CHAPTER II

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CHAPTER II
REVIEW OF LITERATURE

Since the present study focuses on women's autonomy and fertility behaviour of women, a detailed study of earlier researches made on empowerment of women and fertility behaviour have been undertaken and is presented in this chapter. This enabled the researcher to shape the research and successfully fill the research gap.

2.1 **Origin,** Concept and Definition of Women Empowerment

In Copenhagen, the world community concentrated on poverty alleviation, imparting education, enhancing avenues for professional advancement and addressing the problems of women in developing countries. At the end of the decade, the women of developing nations advocated and ensured full participation at the Nairobi conference which discussed the issues of women in the third world countries. The Beijing Declaration and Platform for Action was comprehensive aiming for quality, development and peace, acknowledging the diversity of communities, religions, and increasing poverty. The meet demanded equal participation of women in government and decision making processes (Mor, 2001).

Empowerment has several other dimensions like social, economic, psychological and political. Social empowerment connotes formation of social capacities such as health, education, freedom and opportunities for realizing one's potentialities. Economic empowerment implies entitlement to employment, income, property, productive resources and benefits regardless of gender differences. Psychological empowerment signifies confidence building, acquisition of a sense of efficacy and ability to overcome the feeling of helplessness. Political empowerment implies equal say in the decision making process in the power structure at all levels from local to global. All these dimensions of empowerment are so intertwined with one another that over reliance on one to the neglect of the other not likely to work (Sharma, 2000). \
Women's empowerment aims at control of one's own body and to be free from violence; equal access and control over resources, equal participation, voice and influence in societal decision-making processes, agenda setting and leadership; elimination of gender stereotypical roles, norms and symbols. Although women's empowerment is a process activated and owned by women themselves, external factors are needed to support this process. This includes governments, (semi) governmental organisations and civil society organisations. (Batliwala, 1996).

The antecedents of empowerment are a combination of traditions of mutual and self-help and more recently, movements of liberation, rights and social activism, strengthened by anti-racism, feminism, critiques of inequalities and oppressions racing from social class, age, differences (Adams, 1996).

Empowerment of women is a much debated issue. Various programmes were introduced under different names starting from Community Development (CD) to Integrated Rural Development (IRD) and Area Development. Social Welfare as a plan component has acquired great significance, as evidenced by its widening interface with Government and increasing participation by voluntary agencies. From the Fifth Plan onwards, emphasis has been on the promotion of preventive and developmental services. As a result, several programmes in the areas of women and child welfare, namely nutrition, health, education and recreation for children have been launched by the Government (Pandey, 2002).

Most of the rural women have been suffering from various ailments due to malnutrition, unsafe water, lack of sanitation, exertion and neglect. They are deprived of basic education and confined to their houses. In spite of their significant role in supporting the family, women in many regions have no status in the society. They are treated as idle, despite their work schedule stretching throughout the day. They are not expected to participate in decision making and even to express their opinion on matters concerning themselves (Hegde, and Ghorpade, 1998).
The empowerment of women and improvement of their status are important ends in themselves and are essential for the achievement of sustainable development. Countries should take full measures to eliminate all forms of exploitation, abuse, harassment and violence against women, adolescents and girls. In addition, development interventions should take better account of the multiple demands on women's time, with greater investments made in measures to lessen the burden of domestic responsibilities, and with attention to laws, programmes and policies which will enable employees of both sexes to harmonize their family and work responsibilities (International Conference on Population and Development (ICPD), 1994).

Empowerment implies expansion of assets and capabilities of people to influence control and hold accountable institutions that affect their lives. Empowerment as a process whereby women become able to organise themselves to increase self reliance, to assert their independent right to make choices and to control resources which will assist in challenging and eliminating their own subordination. Empowerment has multiple dimensions that are interrelated viz social, economic, political and capability development. The empowerment process concompasses several mutually reinforcing components but begins with and is supported by economic independence which implies access to and control over production resources. A second component of empowerment is knowledge and awareness, the third is self image and the final is autonomy. Empowering women puts the spotlight on their health, education and employment. It is an essential element to sustainable development (Meenakshi Joshi, 2004).

Empowerment is a process of awareness and capacity building, leading to greater participation, to greater decision making powers and control and to transformative action (Karl Marilee, 1995).
Empowerment of women is a critical factor in the eradication of poverty as women are the key contributors to the economy in combating poverty through remunerative and non-remunerative work at home, in the community and at the work place (United Nations 1996.) (Boraian, 2003).

Empowerment is "The process by which the powerless gain greater control over their lives. It includes both control over resources (Physical, human intellectual, financial) and over ideology (beliefs, values and attitudes). It means not only greater self confidence and an inner transformation of one's consciousness that enables one to overcome external barriers to accessing resources or changing traditional ideology" (Gitasen and Srilatha Batiwala and Padma Ramachandran, 2004).

By empowerment, women would be able to develop self-esteem, confidence, realise their potential and enhance their collective bargaining power. Women's empowerment can be viewed as a continuum of several interrelated and mutually reinforcing components (Karl Marilee, 1995).

Empowerment is a process of awareness and capacity building, leading to greater participation, to greater decision-making power and control and transformative action. The empowerment of women covers both an individual and collective transformation. It strengthens their innate ability through acquiring knowledge, power and experience.

Empowerment is central to the new package of the liberalization discourse, which transfers considerable responsibility of welfare to civil society. While initially efforts were launched in the name of emancipation, today the goal of national and international policies, development programmes and NGO activity seems to have shifted to achieving empowerment (Neera Burra, Joy Deshmukh-Ranadive and Ranjani, 2005).
Women at grass roots, when they were organized, emanate a kind of energy and determination for change, which galvanized all those who worked with them. Thus the strength and sustenance of the women's movement depended on the effective marshalling of women at the grassroots (Mazumdar and Vina, 1994).

To Thomas and Pierson (1995) empowerment referred to user participation in services and to the self-help movement generally, in which groups took action on their own behalf, either in cooperation with, or independently of, the statutory services. Empowerment is concerned with how people may gain collective control over their lives, so as to achieve their interests as a group, and a method by which social workers seek to enhance the power of people who lack it.

With more education, women had greater access to employment opportunities and increased ability to secure their own economic resources. Legislation, which protected women from discrimination and promoted gender equality, also needed to be enacted by governments (Ashford Lori, 1995).

Economically empowered women contributed to the wealth and well being not only of their families, but also of their nations. Women were empowered through an increasing control of economic resources, especially income, and through education. (Blumberg, etal, 1995).

"Empowerment" has become one of the most widely used development terms. Women's groups, non-governmental development organizations, activists, politicians, governments and international agencies refer to empowerment as one of their goals. Yet it is one of the least understood in terms of how it is to be measured or observed. It is precisely because this word has now been one of the fashionable concepts to include in policies / programmes/projects that there is a need to clarify and come up with tentative definitions (Women, 1993).
Empowerment is not an end-of-project product or a state that can be attained or a state that can be attained within defined time-frames. Instead, empowerment is a dynamic and on-going process which can only be located on a continuum (Women, 1993).

