 - 5000 | 20 | 42 | 7 | 69 (13.0) |
| 5000 - 7500 | 13 | 70 | 8 | 91 (17.2) |
| 7500 - 10000 | 23 | 43 | 4 | 70 (13.2) |
| 10000 - 15000 | 42 | 57 | 13 | 112 (21.2) |
| 15000 - 20000 | 24 | 25 | 8 | 57 (10.8) |
| 20000 - 30000 | 25 | 25 | 7 | 57 (10.8) |
| 30000 - 40000 | 4 | 11 | 4 | 19 (3.6) |
| 40000 - 50000 | 5 | 4 | 2 | 11 (2.1) |
| > 50000 | 11 | 8 | 1 | 20 (3.8) |
| Total | 175 (33.1) | 299 (56.5) | 55 (10.4) | 529 (100.00) |

**Annual Household Income by Contraceptive Use
as Responded by Females**

| Current Contraceptive Use | Using | Not Using | No Response / Don't Know | Total |
|-------------------------------|---------------|---------------|--------------------------|-----------------|
| Annual Household Income (Rs.) | | | | |
| < 2500 | 6 | 15 | 2 | 23 (4.3) |
| 2500 - 5000 | 19 | 48 | 2 | 69 (13.0) |
| 5000 - 7500 | 14 | 71 | 6 | 91 (17.2) |
| 7500 - 10000 | 20 | 43 | 7 | 70 (13.2) |
| 10000 - 15000 | 43 | 62 | 7 | 112 (21.2) |
| 15000 - 20000 | 20 | 45 | 2 | 57 (10.8) |
| 20000 - 30000 | 19 | 32 | 6 | 57 (10.8) |
| 30000 - 40000 | 6 | 10 | 3 | 19 (3.6) |
| 40000 - 50000 | 5 | 6 | -- | 11 (2.1) |
| > 50000 | 10 | 9 | 1 | 20 (3.8) |
| Total | 162 (30.6) | 331 (62.6) | 36 (6.8) | 529 (100.00) |

STATISTICAL APPENDIX - II

DEPENDENT VARIABLES

| | TOTAL PREGNANCIES | | | TOTAL LIVE BIRTHS | | |
|----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | EQUATION1 | EQUATION2 | EQUATION3 | EQUATION1 | EQUATION2 | EQUATION3 |
| CONSTANT | -2.129 (-4.21) | -2.111 (-4.21) | -1.680 (-3.13) | -2.108 (-4.66) | -2.128 (-4.74) | -1.753 (-3.66) |
| FA13 | .216 (21.75) | .217 (21.83) | .218 (22.10) | .211 (23.65) | .211 (23.71) | .212 (24.00) |
| FF3A1 | -.011 (-1.10) | | | -8.410E-04 (.90) | | |
| FF3B1 | | -.013 (-1.27) | -.015 (-1.43) | | -7.800E-03 (-.84) | -8.610E-03 (-.92) |
| FD3 | | | -.088 (-.76) | | | -.096 (-.92) |
| D3 | | | -2.878E-03 (-.03) | | | -.066 (-.72) |
| PC | -2.232E-04 (-4.29) | -2.246E-04 (-4.31) | -2.369E-04 (-4.50) | -2.481E-04 (-5.32) | -2.493E-04 (-5.35) | -2.538E-04 (-5.38) |
| PC2 | 5.184E-04 (1.86) | 5.240E-09 (1.88) | 5.930E-09 (2.12) | 5.880E-09 (2.36) | 5.921E-09 (2.37) | 6.313E-09 (2.51) |
| B10 | -.079 (-.45) | -.067 (-.38) | -.139 (-.82) | -.078 (-.50) | -.076 (-.45) | -.119 (-.78) |
| B13 | .170 (1.63) | .175 (1.67) | | .144 (1.53) | .147 (1.56) | |
| B3AD1 | | | -.260 (-1.43) | | | -.197 (-1.21) |
| B3AD2 | | | .026 (.14) | | | -.013 (-.08) |
| FD4 | -.107 (-.57) | -.118 (-.63) | .011 (.04) | -.112 (-.67) | -.122 (-.73) | .033 (.13) |
| D4 | .039 (.21) | .040 (.21) | -.025 (-.08) | .032 (.20) | .034 (.21) | .118 (.44) |
| FD5A | -.472 (-2.73) | -.465 (-2.68) | -.372 (-2.25) | -.373 (-2.40) | -.367 (-2.37) | -.318 (-2.15) |
| D5A | .181 (.89) | .177 (.88) | .117 (.64) | .199 (1.10) | .197 (1.09) | .103 (.63) |
| FD5B | .164 (.83) | .155 (.78) | | .011 (.06) | 5.363E-03 (.03) | |
| D5B | -.212 (-1.07) | -.211 (-1.06) | | -.299 (-1.69) | -.300 (-1.69) | |
| FK5 | .522 (.99) | .520 (.98) | | .416 (.88) | .417 (.88) | |
| FK4 | .073 (.40) | .092 (.50) | | .024 (.15) | .039 (.24) | |
| FK3 | .047 (.31) | .040 (.26) | | .107 (.77) | .102 (.74) | |
| HIGHEA | | | -.957 (-1.56) | | | -1.013 (-1.85) |
| MIDDLEEA | | | .295 (.86) | | | .291 (.94) |
| NOEA | | | .305 (.82) | | | .277 (.83) |
| HIGHPA | | | .043 (.26) | | | .126 (.86) |
| MIDDLEPA | | | -.069 (-1.16) | | | -.097 (-2.24) |
| FJ5 | .078 (.95) | .082 (.96) | .103 (.04) | .046 (.62) | .048 (.65) | .057 (.77) |
| R2 | .441 | .441 | .442 | .487 | .487 | .489 |
| ADJUSTED R2 | .429 | .430 | .428 | .477 | .477 | .476 |
| F | 37.525 | 37.571 | 31.672 | 45.236 | 45.222 | 38.146 |
| SAMPLE SIZE | | | | | | |

