CHAPTER I

INTRODUCTION

In 1994, the International Conference on Population and Development (ICPD) ended with a call for women's empowerment, a process which enables women to freely make their own decisions regarding marriage, education, employment, reproduction, family size and control over their social and physical environments (Neidell S.G., 1998). The declaration of the fourth world conference on women held in Beijing during 1995 had also recognised that women's right to equality of opportunity and access to resources are human rights and that many inequalities between men and women remain and are made worse by deepening poverty. It was expected that equality, development and peace would be achieved through women's empowerment and full, equal participation in all spheres of society (Beijing Documents, 1995).

The concept of empowerment is both complex and varied. There is no single model, which could be applied at all places and in all situations. The concept encompasses social, economic and political empowerment. Different countries have adopted different strategies for the purpose, depending upon the local cultural and socio-economic situation. The government of India has also incorporated the term 'empowerment' in its documents from the sixth plan onwards (1980-85). It has also initiated several innovative programmes and established new Institutions for the purpose. The 73rd amendment to the constitution of India in 1993 is the first of its steps in the world towards political empowerment of rural women. Government of India also prepared a National Action Plan for empowerment of women in 1996 and in 2001. Further, the Government of India has declared 2001 as the year of empowerment of women. All these efforts have led to much improvement in the situation of rural women. However, a lot more has to be done in this direction. (NIRD Circular, 2004).
The need for the empowerment of women has also been underscored in a series of international agreements and declarations. These include, for example, the International Conference on Human Rights (Vienna, 1993), the Declaration on the Elimination of Violence against Women (UN, 1993), the International Conference on Population and Development (Cairo, 1994), the Fourth International Conference on Women (Beijing, 1995) and the World Health Assembly (Geneva, 1996). Currently, the achievement of women's empowerment and gender equality has been included as one of the Millennium Development Goals (UN, 2005).

Despite many international agreements affirming women’s human rights, women are much more likely than men to be poor, malnourished and illiterate and to have less access than men to medical care, property ownership, credit, training and employment (United Nations, 1998).

There have been radical changes in the movement for empowerment of women. Since women’s rights have been accepted as human rights at the international level, the movement for empowerment is bound to gather strength. In a country like India with a strong tradition, vibrant public opinion and influential sections of society interested in progress and welfare of women, the movement for women’s empowerment is bound to gather strength. Such a powerful onward thrust towards strengthening their movement is bound to make major contribution towards nation building (Gupta and Sen, 2002).

Over the years, women in Indian society, who have been regarded as inferior creatures, have been subjected to various social and economic disabilities. In order to uplift women, the Government of India which has committed to the implementation of the declaration of the fourth world conference on women, has introduced Women Self-Help Group programmes and the Government of Tamil Nadu has also been promoting Women Self-Help Groups.
The Self-Help Group (SHG) movement aimed at the holistic empowerment of women through awareness generation, economic empowerment and convergence of various schemes. Under the SHG movement, village women are organized into savings and credit groups of informal organizational form in mobilizing resources for women and facilitating women's participation in development process. The micro finance programmes for women, which build social capital can indeed make a significant contribution to women's empowerment.

Women's autonomy is thought to play an important role in influencing reproductive decisions. Women's autonomy has been defined as the extent to which women are free of men's control, which may influence child bearing patterns. Autonomy includes freedom in decision making, freedom to interact with the outside world and freedom of movement (Basu, 1992). After marriage, a woman in India is under the authority of her husband and mother-in-law; a woman generally has little autonomy or voice in decision-making even regarding her own fertility.

It is thought that constraints on women's autonomy are contributing to the high prevalence of teenage pregnancies and the births which occur before an interval of 24 months after the last birth. However, detailed empirical evidence is yet to become available. In Tamil Nadu, about 29 percent of second and higher order births occur within 24 months of the previous birth (NFHS, Tamil Nadu, 1998-99). Evidence shows that pregnancy occurring during the teenage years and birth intervals of below 24 months are known to be associated with higher risk of maternal morbidity and mortality. Though women's autonomy is thought to have significant influence on the fertility behaviour of women, scanty information is available on the relationship between woman's autonomy and child bearing patterns.
It has been believed that women’s empowerment is an important factor in reducing fertility and slowing population growth. Addressing this issue is important not only because of the economic implication of high growth rate but also to its impact on the diminished freedom of people especially the women population. It is expected that involvement of women in Self-Help Group movement helps them to gain more autonomy to take independent decision including their fertility and family planning adoption.