Empowerment can be defined only within the local, social, cultural, economic, political and historical context (Shetty, 1992).

Empowerment is an all-encompassing term in which a whole range of economic, social and political activities, including group organisation, agriculture and income generation projects, education, integrated health care and so on would work synergistically towards the common goal of empowering the poor (Bhasin, 1985).

Empowerment is a socio-political concept that goes beyond participation and consciousness-raising. It considers cognitive, psychological and economic components. The cognitive component refers to women’s understanding of their conditions of subordination and the reasons that create such conditions. The psychological component includes the development of a feeling that women can improve their condition and the belief that they can succeed in their efforts (Stromquist, 1988).

The economic component of empowerment signifies that women are able to engage in a productive activity that will allow them some degree of financial independence, however small and burdensome in the beginning. Such income generating activities, however are difficult to implement because they are risky, time-consuming and hard to sustain (Stromquist, 1988).

A key feature of empowerment is that it elicits the widest possible community participation and is, in that sense democratizing (Shetty, 1992a).
There is continued inequality and vulnerability of women in all sectors - economic, social, political, education, health care, nutrition and legal. As women are oppressed in all spheres of life, they need to be empowered in all walks of life.

Empowerment of women means: recognizing women's contribution, and their knowledge; helping women fight their own fears, and feelings of inadequacy and inferiority; enhancing their self-respect and self-dignity; controlling their own bodies; becoming economically independent and self-reliant; controlling resources like land and property; reducing women's burden of work, specially within the home; creating and strengthening women's groups and organizations; and It means promoting qualities of nurturing, caring gentleness, not just in (Kamala and Bhasin, 1992).

Empowered women define their attitudes, maintain equal mindedness, use their talents, meets their family responsibilities, define their values and formulate their beliefs themselves. Empowered women can be found in all social groups and all societies. However, the optimal conditions for empowered women are both individual and both individual and social, and there are more empowered women in modern societies, because the collective actions of women are more visible and more palpable in those in settings (Hall, 1992).

When women find their real selves, they will be more able to recognize that many of the institutional demands on them are alien to their true interests (Turner, 1981). Empowering changes in women's attitudes result in new values that motivate them to participate more actively in broader social contexts (Mason, Czajka, &Arber, 1976).

Women's empowerment allows women to be appreciated and acknowledged for who they are and what they do (Kessler-Harris, 1Q81; levy, 1989). Women's support of other women (Oliker, 1989) heralds a new stage of women's development, where women can unite and act collectively to reduce and remove oppressive social structures (Fitzpatrick, 1990).
On both individual and social levels women's empowerment neutralizes and sometimes negates their pervasive devaluation (Reskin, 1988). Women's empowerment also modifies women's existing sexual ideologies (Mason & Bumpass, 1975) by introducing women's own goals and values in their decision making. Women become more autonomous through their empowerment and, consequently, institutionalized patterns of gender arrangement will continue to be scrutinized and questioned.

Women are empowered when they are in touch with their own traditions, shared achievements and real interests. Women's expansion of power depends on their abilities to stay centered in their own uniqueness, as well as to be open simultaneously to the range of action possibilities demonstrated through other women's lives (Gerson, 1985).

Women's personal exchanges with other people are unavoidably influenced by their historical circumstances. Women act most effectively when they can recognise the inevitability of this interdependence of influences and can formulate their goals on the basis of this interdependence (Hall, 1990a).

It is not particularly the ideology of feminism that empowers women, but rather their capacities to face bravely the individual and social facts of their actual situations (Lengermann & Wallace, 1985).

Through examining the facts of their lives, women understand themselves and their circumstances more fully and become freer of the extent and internal controls that would otherwise define their lives for them. This process of empowerment also may be thought of as the way in which women observe, interpret and assess their realities as objectively as possible (Andersen, 1988).
Empowerment allows women to move beyond other conventional gender stereotypes and rigid gender role definitions. When women deliberately turn toward the most significant sites of their oppression—families, religion and work—they begin to see the complexities and nuances of their own exploitation (Mills, 1967).

Women must know themselves sufficiently to become freer and this occurs only when they understand how much society controls them and perpetuates their subordination (Randour, 1987).

When women make their own empowerment into a goal close to their hearts—a primary task each day—they will inevitably become an integral part of grassroots activism (Diaz-Diocaretz & Zavala, 1985).

When women choose to ignore or deny their need to be empowered, they become pawns of the social mechanisms that perpetuate their subordination (Durkheim, 1984).

Empowerment is the initial phases of women's liberation, freedom and equity as well as a long-range goal of women's political participation. It is the first step in a long journey toward the formulation and realization of human rights and responsibilities that transcend gender role stereotypes and objectification of women and men (Sushama Sahay, 1998).

Empowerment of women and their equal status etc. are more easily said than put into practice. This is more especially so in a society ridden with orthodox and conservative ideals and ideologies for which religious sanction and support are not lacking. In such societies any improvement in the status of women is almost impossible without the cooperation and change of hearts from the part of men (Lucy, 1995).
Women's empowerment is a global issue and discussions on women's political rights are at the forefront of many formal and informal campaigns worldwide.

The concept of women's empowerment appears to be outcome of several important critiques and debates generated by the women's movement throughout the world and particularly by Third World Feminism and concept of "popular education" developed in Latin America in the 1970s (Walters, 1991).

Empowerment in its simplest form means the manifestation of redistribution of power that challenges patriarchal ideology and the male dominance (Chandra and Shanti Kohli, 1997).

Gender discrimination is a universal phenomenon. Both inside and outside the households women are excluded from positions of power. They are denied opportunities to participate in the decision making process. Even when the decisions are to affect their well-being they are only passive observers. The primary challenge facing women today therefore is to increase their participation so that they get hold of the situation and become actively involved in the process of decision making (Chandra and Shantikohli, 1997).

Empowerment is a word widely used, but seldom defined. Long before the word became popular, women were speaking about gaining control over their lives and participating in the decisions that affect them in the home and community, in government and international development policies. The word 'empowerment' captures this sense of gaining control and participating in decision making. More recently, the word has entered the vocabulary of development agencies, including international organisations and the United Nations (Karl Marilee, 1995).
"Empowerment is an active, multi-dimensional process which enables women to realise their full identity and powers in all sphere of life. Power is not a commodity to be transacted; nor can it be given away as aims, "power has to be acquired and once acquired, it needs to be exercised, sustained and preserved" (Pillai, 1995).

The term 'empowerment' is ubiquitous used by presidents and poets alike yet its meaning often seems hazy and undeveloped. The concept of empowerment has been unevenly developed and has been used in different ways. Some describe empowerment primarily as a goal, others as a process and others as a form of intervention (Gutierrez, Lorraine and Linnea, 1995).

Empowerment is the process through which individuals gain efficacy, defined as the degree to which an individual perceives that she controls her environment (Bandura and Albert, 1986).

Women must make several choices, according to in order to assess the usefulness and meaningfulness of empowerment. Also, women must make choices that are predictably effective in order to maintain their empowerment (Hall, 1992).

