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Empowerment translated to demographic transition

This is well noted that women have been subjugated by the throes of patriarchy. They have been bounded by certain gendered social and cultural norms which had been imposed on them and gradually ingrained into their very psyche making them passive and at times even active partakers of patriarchy. Women, being bound by these norms, more than often perceive things and think subjectively. However, men being positioned outside this paradigm are capable of looking at things and thinking objectively. The economic empowerment and societal pattern change, confounded by education women are now being able to question established norms and are looking for justification for societal practices that had been hitherto imposed on them.

India is passing through the demographic transition and is moving from the middle transitional stage (decline in birth rates and continuing decline in death rates) to the late transitional stage (continuing decline in birth rates and slowdown in the fall in death rates) The latest census has shown a clear fall, to a decadal growth of 17.6 percent and annual rate of 1.62 percent. In fact, not just the growth rate but the absolute increase has also shown a decline, from 182 million during 1991-2001 to 181 million during 2001-11. (Registrar General of India (RGI). 2011. Provisional Population Totals, Paper 1 of 2011: Census of India 2011, Series 1- India. New Delhi: Controller of Publications.)

The broad age group 15-59 generally labelled as working ages has gained by over eight points in its share during 1971 to 2001, from 52.0 percent to 60.5 percent (for the 15-64 age group, the increase is from 54.6 percent to 63.6 percent). The share of the population in ages 0-6 (that is, below seven years) shows a steady fall in the recent years, of about two percentage points per decade. . The results of the 2011 census revealed that the share of this age group fell from 16 percent in 2001 to only 13 percent in 2011, a consequence of recent fertility decline.

Total fertility rate in West Bengal is 2% and exponential growth rate is between 1.05%-1.5%, by assessing the population pyramid we can see the demographic dividend is emerging.

This bulge in working ages yields the demographic dividend, a situation in which the working age population is well over 60 percent and the dependency ratio is low. This would be available for some time, the period of window of demographic opportunity, through the

first half of the century and for some time after that. A consequence of India's staggered fertility transition is that the window of demographic opportunity would be open in different regions during different time periods .in West Bengal the current period is suitable to accrue the benefit of demographic dividend.

The fall in fertility has been a welcome change, with implications not just in terms of lowering population growth but also for the development of women and children.The window of demographic opportunity has already opened and will remain so for some more decades. The extent to which India can capitalize on this depends on how well the workers can be employed. This brings in issues of quality of labour force and capacity of the economy to harvest the potential dividend into actual benefit. Over time, the large bulge of population will move from working ages to old ages raising old age dependency. This would matter at the macro -level, but also at the micro or household household level. Traditionally, supporting elderly parents has been the responsibility of working adults but low fertility means small families who would find it difficult to support elderly parents. This would then call for developing mechanism to provide old age support.

In West Bengal, we can see a marginal rise in age at marriage. Fertility decline has occurred, particularly during the 1990s, since most women continue to have at least two births but increasingly avoid additional births (Paul and Kulkarni 2006).This has been notwithstanding a state government that has been quite indifferent to population policy and never planned any aggressive or effective family planning programme that many other states have embraced (Basu and Amin 2000) Whereas several women development policies particularly economic development, have been undertaken. The West Bengal State Urban Livelihood Mission (WBSULM) and West Bengal State Rural Livelihood Mission have constituted to mobilise poor households , specifically women, of urban and rural areas to form their own institutions and for sustainable poverty reduction. The programme envisages universal social mobilisation of urban poor into Self-Help Groups (SHGs).These programmes are catalysing the formation of SHGs for the purpose of capacity building , financial inclusion and to mitigate different vulnerabilities faced by women. The explicit target of population control is not stated. In this research, we will try to gauge, whether the women , those are under these programmes , are contributing to demographic transition or not.

This willingness to limit childbearing appears to have taken root among the advantaged socioeconomic groups (or elites, who are the forerunners of fertility decline according to Livi-Bacci 1986) and diffused to the masses (or non-elites) through social imitation (Cleland and Wilson 1987; Basu and Amin 2000). The women are coming out from the subjugation .