STATISTICAL APPENDIX - III

LIST OF VARIABLES

| | | |
|---------|---|--|
| FA13 | : | Age of the female respondents |
| FF3A1 | : | Age at marriage for females |
| FF3B1 | : | Age at gauna for females |
| FD3 | : | Years of schooling completed for females |
| D3 | : | Years of schooling completed for males |
| PC | : | Per Capita household income |
| PC2 | : | Per Capita income squared |
| B10 | : | Land holding |
| B13 | : | Livestock ownership |
| B3AD1 | : | House type - 'Kutchha' |
| B3AD2 | : | House type - 'Semi-pucca' |
| FD4 | : | Ability to read for females |
| D4 | : | Ability to read for males |
| FD5A | : | Exposure to radio for females |
| D5A | : | Exposure to radio for males |
| FD5B | : | Exposure to TV for females |
| D5B | : | Exposure to TV for males |
| FK5 | : | Any land in female respondent's name |
| FK4 | : | Whether females earn independently |
| FK3 | : | Whether permission from elders required for females to purchase items for personal use |
| High EA | : | High economic autonomy is constructed from |

- (a) If the female gets cash in hand for household expenditures (b) If she can buy items of personal use without elders' permission (c) If she has full control over her own income
- Middle EA : Middle economic autonomy is constructed from (a) If she gets cash in hand for household expenditures (b) If she can buy items of personal use without elders' permission (c) If she gives part of her own income to her husband but she has control over the rest of it
- No EA: No economic autonomy is constructed from (a) If she does not get any cash in hand for household expenditures (b) She has to seek elders' permission to buy items of personal use (c) If she does not earn independently or gives all her income to her husband and other members of the household
- High PA : High personal autonomy is constructed from (a) If the respondent has a say in going out to work, education of children and care during children's illness (b) If she goes outside the village without permission from her husband or elders and alone.
- Middle PA : Middle personal autonomy is constructed from (a) If she has a say in going out to work and is allowed to go outside the village without permission and alone but does not have a say in children's education or care during their illness. OR (b) If she has a say in her children's education and care during their illness but has no say in going out to work and cannot go outside the village without permission and alone.
- FJ5 : Current contraceptive use among couples

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