Women's empowerment tends to follow certain sequences and stages. When women are aware of these patterns in their own behaviour and in their exchanges with others, they will be more able to become empowered on a long term basis. Empowerment inevitably meets with resistance. However, when women are prepared to see, handle and understand this resistance other people's resistance is more likely to be neutralised (Hall, 1992).

Although there are many complex phases and aspects of women's empowerment, a few of the most vital prerequisites for women's achievement of individual and collective empowerment are: 1. Independent in their families; 2. Freedom to develop their own religious beliefs and practices; 3. Increase in their control over their work at home and outside the home, 4. Increase in knowledge about women's condition throughout world. 5. Extent of individual women ability to connect their biographic with history and 6. Women's mutual support (Sushama Sahay, 1998).
2.2 Need for Empowerment of Women

Women are now being treated as critical inputs for development. It is felt that women have to be empowered, if they have to play a critical role in development. Empowerment of women is a necessary condition for improving the status of women. Any society which has achieved a high degree of social development has its women enjoying better status in terms of education, health, employment, participation in decision making in the family, community, state and civil society (Smita Mishra Panda, 2000).

Thus empowerment is a process of awareness and capacity building, leading to greater participation, greater decision-making power and control the transformative action. The empowerment of women covers both individual and collective transformation. It strengthens their innate ability through acquiring knowledge, power and experience. (Senthil vadivoo and Sekar, 2004). Empowering women puts the spotlight on their education, health and employment (Meenambikai, 2004).

Empowerment of women in the household was necessary before women could participate in public life; women must have some control over their own lives and enough self-confidence before they could engage in politics (Caiman and Leslie, 1992).

Women in India have been deprived of equal education, equal employment, equal pay & equal status worth. They see themselves as prisoners doomed to obedience and conformity, to find release and freedom only in death. Yet women's contribution to national development is crucial and their emancipation essential for the economic development and social progress for the nation. Women must be recognised as a power in the developmental process and should be actively involved in it.
According to the draft policy on women, the government plans to set up a National Council for the Empowerment of women, headed by the Prime Minister to review the implementation of the recommendation of the National commission for Women and Child Welfare (Ministry of Human Resource Development). It states that women's equality in power sharing and active participation in decision making, including political decision making at all levels and in all processes, would be ensured for the achievement of the goal of empowerment (Manisha Gangwar and Nita Kandekar, 2004).

The objectives of the National Policy for the Empowerment of women are:
Creating an environment through positive economic and social policies for full development of women to enable them to realise their full potential; The *de jure* and *de facto* enjoyment of all human rights by women on equal basis with men in all spheres of political, economic, social, cultural and civil; Equal access to participation and decision-making in social, political and economic life of the nation; Equal access to health care, quality education, all levels career and vocational guidance, empowerment and equal remuneration; Strengthening of legal systems aimed at elimination of all forms of discrimination against women; Changing societal attitudes and community practices by active participation and involvement of both men and women; Mainstreaming a gender perspectives in the development process; Elimination of discrimination and all forms of violence against women and the girl child and Building and strengthening partnerships with civil society, particularly women's organisations (Bhagyalakshmi, 2004).

### 2.3 Models of Empowerment

Multiple approach to empowerment focuses on both individual growth and development and macro-system change, using interventions at the individual, interpersonal, organisational and community levels. This multiple approach empowers individuals, groups, families and communities to become more effective in their attempts to affect their social environments.
This approach to empowerment is accomplished through interventions which target both individuals and the social environment. In this regard, it is based on a combination of the following theories of empowerment, which emphasise different levels of intervention and strategies.

First theories of empowerment at the personal level, which focus primarily on ways in which individuals can develop feelings of personal power and self-efficacy. Developing a sense of personal power can be effective in both enhancing mental health and enabling individuals to work toward broader social change (Simmons & Parsons, 1983a, 1983b; Berlin & Kravitz, 1981).

Second theories of empowerment on the interpersonal level stress the development of specific skills. Skill development can involve such things as training in problem solving or assertiveness (Hirayama & Hirayama, 1985; Sarri & duRivage, 1986; Shapirao, 1984; Sherman & Wenocur, 1983) or learning how to influence the political process (Beck, 1983; Fox, 1984; Mathis & Richan, 1986). The purpose of such skill development should be to increase both interpersonal influence and political power (Checkoway, & Norseman, 1986; Schechter et al., 1985).

Third theories of empowerment on the political level emphasize the goals of both social action and social change. This level of empowerment is based on both the personal and interpersonal levels in society. These theories differ from traditional models of community organisation practice in that the development of individuals is equally as important as the development of group action in affecting social action and social change (Fagan, 1979; Longres & McLeod, 1980; O’Connell, 1978).

Unifying these three levels of empowerment is a belief that the primary goal of community practice is not to help individuals or communities to accept or adjust to problems, but to help them develop the ability to change negative situations and prevent the recurrence of problems (Gutierrz, 1988).
2.4 Indicators of women's Empowerment

Perhaps one of the clearest indicators of women's empowerment is an increase in women's capacities and willingness to support other women and to work diligently toward strengthening women in their efforts to survive or to gain equality (Bernard, 1971),

The Draft Country Paper-India for the 4th World Conference on Women, Beijing, 1995 proposed the following qualitative and quantitative indicators for evaluating the women's empowerment.

2.5 Qualitative Indicators of Empowerment

a. Increase in self esteem, individual and collective confidence.

b. Increase in articulation, knowledge and awareness levels on issues affecting the community at large and women in particular such as women's health, nutrition, reproductive rights, legal rights, literacy etc., depending on the programme.

c. Increase or decrease in personal leisure time and time for child care.

d. Increase or decrease in work loads of women as result of the new programme.

e. Changes in the roles and responsibilities in the family and in the community.

f. Visible increase or decrease in levels of domestic violence and other forms of violence perpetrated on women and girl child.

g. Responses to and changes in social and other customs that are anti-women e.g. child marriage, dowry, discrimination against widows etc.

h. Visible changes in women's participation levels e.g. are more women attending public meetings, training programmes; are women demanding participation in other events related to their lives?
i. Increase in bargaining / negotiating power of the woman as an individual in the home and community as well as in collectives of women.

j. Increased access to and ability to gather information and knowledge not only about the project, but about what affects their lives.

k. Formation of cohesive women's groups/collectives at the village levels, districts, block, state levels.

l. Awareness and recognition of women's economic contribution within and outside the household.

m. Women's decision-making over the kind of work she is doing; is her income and expenditure in her control or is she still subservient to male member's in the family.

2.6 Quantitative Indicators of Empowerment

a. Demographic trends:
   - Maternal/mortality rates
   - Fertility rates
   - Sex ratio
   - Life expectancy at birth
   - Average age of marriage

b. Number of women participating in different development programmes.

c. Greater access and control over community resources/government schemes/services e.g. creches, credit-savings groups, cooperatives, NFE centres, schools, wells etc.

d. Visible changes in physical health status / nutritional levels.

e. Changes in male/female literacy level-primary, secondary and adult literacy including enrollment and retention rates.

f. Participation levels of women in political processes at the local level.
Since the mid-1980s, women empowerment has become very popular in the field of development. In policy debate and grass root programme, empowerment has virtually replaced such term as poverty alleviation, welfare and community participation in describing the goal of development and intervention (Batiwala et al., 1994).