Improvement in women's education has substantially altered the opportunities and lives of individual women and their families (Aassve et al. 2012; Malhotra and Riley 2009). Socio-psychological change at the societal level enables women to decide for themselves 'on the availability of opportunities for [them] to fill non-familial roles and earn prestige from them' (Ryder 2010: 613). Lowest-low fertility could thus be a response, or even strategy, towards educational and professional attainment that may be diverted by having children and adopting traditional domestic roles (Mason 1986; Mason and Palan 1981; Lloyd 1991; Basu and Desai 2012; Gipson and Hindin 2013). By restricting childbearing to a single child, women can achieve socially valued motherhood goals and manage career ambitions simultaneously (Gerson 1986). Also, families must constantly trade-off between a better lifestyle and larger families when childbearing and childrearing become expensive (Becker 1976; Esterlin 1966). Limiting family size could be one way to ensure higher consumption in a society with rising material aspirations (Basu and Desai 2012).

Demographic discourse in India has centred on the first demographic transition, primarily because family remains at the core of social organization. Studies have also documented highly traditional gender roles, universal and relatively early marriage and son preference in Indian society (Uberoi 1993).

Morgan (2003) points out, there remains substantial social and psychological pressure to have at least two children in India. Individualism, which is demonstrated through lifestyle and self-actualization will be the forces to traverse the cultural barrier of at least two children. Though cultural shift is a must need but growing economic pressures and change of life aspirations, are determining factors for making decision family planning.

Data

Data were collected between August 2016 April 2017. For the quantitative survey, the questionnaire was prepared in English and then translated to Bengali, the local language. Pre-testing of the questionnaire was conducted in areas other than the study areas and questionnaire was then finalized and administered among study participants. Apart from general demographic and socioeconomic characteristics, questions were asked regarding

desired and attained number of children, desired sex composition of children, aspirations for children, old age dependency and, family and individual values. The survey uses a quasi-experimental design, with a pre-coded questionnaire to collect data. In this study, we have interviewed 1122 SHG members of West Bengal; of this, 650 members are from urban area and treated as group A in subsequent analysis and the remaining 472 are associated with SHGs of semi urban area are treated as group B. Verbal informed consent was obtained from each study participant and all collected individual data was kept confidential.

Additionally, to supplement information obtained from quantitative survey, six Focus Group Discussions (FGDs) and six open-ended In-Depth Interviews (IDIs), one each among women and men in the study wards, were also conducted. A focus group consisted of 8-10 persons from a homogeneous group according to age and religion (Islam or non-Islam). FGDs and IDIs were conducted on issues relating to reproductive goals; social and economic changes and their effect on desired family size; aspirations for children; gender-power relations in fertility decision making and contraception use; and diffusion of ideas of family size limitation across socioeconomic strata. All FGDs and IDIs were recorded and transcribed verbatim.