Hence, this study proposes to assess the relationship between women’s autonomy and child bearing patterns focusing in particular on age at first birth, birth intervals, parity and gender composition. The study is based on married women aged 15-29 years given the fact that a high proportions of current child bearing occur within this age group.

The study also focuses on the role of Self-Help Group movement in empowering rural women to take independent decisions on various facets of their life including their fertility behaviour as there is greater expectation among the Government and international agencies that the women Self-Help Group programme will empower women to achieve sustainable development.

**Chapterisation**

The present thesis contains the following five chapters

1. Introduction
2. Review of literature
3. Objectives and methodology
4. Results
   4.1. Background Characteristics of Respondents
   4.2. Autonomy Status
   4.3. Women's Autonomy and Fertility Behaviour
   4.4. Women's Autonomy and Family Planning Practices
   4.5. Focus Group Discussion
4. Summary and conclusion

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In chapter two, available literature on the women's autonomy and fertility behaviour has been reviewed. Findings of studies related to the present study from other countries and other states have also been cited wherever relevant. The review of literature mainly focused on autonomy of women, autonomy and fertility behaviour, autonomy of women through self-help groups, autonomy of women and their knowledge and use of family planning methods, fertility preferences and level of autonomy.

Chapter three focuses on the methodology of the study. In this chapter, objectives, hypothesis, study area, study design, variables, data collection methods and data analysis are presented in detail.

Chapter four discusses the results of the survey. The survey findings are presented in five sections. In the first section of chapter four, the background characteristics of respondents which include socio-economic, demographic and marital characteristics of the respondents and also their level of exposure to mass media have been explained. The topics covered under the socio-economic characteristics of the respondents include education of respondents, education of husband, religion, community, standard of living, involvement in income generation activities, contribution to total family income and type of family.

Demographic characteristics of the respondents include age, age at marriage, husband-wife age difference (years), number of male children, number of female children and total number of children.

The marital characteristics of the women detail the type of marriage, consanguineous type, kind of marriage and inter-caste / inter-religious marriage.

Housing characteristics of respondents explain the type of house, ownership of house, toilet facilities and source of drinking water.

The level of exposure of respondents to mass media such as listening to radio, watching television, going to movies and reading newspapers / magazines is also covered in this section.
Section two of chapter four focuses on autonomy status of women. Women’s autonomy has been assessed in eight different dimensions such as sex-segregated interaction, freedom of movement, freedom to participate in social and political activities, household decisions, freedom of choice, violence against women, financial management, decision about contraception and fertility and the overall autonomy.

Section three of chapter four deals with the fertility behaviour of women. In this section, the mean number of children ever born to women who had completed their fertility by their level of autonomy and socio-economic, demographic and marital characteristics and their end of exposure to mass media is presented in detail. Age at first birth, age at last birth, number of children, number of male children, number of abortions, number of induced abortions, number of spontaneous abortions, reproductive span and birth interval have also been considered in this section.

Section four of chapter four focuses on the family planning practices of respondents. Knowledge of family planning, current use of contraception, type of method adopted, age at the time of adoption, reason for adoption and the person who took decision to adopt family planning method have been analysed.

Section five of chapter four deals with focus group discussion (FGD) for both members and non-members.

In chapter five, results observed in chapter four are summarised and the significant findings are highlighted. Based on the findings, recommendations are made and policy implications are suggested for a comprehensive measure to women’s autonomy and fertility behaviour in rural areas.

At the end, list of references quoted in the text, district wise Gender Development Index, sample area, women’s autonomy score, standard of living index and a copy of interview schedule are annexed.