For women to be empowered, they must first have autonomy. Equality of autonomy between men and women is seen as "equal decision making ability with regards to personal affairs". The gap between status and autonomy is evident in the fact that although women may rise to a higher status level either as producers, producers of labour, as mother-in-law or in other social roles, their subordination to men may not necessarily be reduced (Sofilio-Rothschild et al., 1982).

2.7 Advancement of Women through Five Year Plans

1. First Five Year Plan (1951-56): It was mainly welfare oriented as far as women's issues were concerned. The Central Social Welfare Board (CSWB) undertook a number of welfare measures through the voluntary sector. The programmes for women were implemented through the National Extension Service Programmes through Community Development Blocks.

2. Second Five Year Plan (1956-61): Efforts were geared to organize "Mahila Mandals" (Women's groups) at grass-roots levels to ensure better implementation of welfare schemes.

3. Third, Fourth, Fifth and other Interim Plans (1961-74): They accorded high priority to women's education. Measures to improve maternal and child health services and supplementary feeding for children, nursing and expectant mothers were also introduced.
4. Sixth Five Year Plan (1980-85); This is regarded as a landmark in women's development. The plan adopted a multidisciplinary approach with a three-pronged trust on health, education and employment of women.

5. Seventh Five Year Plan (1985-90); Development programmes for women were continued, with the objective of raising their economic and social status and bring them into the mainstream of national development. A very significant step therein was to identify and promote "beneficiary-oriented programmes" which extended direct benefits to women.

6. **Eighth Five Year Plan (1992-97):** It attempted to ensure that the benefits of development from different sectors did not bypass women. Special programmes were implemented to complement the general development programmes. The flow of benefits to women in the three core sectors of education, health and employment were monitored vigilantly. Women were enabled to function as equal partners and participants in the developmental process with reservation in the membership of local bodies. This approach of the Eighth Plan marks a definite shift from 'development' to empowerment of women.

7. **Ninth Five Year Plan (1997-2002):** The Ninth Five Year Plan envisaged: a) Empowerment of women and socially disadvantaged groups such as Scheduled Castes, Scheduled Tribes and Other Backward Classes and Minorities as agents of socio-economic change and developments. b) Promoting and developing people's participatory institutions like Panchayat Raj institutions, cooperatives and self-help groups. c) Strengthening efforts to build self-reliance, d) The convergence of services from different sectors, e) A women's component plan at the Central and State levels.
8. Tenth Five Year Plan (2002-2007): The Tenth Five Year Plan was formulated to ensure requisite access of women to information, resources and services and advances gender equality and goals.


2.8 Programmes for Women in India

- Swawlamban, the erstwhile Training-cum-Employment Programme for Women provides skill training to women to facilitate their employment or self-employment on a sustained basis in traditional and non-traditional trades. Till December 2002, 902 projects including 262 continuing projects benefiting 58,458 women were sanctioned. With effect from 1.4.2006, Swawlamban is being transferred to the States. During 2005-06, 7660 beneficiaries availed benefits under the scheme.

- The Department has initiated the gender budgeting exercise to assess the impact and outcome of Government spending on Women. Gender Budget Cells have been set up in 9 Departments/Ministries namely, Health, Family Welfare, Elementary Education and literacy, Labour and Employment, Rural Development, Social Justice and Empowerment, Tribal Affairs, Urban Employment and Poverty Alleviation and Small Scale Industries.

- Measures have been initiated for preparing Gender Development Index for the States and Districts.
• Swayamsiddha an integrated scheme for women's empowerment, is based on the formation of women into Self-Help Groups (SHGs) and aims at the holistic empowerment of women through awareness generation, economic empowerment and convergence of various schemes. Against the target of 65,000 SHGs, 67,971 Women's Self-Help Groups have been formed, covering a total of 989,485 beneficiaries.

• Swa-Shakti Project, a World Bank and International Fund for Agricultural Development (IFAD) supported Project, was implemented in 57 districts of 9 States namely Haryana, Bihar, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Karnataka, Uttar Pradesh and Uttarakhand. With partnership of 218 NGOs, 17,647 women's Self-Help Groups have been formed benefiting 244,000 women.

• Support and Training for Employment Programme (STEP) provides updated skills and new knowledge to poor and asset-less women in traditional occupations for enhancing their productivity and income generation. A package of services such as training, extension, infrastructure, market linkages, etc. is provided besides linkage with credit for transfer of assets. Since its inception in 1987, about 655,222 women have been covered under 138 projects till 2003. In 2004-05, 15,900 women and in 2005-06 19,200 women benefited under the programme. So far women in dairying sector have received maximum support keeping in view the nature of demands. This is followed by handlooms, handicrafts, sericulture, piggery and poultry ("Statistics on Women in India", 2007).
2.9 International Policies and India's constitutional Provisions, Policies and Programmes for women

2.9.1 UN Human Rights Instruments

- Universal Declaration of Human Rights - adopted in 1948
- International Convention on the Elimination of All Forms of Racial Discrimination - adopted in 1965 / entered into force in 1969, monitored by the Committee on the Elimination of Racial Discrimination (CERD)
- Convention on the Elimination of All Forms of Discrimination Against Women - adopted in 1979 / entered into force in 1981, monitored by the Committee on CEDAW
- Convention Against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment - adopted in 1984 / entered into force in 1978, monitored by the Committee Against Torture (CAT)
- Convention on the Rights of the Child - adopted in 1989 / entered into force in 1987, monitored by the Committee on the Rights of the Child (CRC)

2.9.2 Commitments at UN Conferences

- World Conference on Education for All (1990) Jomtien
Second UN World Conference on Human Rights (1993) Vienna
International Conference on Population and Development (1994) Cairo
World Summit on Social Development (1995) Copenhagen
Fourth World Conference on Women (1995) Beijing
World Food Summit (1997) Rome
Education for All Dakar Framework (2000) Dakar

2.9.3 Constitution of India Guarantees

- Equity Before law for Women (Article 14)
- The State not to discriminate against any citizen on grounds of religion, race, caste, sex, place of birth or any of them [Article 15 (I)]
- The State to make special provision in favour of women and children [Article 15 (3)]
- Equality of opportunity for all citizens in matters relating to employment or appointment to any office under the State (Article 16)
- The State to direct its policy towards securing for men and women equally the right to an adequate means of livelihood [Article 39 (a)]; and equal pay for equal work for both men and women [Article 39(d)]
- To promote justice, on a basis of equal opportunity and to provide free legal aid by suitable legislation or scheme or in any other way to ensure that opportunities for securing justice are not denied to any citizen by reason of economic or other disabilities [Article 39A]
- The State to make provision for securing just and humane conditions of work and for maternity relief (Article 42)
The State to promote with special care the educational and economic interests of the weaker sections of the people and to protect them from social injustice and all forms of exploitation (Article 46)