Theorizing hypotheses

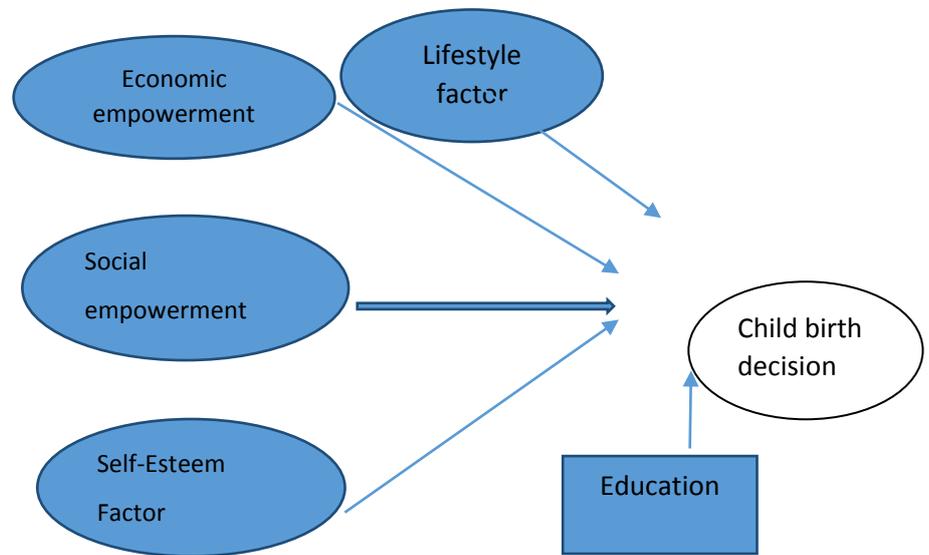


Figure 1

Figure 1 presents the proposed research model for this study. The model is a structural model with latent factor which is Child Birth Decision whose latent indicators are economic empowerment, social empowerment, lifestyle factor, self-esteem factor and one confounding variable i.e., education. Figure 1 captures the relationship between all variables in the proposed research. In this research framework, we do not assign any artificial weight to latent factors.

Data were analyzed using Stata Release 13. To obtain basic socio-demographic characteristics of samples, descriptive statistics were produced for the surveyed population. The multivariate structural model was estimated by using SPSS- AMOS.

Results Sample characteristics Table 2 describes basic socio-demographic and economic characteristics of the surveyed women . More than half of the women were of age group 25-34 and 30-39, respectively. Median duration of nuptial union of eight years suggests majority of the surveyed couples might have completed or are on the verge of reaching their desired

family size. Respondents had four siblings implying high level of fertility among the earlier generation, while mean (2) number of living children among respondents indicate that fertility level dropped remarkably in one generation. Median years of schooling were found to be 11 years for women . Less than a quarter of women were working during the six months preceding the survey. 62 per cent of respondents were believers of Hinduism, while 38 per cent were followers of Islam.. Median monthly household per capita expenditure was found to be 3500, INR , which is higher than recent average estimates for urban India (2,019 INR Government of India, 2013), implying that the surveyed respondents were economically better off than the average urban Indian household.

Estimating latent factor child birth decision requires a spectrum of questions and sample size. Data constraints have been a major challenge for this study, and one of the authors personally interviewed everyone.

The sample composition of this study is reported in Table 1.

Table 1: Sample respondents' profile

	Focus group (overall)	Group A	Group B
Age between 16-24	18%	19%	17%
Age between 12-34	50%	50%	50%
Median age of the respondents (in years)	30	30	30
Median age at marriage of the respondents (in years)	21	21	21
Median duration of marital union of the respondents (in years)	8	8	8

Median number of siblings	4	4	4
Per capita income overall (median) INR	3500	4500	2500
% with land in own name	10	15	7-8
% with gold in own name	40	40	40
% with primary education (overall)	70	66	75
Financial inclusion			
% with bank account (nationalized bank) other than SHG bank linkage	20	20	20
% with bank account (private bank)	5	5	5
% self decision about spending income	50	50	50

Source: primary data are collected through questionnaire.

Measurements and scale

This study used self-administered questionnaires which were developed using 5-point Likert scale. The instruments contained a total of 19 items: five items for economic empowerment, three items for social empowerment, three items for self-esteem, five items for lifestyle factor , and three items for child birth decision making, While developing the questionnaire, a pilot survey has been done to validate the questionnaire. The pilot survey has been done in Habra I , Kolkata (South) , and in Baranagar I of North 24 parganas with 100 respondents. The final version of 24-item questionnaire has an average content validity coefficient (V-value) of greater than 0.7 ($p < 0.01$) The V-values with

each item in questionnaire are presented in Appendix 1. For development of items, literature review has been done along with expert opinions.

Reliability and internal consistency of the responses were checked using Cronbach's alpha (Cronbach, 1951; Peter, 1979). Table 2 lists Cronbach's alpha values for instruments used in this study.

Table 2: Reliability analyses by constructs

Constructs	Cronbach's Alpha	Number of Items
Economic empowerment	0.82	5
Social empowerment	0.74	3
Lifestyle factor	0.73	5
Self-esteem factor	0.78	3
Child birth Decision	0.75	3

Note: authors' own findings.