The State to raise the level of nutrition and the standard of living of its people and the improvement of Public Health (Article 47)

To promote harmony and the spirit of common brotherhood amongst all the people of India and to renounce practices derogatory to the dignity of women [Article 51 (A) (e)]

Not less than one-third (including the number of states reserved for women belonging to the scheduled castes and the scheduled tribes) of the total number of seats to be filled by direct election in every panchayat to be reserved for women and such seats to be allotted by rotation to different constituencies in a panchayat [Article 243 D (3)]

Not less than one-third of the total number of offices of chairpersons in the panchayats at each level to be reserved for women [Article 243 D(4)]

Not less than one-third (including the number of seats reserved for women belonging to the scheduled castes and the scheduled tribes) of the total number of seats to be filled by direct election in every municipality to be reserved for women and such seats to be allotted by rotation to different constituencies in a municipality [Article 243 T (3)]

Reservation of offices of chairpersons in municipalities for the scheduled castes, the scheduled tribes and women in such a manner as the legislature of a State may by law provide [Article 243 T (4)] (Ministry of Statistics and Programme Implementation, 2002)
Women empowerment when encouraged will not only affect women's autonomy but also will increase their worth, participation in family decision-making including reproductive decisions and reduce the preference for a particular sex by couples. All these will have implications for fertility control programmes in Nigeria. (Agatha, Sims and Codfrey, 2007).

The fact that the word "empowerment" has become so common does not mean that people are really sure what women empowerment implies in relation to social, political and economic discourse. Women empowerment is important to the demographer on one hand, because it has some implication for women reproductive rights, for the social scientist in general and sociologist in particular because of the unique and important position they occupy in the structure and the role they play in the socialization process. (Agatha, Sims and Godfrey, 2007).

2.10 Empowerment of Women and Self-Help Groups

The idea of forming Self-Help Groups for initiating saving and credit activities was introduced to promote savings and additional income generation activities. These Self-Help Groups (SHGs) gained strength to organise various support services. Formation of SHGs was beneficial in empowering the women, while implementing various development activities successfully. Apart from savings and micro-enterprises, SHGs were also effective in discussing their family welfare and social issues and in finding suitable solutions (Fiona Steele, Sajeda Amin and Ruchira, 1998).

When receiving credit allows a woman to engage in an independent economic enterprise, it is not difficult to see how access to credit would enhance her financial independence. However, even when a loan is invested in a joint enterprise with other household members, a woman may become more involved
in household decision making because she becomes a channel through which new resources can flow into the household and because she is ultimately responsible for loan repayment, even if she is not solely responsible for the economic enterprise in which the loan is invested (Amin, Sajeda and Anne. 1994). Such changes can be particularly empowering in a setting such as rural Bangladesh where women rarely engage in activities that generate income directly (Amin, Sajeda, 1997).

Microcredit should help poor women in three ways. First, by providing independent sources of income outside home, micro credit tends to reduce economic dependency of the women on husband and thus help enhance autonomy.

Second, the same independent sources of income together with their exposure to new sets of ideas, values and social support should make these women more assertive of their rights. And finally, micro credit programmes - by providing control over material resources - should raise women's prestige and status in the eyes of husband and thereby promote intersperse consultation. Micro credit programme will empower women by strengthening their economic roles, increasing their ability to contribute income to family and giving them experience and self-confidence in the public sphere, exposure to income earning activities (Ramanjaneyulu and Anmol, 2006).

Those who joined micro credit programme tend to be more educated and more socially independent than are women who did not. Thus, to control for selection bias, pre-intervention measures of empowerment are taken into consideration in the analyses of the impact of savings groups on 1995 levels of empowerment and fertility behavior. The analysis shows positive impacts of the credit programme on aspirations with regard to children's education, age at marriage, and use of modern contraceptives (Fiona Steele etal, 1998).
Women's participation in micro-credit programmes helps to increase women's empowerment. Credit program participation leads to women taking a greater role in household decision making, having greater access to financial and economic resources, having greater social networks, having greater bargaining power vis-a-vis their husband, and having greater freedom of mobility. Female credit also tended to increase spousal communication in general about family planning and parenting concerns (Mark, Shahidur and Jennifer, 2003).

For those who were joined in the SHG, quality of life has improved a lot. There is an increase in their income, savings and consumption expenditure. This shows an improvement in their standard of living. The women have gained self-confidence. They got an opportunity to improve their hidden talents after joining the SHGs. They can speak freely in front of large groups of people. They got recognition in the family and society. SHGs have also given women a greater role in household decision making. Besides, the SHGs have created better understanding between the members of the different religious groups as the members of SHGs belong to different religions. This is a welcome change to have understanding and tolerance towards the members of other religions particularly in a country like India where there is a diversity of religions and castes (Rekha, 2004).

The empowerment of women through self-help groups would lead to benefits not only to the individual woman and women groups but also for the family and community as a whole through collective action for development. These groups have a common perception of need and an impulse towards collective action. Empowering women is not just for meeting their economic needs but also through more holistic social development.
Formation of SHG with women as their members, can serve as a model of empowerment for women when they are well aware of the project goals and activities and only when they are empowered to take decisions within the family and community (Vijayanthi, 2001).

The country's concern in safeguarding the rights and privileges of women found its best expression in the constitution of India. Giving special attention to the status of women, Article 14 conferes equal rights and opportunities on men and women in political, economic and social spheres. Article 15 (3) empowers the state to make affirmative discrimination in favour of women. Inspite of it the credit programmes have ignored women for a long time. Targeting women for credit programmes began to receive serious consideration at International women conference in Mexico city in 1975. In India this universal concern found recognition in the sixth plan, i.e. 1980-85. Since then, a concentrated effort has been made in this direction by rural women. This has led to the Birth of Micro-credit scheme.

Micro credit is distinctly different from other poverty alleviation schemes. Loans under Micro credit programmes are very small, on an average less then $ 100 by world standards in hundreds of rupees by Indian standards. Micro credit continues to target the rural and urban households, with emphasis on women borrowers' provision of finance for creation of assets and their maintenance and bringing in greater quality of services. The beneficiaries are identified by micro-credit providers themselves independently through NGOs/SHGs. The repayment period is generally very short. The amount is increased based on the borrower’s repayment history.

Micro-credit is a novel approach of banking with poor with the distinct advantages of high repayments of loans and low transaction cost. Various micro-finance initiatives have gathered pace in the recent years.
Micro credit is given to the women through self-Help groups for productive purposes by the banks. The economic empowerment of the poor women is the only means to poverty eradication. Finally, increased access to credit liberates them economically and socially. It ensures to the poor women employment and income. (Punithavathy pandian & Eswaran, 2002).

The concept of SHG serves to underline the principle "for the people, by the people, and of the people". The origin of SHG is the brainchild of Gramin Bank of Bangaladesh, which was founded by the Prof. Mohammed Yunus of Chittagong University in the year 1975. This was exclusively established for the poor.

Self-help group is a small economically homogeneous and affinity group of rural poor which voluntarily agrees to contribute to a common fund to be lent to its members as per group decision, which works for group solidarity, self and group awareness, social and economic empowerment in the way of democratic functioning. (Nabard Publication). (Murugan and Dharmalingam, 2000).

Contrasted to gender and micro-enterprise development are: the market approach, 'which aimed to assist individual women entrepreneurs to increase their incomes' and the empowerment approach, 'which aimed not only to increase the incomes, but also the bargaining power, of poor producers through group activities'. The empowerment approach included the costs in terms of time outside the home and in decision making (Mayoux, Linda, (1995).

Increasing women's access to micro-finance and involvement in Self-Help Groups (SHGs) was assumed to initiate a series of 'virtuous spirals' of economic empowerment, increased well-being for women and their families and wider social and political empowerment (Mayoux and Linda, 1995).
The seven distinctive characteristics of Self-Help Groups are voluntary activity, members having shared problems, meetings for mutual benefit, sharing of the roles of the helpers and the helped constructive action towards shared goals, groups run by members and groups existing without outside funding (Knight, Barry and Hayes, Ruth, 1981).

According to the Tamil Nadu Corporation for Development of Women (1999) Self-Help Groups were small, economically homogeneous and affinity groups or rural or urban poor, voluntarily formed to save and contribute to a common fund to be lent to its members as per group decision and for working together for social and economic uplift of their families and community.

Self-Help Groups (SHGs) formed in rural India usually consisted of fifteen to twenty members hailing from a certain locality with similar socio-economic backgrounds. The unregistered groups operated on the principles of mutual trust, cooperation and interdependence. Preference in memberships was offered to the poorest of the poor, handicapped, widow, deserted and Dalits. The leaders were selected from members of the group. Where there was nobody to help the helpless mass the concept of 'self-help' could be introduced. Hence, it would enable them to comprehend the need and to design the remedial measure accordingly. One of the significant features of 'self-help' was, to make people not to rely on the government or non-government organization to improve the infrastructure facilities needed for the village (The Hindu, 2001, Apr 15: p.2). Hoping to achieve this target SHGs women were making collective efforts.

A study attempted to explain the process of women's empowerment and find out the levels of awareness creation, decision making, self and group empowerment among women from Self-Help Groups formed under Comprehensive Community Development Programme implemented in five slum
areas of Chennai. The sample of 100 was selected by using simple random sampling and structured interview schedule used for this exploratory study. In awareness - the environmental sanitation (0.98), in decision making - education of children (1.23) and in self empowerment - perception towards family (1.97) were scoring maximum (Vijayanthi, 2001).

The practical importance of Self-Help Groups for empowering the rural poor with their regular development training, the SHGs thus produce a spiral effect: savings and credit, health action, legal literacy, skills training, investment production, more employment and income, better wealth distribution, action on social issues, networking, countervailing power, stronger negotiating strength, greater political weight, structural changes, etc. Consequently the SHG movement has proved that the SHGs can become an important tool in the hands of rural poor (Santiago, 2000).

SHG is the real tool of women empowerment. It encourages women entrepreneurship and builds self confidence among the women members in the community. As group provided self employment opportunities, this has led to economic development. The members are setting up their own business activities, which will help them in their socio-economic development. It is a fact that, SHG is marching towards attaining the goal of socio-economic development of its members. It has been due to the joint efforts of the members. Hence, it can be rightly said that SHG has led to women empowerment in a big way (Naik, 2004).

An experience of community mobilisation comes from Thailand, which says that self-help groups are very important community units, they provide care, psychosocial support and income for PWHA (People living with HIV/AIDS) (Lowry, 2000).
A study of SHGs in twenty states of India reiterates that the SHGs should be considered as one of the best means to counter social and financial exclusion and enhance economic, political and social citizenship (Dasgupta, 2001). Economic and social empowerment programmes of self-help group members have to a large extent contributed to improving feelings of self-worth and communication with others. Older groups had relatively more positive features indicating their better performance than younger groups that confirms the stability of SHGS at ground level. The involvement in groups has significantly contributed to improving of self-confidence of members (Puhazhendhi and Satyaasai, 2001). Self-help group formation of women increases their potential to travel independently to health care facilities for themselves and children, without accompaniment through male relatives. The experience of traveling and participating in SHG functions also opened up new ideas and practices to women. New information can lead to change in behaviours which are healthier and more empowering. Also, women acquire new skills through various training (e.g. umbrella making, bamboo crafts etc.). These trainings not only lead to future income generating activities, but also increasing their self-efficiency, which has been linked to improved health and well being. SHGs bring together unrelated women, thereby expanding their social networks outside the family which may lead to social support as well as enlarging their range of coping strategies regarding health and family problems (Mohindra, 2003).

A study on some Indian states including UP suggested that micro financing through self-help groups are increasing the participation of women in economic activities and decision making at household and society level and is making the process of rural development more participatory, democratic, independent and sustainable. Therefore, micro financing through self-help groups is contributing to the development of rural people in a meaningful manner. It has reported significant changes in living standards of SHGs (Sharma, 2001).
The experiment of Gramin Bank in Bangladesh (Deodhar, 2000) and now sufficient experience available in India in respect of credit delivery through group leading have re-established bankability of poor women and reduced their dependence on informal lenders. It has also shown that even illiterate and socially deprived women have potential of management skills since such self-help groups have also performed well in the matter of recovery of loans through peer group pressure, mobilization of local resources particularly non-monetary and of conflict resolution. While these qualities of leadership, participation, management and direction have largely been tested in the field of savings and credit delivery, the self-help groups have by no means confined themselves only to these limited activities. They have taken up not only economic activities for income generation in agriculture, manufacturing and services segments but have also used their meetings for discussion on social problems which afflict them, be it alcohol consumption of their husband, social treatment within the family, health related problems, problems relating to drinking water, fuel and fodder etc. (Mohindra, 2003).

Development is incomplete without developing human resources of a given community. The infrastructure and economic development cannot yield expected benefits unless and until people are first prepared through attitudinal and motivational change which came through capacity building of self-help groups and has been a case for health care service utilization by SHGs in Chennai. It is participatory process of awareness and capacity building that begins at the level of home and community leading to greater participation and decision making to enable the individuals and groups for more balances in the society. Imparting instruction on issues of health have improved their overall health status and also the training programmes have developed leadership skills
among them for handling their RCH issues (Vijayanthi, 2002). Well-trained high quality personnel can handle client-centered health services which will increase the demand of various health services also (Avasthi, 2001). There is a need for comprehensive programme that provide training as a part of package that includes basic education, employment services, and social services are more likely to have better success. Also, skill development should respond to local demand and promote competition among providers (World Bank, 2006).

Evidences indicate that micro finance programmes, which build social capital, can indeed make a significant contribution to women's empowerment. However, serious questions need to be asked about what sorts of norms, networks and associations are to be promoted, in whose interests, and how they can best contribute to empowerment, particularly for the poorest women. Where the complexities of power relations and inequality are ignored, reliance on social capital as a mechanism for reducing programme costs may undermine programme aims not only of empowerment but also of financial sustainability and poverty targeting. (Mayoux L, 2001).