To estimate latent child birth decision , we need to rely on observed indicators that capture the increment in empowerment. Swain (2007) and Swain and Wallentin (2009) explain that women are empowered when their societal status increases through participation in non-traditional spheres. In South Asian countries , decisions such as buying and selling of land and property, family planning and use of contraception, and decision to educate a girl child and marriage of children , remain outside the domain of women's decision-making (Swain & Wallentin, 2009; Kabeer, 2005). Based on extant literature, we have selected our observed indicators to corroborate with the definition of child birth decision. We have chosen three indicators (Appendix 1) and enquired about those three from our respondents. The questionnaire survey revealed that after joining the SHG, in 30% cases participation in property-related matter increased. Decision over family planning is another factor measuring

empowerment and 50% of women within reproductive age answered that after being a member they are not forced to give birth to a second child (particularly a male child) .

The underlying assumption of the hypothesized model is that by joining SHG women are empowered and this empowerment will inexorably lead to decision making power. Tables 3, 4, present the parameter estimates, and some of the fit indices for the SHG members in the overall focus group, group A, and group B, respectively. These coefficients are standardized and may thus be interpreted on both significance and magnitude.

The model fit is assessed by examining the Satorra–Bentler scaled chi-square goodness of fit index (CMIN/DF), the root mean square error of approximation (RMSEA), and the comparative fit index (CFI). The RMSEA considers the error of approximation in the population and finds how well the model, with unknown but optimally chosen parameter values, fits the population covariance matrix. The CFI avoids the underestimation of fit often noted in small samples; it is a measure that rescales chi-square to compare a restricted model with a full model using an arbitrary baseline null model. The chi-square values for overall ,and individual groups are within 3 and the value of CFIs are above 0.90 (CFI should be higher than .9 ;Hu & Bentler, 1999), and for tested models the values of RMSEAs are less than .05 , while the recommendation score is 0.05 or less (Browne & Cudeck, 1992). The model fit indicators (Table 4) reveal that the models have a good approximate fit, which implies that our estimates are reliable.

Table3: Estimates (Direct effects) of Structural model

RELATION BETWEEN CONSTRUCTS			GroupA		GroupB		Overall	
			Estimates	Pvalue	Estimates	p value	Estimates	pvalue
CHILD BIRTH DECISION	<---	Education	0.092	0.019	0.083	0.095	0.098	0.002

CHILD BIRTH DECISION	<---	Self esteem	0.099	0.113	0.156	0.051	0.123	0.012
CHILD BIRTH DECISION	<---	Social	0.273	***	-0.023	0.755	0.14	0.004
CHILD BIRTH DECISION	<---	economic	0.206	***	0.306	***	0.246	***
CHILD BIRTH DECISION	<---	LIFESTYLE FACTOR	0.226	***	0.134	0.086	0.2	***

Table 4: Fit Indices of Full Structural Model

Fit Indices	Overall	GroupA	Group B
CMIN/DF	2.913	2.142	2.063
CFI	0.961	.955	.925
RMSEA	0.041	.042	.044

Discussions

The results suggest significant effect of education on child birth decision. Evidences from a number of studies unambiguously reveal that female education is associated with decreased fertility (Bbaale 2015; Sackey 2005; Vavrus and Larsen 2003; Lam and Duryea 1999). Studies conducted in India have argued that expansion of female education would increase their bargaining capability in households, enhance autonomy in decision making, augment freedom of movement and reduce fertility (Drèze and Murthi 2001; Sujatha and Reddy 2009). According to Coale (1973), in a competitive market economy, it is rational and convenient

for parents to have fewer children to maximize opportunities for one's upward mobility.

Rising female employment rates and falling fertility are linked with 'New Home Economic' literature (Easterline 1976; Becker 1981; Lesthaeghe 1998; Lesthaeghe and Willems 1999).

Moreover, McDonald (2004) notes how greater gender equality in professional life alongside disproportionate responsibilities of childcare at home, accounts for women's reluctance to bear children. The negative influence on fertility for women pursuing careers may be particularly immense when public and private institutions (mainly welfare system and family) are not able to reconcile the time women spend on reproduction and production (Zuanna 2007). In an open-ended IDI with a female tailor (graduate, age 29, yet to conceive) affirmed: "My work is my source of economic independence. It is also a part of my passion for work. My income gives me a lot of confidence. Increasing expenses and the demands for a better lifestyle have made money extremely important for a woman". In an FGD conducted among women in urban area (hereafter Group A), participants asserted: "Nowadays women have turned extremely busy due to work and the focus on building a career leads to a delay in initiating families. Further, maintaining balance between service sector employment and household chores poses a classic dilemma and thus women are happy with one child. However, we gained respect in the family and have a say in the decision-making process and such involvement and freedom has been greater at the in-laws' place than it was in our parental households". An FGD, which was conducted among women working in small businesses in semi urban areas (hereafter Group B), confirm the views of woman of Group A. "Nowadays we are not want to get married before a stable career and prioritize our economic independence. Further, women are becoming increasingly health conscious and reluctant to conceive more than one or two children". Some studies have argued that family-friendly employment policies could solve the problem of declining fertility (Chesnais 1996; McDonald 2004; Castles 2003). An IDI with a 24 year-old housewife (yet to conceive) also

provides some useful insight on this issue. She narrated: “As I’m a graduate and am still not past the age of employment, I’d like to do a job. It’s also a question of self-satisfaction. I wish to get employed in the government sector as the private sector is not always suitable for housewives”. The IDI with the same media professional reveals, “There are problems as well as conveniences. As I stay with my in-laws I do not have to shoulder the entire responsibility of the family. My husband is also very co-operative. My mother-in-law had been a working woman herself and she is also extremely supportive”. Unlike some economic literature (e.g., Francis and Ramey 2008; Galindev 2011) which classifies parents’ engagement in activities such as playing with and talking to children as leisure activities, we generally mean leisure here as a type of durable consumption good such as watching television, going shopping or to the movies, eating out and, chatting with friends and relatives. Though hardly any study was conducted to find an association between leisure time and fertility intention in developing countries, available literature of Western countries finds that similar to occupational aspirations, a high leisure orientation tends to interfere with fertility intention and consequent behaviour of a couple, particularly women (Becker and Lois 2012; Claxton and PerryJenkins, 2008; Kalmijn and Bernasco 2001; Easterline 1969). According to women of Group A, “In many cases both the husband and the wife hesitate to take up the burden of looking after more than one child as they want to enjoy their life. Moreover, nowadays most women feel that it would not be worthwhile to keep rearing children all their life by giving up leisure time”. Women belonging to Group B (working in electronic maintenance service) perceived: “Working in service sectors compelled us to restrict the family size to the minimum”. Greenhalgh(1988), noted that a desire to invest in children and attain social mobility of the family through these investments may encourage families to limit childbearing to one child. We have found that pursuing children’s education in private English medium schools, engagement in extra-curricular activities apart from studying, and

providing expensive durable accessories to children have a significant relationship with limiting family size to one. It is not very surprising that public recognition of poor quality education in government schools makes parents seek alternatives (Basu and Desai 2012). Evidence also suggests enrolment in private schools and reliance on private tutoring has increased sharply in recent years (Kingdon 2007). At the same time, employment opportunities have not increased at the same pace as educational growth, which results in increased competition for scarce jobs. These conditions could force parents to invest their resources in upward mobility by having a single child to improve quality of family life (Zuanna 2007; Basu and Desai 2012). Respondents of FGD Group A conveyed: “Preference for private English medium school is not a luxury but need of the day. Education has become very expensive and a lot needs to be spent on schooling and extra curricular activities are also becoming essential given scarcity of job opportunities”. Participants of FGD of Group A and also Group B agreed that, “As peer pressure is there children are asking for branded accessories. Parents are trying to cope with this but we didn’t have these during our childhood”. According to Basu and Desai (2012), raising highly qualified and better-prepared children (not only educationally, but socially and emotionally) could also be a response to neoliberal economic policies. This in turn creates opportunities for socioeconomic mobility among urban and educated middle class sections. Such ambition among parents is further supported by lower old age dependency on children as the present study has observed. As Caldwell (1982, 2005) argues in the demand theory framework, mass education reversed the direction of wealth flow between parents and children. According to Participants of Group B: “To provide the best possible upbringing family size must be restricted. Since the dependency on children has decreased people do not want many children”. Kulkarni (2011) , has found small family norms existing across different income categories. According to respondents of Group B: “Control over family size has become common feature among people belonging