Participation in the credit programmes significantly affected all indicators except freedom from family domination, increasing chances of being empowered from 3 per cent to 25 per cent (to 50 per cent, if the woman contributed to family support), with the effect increasing with duration of exposure. Also, women’s FP usage was significantly affected by the credit programmes and by several empowerment indicators. Mere exposure to the Grameen Bank programme also increased FP usage. The policy implications are that women are empowered by increased control over economic resources rather than by FP alone, that FP programmes should be designed to help women become empowered, that FP should not be combined with economic interventions, and that credit programmes may increase empowerment effectiveness by targeting younger women. The paper ends by recording the discussion questions and answers generated by its presentation. (Schuler and Riley, 1995).
2.11 Women's Autonomy and Fertility Behaviour

Autonomy is defined as the capacity for a woman to achieve well-being and a role in decision making (Abadian, 1996). UN Fund for Population Activities (UNFPA) policies respect women's autonomy and reproductive rights (Reysoo, van, and Huq, 1995).

The Cairo conference on population and development sets it as a goal to "alter the interpersonal and social forces that shapes sexual and reproductive preferences and outcomes both accidental and intended" (Dixon-Mueller, 1993).

Demographers have started to examine the interconnection among the exercise of human rights (such as right to work, to acquire an education and to enjoy freedom of movement), women's perception of their own well-being and self-efficacy and a broad range of reproductive decisions. Such efforts tend to assess the role of women's autonomy in decision-making and have considered the resources needed to alter or circumvent restrictions on their autonomy at many cultural and institutional levels (Anand, 1994).

Research policy debate and action programmes are beginning to recognize the centrality of gender based power relationships in influencing the decision making process by which reproduction is determined (Mahmud and Johnson, 1994).

The relationship between women's autonomy and reproductive behavior shows when other socio-economic and demographic characteristics were controlled; women's autonomy was significantly related to fertility and contraceptive use. Education was found the most important variable predicting fertility and contraceptive use. However, it seems that socio-cultural context of the four provinces have had significant impact upon both women's autonomy and reproductive behavior. More qualitative research is needed to explore the interplay of ethnicity, religion and reproductive behavior in the selected provinces. (Population and Society, 2004).
A wide range of variables determine women's autonomy in decision making and their position within society. Studies from different parts of the country show that there is a broad correlation between women's position and fertility. However, innumerable studies also show that other factors like declining maternal and child mortality, access to reliable health care facilities, confidence over the survival of children, access to contraception and 5-8 years of schooling leading to delay in the age of marriage exert a strong influence on family size, even in situations where women are not empowered or enjoy a good status in society (Ramachandran, 2002).

A study intended to identify women's autonomy in regulating their fertility and adopting family planning methods found that at the surface level, women seemed to be enjoying choice in fertility regulation behavior (Sthapit, 1999).

Levels of autonomy were positively associated with age, education, urban residence, and more affluent living conditions. The discussion of women's level of autonomy and the implications for gender roles focused on childbearing and domestic tasks, the contribution to family maintenance, and reproductive intentions and fertility decision making. Fertility preferences have declined most among women with family decision making, but even women with low autonomy have small family preferences. Further declines in fertility preferences may be dependent on improvements in women's education and economic conditions (Nawar, Lloyd and Ibrahim, 1994).

Autonomy measures provide additional independent explanatory power of fertility-related behavior net of traditional measures of women's status such as education and labor force participation (Hindin, 2000).

The rate of contraception is considerably high and fertility rate is considerably low among women who have a positive role in decision making, financial resources, freedom to move out of house and village. Marriage
patterns and customs have a greater bearing on contraception use and fertility behaviour of women. Educational level of women has a strong correlation with the contraception and fertility rate. It is evident that the status of women have a very strong bearing on contraception use and fertility behaviour. Efforts are to be taken by Government to identify the areas of intervention for elevating the status of women (Pati, 2003).

The attitudes toward reproduction and family planning, as well as communication between spouses in fertility decisions are the crucial mediating factors in the relationship between status and fertility behavior of women (Das, 1998).

Reproductive behaviour was determined by extended kin, the lineage, and sometimes the community (Sawhney and Anantharam, 1993).

It is worthy of note that if women are to implement their reproductive preference, then it is essential that their empowerment occurs not only within their personal spheres but also in a broader sphere of the community and the state (Agatha et. al. 2007).

Within demographic research, social networks are primarily concerned in connections with communications about fertility and family planning in contexts of high fertility (Montgomaery et.al. 2001). However, social networks do not only transfer communicative content, they may also be valuable sources for money, time, physical strength, assistance, goods, services and power. People are aware of the availability of these resources in their social environment which can be used for a particular goal. Studies form Russia, Bulgaria and Hungary show that supportive social capital can have positive influences on fertility intentions (Philipov and Shkolnikov, 2001).
Social networks matter for individual behaviour and decision making because they give access to the resources of network partners and build individual social capital (Gantayet, 2002). Within the research on fertility related behaviour, impact of social networks on subjective perceptions of utility is primarily seen within the context of fertility decline in developing countries and during the first phase of demographic transition in European countries (Buhler and Fratczak, 2004).

Research on macro-level as well as micro-level shows those subjective evaluations of fertility and contraceptives use within societies and cultures on the basis of inter-personal networks. Within these networks, people do not only communicate information, evaluations, and experiences, they also learn about normative behaviours and expectations that are associated with this new fertility behaviour (Kohler, 2001). Moreover, experiences and behaviour of people in similar living situations are especially relevant in this process. This holds for the adaptations of contraceptives in developing countries like Kenya as well as timing of childbirth and emergence of low-fertility in western countries (Kohler et al., 2002).

Data from a survey of 1099 currently married women aged 15-49 years in five villages in Bolangir district of Orissa state, India, during 1989-90 are used to examine whether poverty level varies with the relationship between women's status and fertility. Women's educational levels were very similar regardless of household income, although increased income was associated with increased educational level. Domestic decision making and community participation varied markedly between middle and high income groups. Poor women had the least power in domestic decision making. Perceptions of costs and benefits of children were similar among middle and high income households, but poorer households were less cost-conscious and placed a greater value on the economic benefits from children. Demand for child labor was much higher in poor households, and
demand for schooling was a high priority in middle and high income households. Women in poor households had higher fertility, desired larger families, and had less contraceptive use than middle and high income households. Bivariate relationships indicated that education was closely related to decision making among women in all income groups, but more so among middle and high income women. Group participation was only significantly related to middle and high income women. Multivariate models show that women's autonomy had a strong impact on family size desired, with and without controls for household economic status, and had a strong impact on duration of contraceptive use. Smaller family size was associated with better educated women, women with high decision making authority, or women with greater community participation. Women's autonomy in poor households had little impact on desired family size and contraceptive duration. Women's autonomy was insignificant, when income was controlled for in the family size models. Work force participation was the only significant variable. Findings suggest that women's education and autonomy had an Independent role in affecting contraceptive duration. Women's autonomy had a strong effect on children ever born, but the effect considerably weakened in poor households. Findings suggest that poor women required a large family. Intervening variables in all models were identified. (Panda, 1994).