to the low income class. This might have happened due to the spread of education, increase in the levels of awareness, and desire for a better life". Respondents of Group A further affirmed: "People of lower economic class have realized for better living in this inflationary economy they have to restrict their childbearing". Researchers found that women are aspiring that their children will be more empowered than them and will go beyond traditional expectations (Duflo 2011; Malhotra et al. 2002; Kabeer 1999). According to Gipson and Hindin (2013), women can be more productive and innovative if they have smaller families. Empirical analyses suggest that those women who did not accept that marriage is an outdated institution, were significantly more likely to stop childbearing compared to those who either fully or partially accepted marriage to be an outdated institution. Further, 90 per cent of women agreed that married life is very important to them, while 97 per cent of women agreed that family is very important for them. Moreover, similar percentages of women and men concurred that a child is very important for them. Apart from these, 90 per cent of women did not support divorce, while 99 per cent of women did not support pre-marital sexual relationships; 99 per cent of women did not support extra-marital relationship. It might be that value systems related to marriage, family and children remain intact, but values pertaining to living together, pre- and extra-marital relations have been changing in some segments of the surveyed population. We have indeed tried to explore the current status of values regarding family and children through FGDs and IDIs. According to participants of Group A: "However we know divorce, extra-marital affairs, and domestic violence has increased; family values and necessity of a child in the family is still there". According to her: "I support the idea of premarital sex because I think this is quite natural and we should not unnecessarily concern about these things. If someone is fully aware and understands pros and cons of sexual attachment then there are no problems with sex before marriage...an extramarital affair is also justified unless it does not affect family. An emotional

companionship – spending time and being together without demands and expectations is also tolerable. She also believed that “ To maintain family institution It is important to have children. Family with children, has more bondage and sharing attitude. An IDI of a woman working in a small consultancy who had married a person who is divorcee with one child from first marriage mentioned: “It is very natural to have divorce and we are not going to have another child to make our family perfect”.

Hence the sharp decline in fertility is not necessarily due to the demographic passage from an altruistic family model to an individual family/couple model. The theory needs to be reconsidered and redefined in the context of developing countries where fertility has been declining steadily without affecting value systems pertaining to family and children. It must be acknowledged, however, that the current study has certain limitations. First, the study is based on cross-sectional data at a single point in time, which ideally does not allow determining cause-effect relationships between future fertility intention and its determinants. Secondly, we could not incorporate religion as confounding variable in the framework .

Thirdly, the present study was based on small-scale survey data and exploratory in nature, which imposes restriction on generalization. Finally, the study was limited only to married couples; reporting of future fertility desire as well as that of individual and family values could be biased due to postmarital rationalization. Interviews of some unmarried women was helpful to understand how individual and family value systems changing more generally.

Large scale studies should be conducted in India and other developing countries to validate the arguments presented here and also to understand further intricacies between personal aspirations and aspirations for children in the context demographic transition.

The latent constructs obtained from the questionnaire.

• Economic	V value
1. I believe that monthly expenditure on food increased.	.73
2. I believe that monthly savings increased .	.72
3. I believe that credit facilities increased.	.75
4. I believe that employment opportunities are there for women.	.70
5. I believe that economic independence depends on mobility	.79

Social

1. I believe that family relations improved .	.69
2. I believe that marital relations improved .	.71
3. I believe that I can make contribution to the family and society as a whole.	.69

Self Esteem Factors

1. I feel that I am a person of worth, at least on an equal plane with others.	.65
2. I feel that I have number of good qualities.	.72
3. I am able to do things as well as most other people.	.69

Life Style Factors

- | | |
|--------------------------------------------------------------------------------------------------------------|-----|
| 1. I want my leisure time | .70 |
| 2. I want to spent time with my husband | .68 |
| 3. I want to participate in cultural activities. | .69 |
| 4. I want my children to pursue education in private English medium school and extra-curricular activities . | .68 |
| 5. I wish to provide expensive durable goods to children | .71 |

Child Birth Decision factors

- | | |
|---------------------------------------------------------|------------|
| 1.I can take decision about use of contraceptive | .72 |
| 2.I can take decision about first conception | .70 |
| 3. I can take decision about second child | .71 |

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