Both women's autonomy and the involvement with credit-based income generating programme had positive and statistically significant effects on contraceptive use regardless of the demographic and socioeconomic differences between women in the villages. Accessibility to credit sources Increased women's autonomy to 28 per cent (p < 0.05) when the years of schooling was controlled. When the age and socioeconomic variables were added the effects of the involvement in credit programmes on women's autonomy diminished. Contraceptive acceptance had statistically significant relationships with the sociodemographic characteristics of women regardless of their involvement with credit-based income generating activities. The probability of using contraceptives rose to 89 per cent if
the women had more autonomy than others, when age and the number of children were controlled. Nonusers of contraception involved in the credit program were 62 per cent more likely to accept any contraceptive than women who did not receive any credit, controlling for autonomy, age, and the number of living children. The effects of autonomy on contraceptive use consistently remained strong, indicating that sociodemographic variability by women's autonomy in the study population was minimal. (Hadi, Nath and Chowdhury, 1997).

It is argued that female autonomy may not be a necessary precondition for fertility decline in the short term. Female autonomy is a force in fertility decline that may provide the conditions under which other factors may have a greater impact on fertility decline. Autonomy is defined as the capacity for a woman to achieve well-being and a role in decision making. Findings among 54 developing countries indicate that fertility was most strongly related to the infant mortality rate, female secondary school education, female age at marriage, and spousal age difference. Infant mortality rates were highly correlated with total fertility, female education, national income, and female marriage age. A reduced form of the model that excludes the infant mortality rate and family planning effort reveals that female education remained highly significant, as did marriage age. Spousal age differences remained insignificant. Urbanization declined in significance. It is concluded that female autonomy had a direct and indirect impact on fertility (Abadian, 1996).

Women's household decision-making autonomy is a potentially important but less studied indicator of women's ability to control their fertility. Using a Demographic and Health Survey sample of 3701 married black African women from Zimbabwe, the author looks at women who have no say in major purchases, whether they should work outside the home, and the number of children. When men dominated all household decisions, women were less likely to approve of contraceptive use, discuss their desired number of children with their spouses, reports ever use of a modern method of contraception, and to intention to use
contraception in the future. However, women's decision-making autonomy was not associated with current modern contraceptive use. Women who had no decision-making autonomy had 0.26 more children than women who had some autonomy. These autonomy measures provide additional independent explanatory power of fertility-related behavior net of traditional measures of women's status such as education and labor force participation. (Hindin, 2000).

An ethnographic research was carried out in six villages of Bangladesh to examine women's perceptions of the benefits of contraception and their concerns on the use of family planning in the light of women's empowerment. Semi-structured, in-depth interviews were conducted with 104 women, who came from poor families. In general, reproductive empowerment in Bangladesh has not translated into better opportunities for women or control of other aspects of their lives, including reproductive health. Women reported both positive and negative experiences with family planning methods and programs. The three areas of benefit that women perceived included economic, health, and happiness. Negative experiences with family planning reported by women relate with the side effects of the contraceptive method, criticism for using or not using contraception, and regret about family planning decisions (Family Health International [FHI]. Women's Studies Project, 1998).

An analysis of whether or not women's exposure to formal schooling enhances their autonomy in domestic decision making as measured by freedom of movement outside the household and participation in domestic and reproductive decisions assesses the effects of schooling and autonomy on contraceptive usage. Findings indicate that there was an increase in self-reported mobility and decision making scores for every increase in educational level from none to primary educated to secondary or higher educated. Maternal education was a strong predictor in the multinomial logistic regression of both autonomy measures, after controlling for urban-rural residence, region, age, and socioeconomic status. Schooling had a large and statistically significant effect on traditional and modern reversible contraceptive use. Schooling was not statistically significantly related to sterilization. More
educated women were less likely to be sterilized. Less than 50 per cent of the influence of schooling on the use of modern reversible contraception was related to factors associated with schooling. After controls for schooling, residence, and other factors, there was a highly statistically significant difference between highly mobile women and less autonomous women. The link between domestic decision making and modern contraception was almost as strong as for mobility. The impact of autonomy on sterilization was "less decisive." (Cleland, Kamal and Sloggett, 1996).

A study on women's autonomy conducted in Egypt, highlighted some links between women's autonomy and selected aspects of family planning and reproductive health. The study revealed a low autonomy level among Egyptian women. On a scale from 0 to 5, mean autonomy levels were found to be only 1.2. This situation impacted women's ability to control their fertility, to achieve their reproductive intentions, to acquire high quality services, to minimize the gap of unmet need, and to seek care when faced with health problems. The study also revealed that contraceptive use was mainly female-centered (Nawar, 1995).

Women's autonomy at the individual level acted in conflicting ways, Multicollinearity may be an explanatory factor. The shift from joint living to nuclear families did not lead to greater autonomy for women. But, in-laws did inhibit women's autonomy. Greater mobility and decision-making had significant effects on fertility change. Son preference still had a strong impact. (Sathar, Kazi and Zaidi, 1996).

A study conducted in rural Bangladesh examined the effects of 2 programmes on contraceptive usage and "empowerment" among participating members and others in the community. The Grameen Bank and the BRAC (Bangladesh Rural Advancement Committee) were programmes involved in the study. The results indicated that contraceptive use was strongly affected by Grameen Bank (59 per cent contraceptive use) programmes and less so by BRAC (43 per cent contraceptive use). Nonmembers in Grameen Bank villages had
higher contraceptive use than the comparison group by five points. Regression analysis with demographic controls confirmed that BRAC membership had an insignificant effect on contraceptive use, and Grameen Bank membership had a significant effect ($p < .001$). When contribution to family support and mobility, as empowerment indicators, are included in the regression, Grameen Bank membership became insignificant, but nonmembership remained significant at a level of .06. the suggestion is that Grameen Bank's success was in its empowerment of women through credit and visibility in gathering socially. Family planning norms were influenced. The effect on nonmembers was through changing fertility norms. Field worker visits in Grameen villages reinforced use of contraceptives. (Schuler and Hashemi, 1993).

Fertility decline must not be equated with an oversimplistic notion of provision of increased educational attainment and employment opportunities. Successful empowerment of women has entailed also a reduction in women's total work burden, such as from domestic tasks, access and control over income, and access to non-kin support. Social barriers have been found to still exert strong influences, regardless of women's advancement educationally in learning "modern ways" of new technology (birth control, nutrition, oral rehydration therapy, or child vaccination). Empowerment of women would be improved through consciousness raising and a focus on women's practical and strategic needs. Organization of women's groups and mobilization of women's use of community and public resources have proven to be very successful strategies for overcoming negative perceptions of self and self worth and, thus, changing the balance of power between men and women. Conscious social policy could augment consciousness raising by treating women as subjects who can and ought to shape their own destinies. Population policies would be more effective if these notions were advanced concomitantly with encouragement of contraceptive use and smaller families and elimination of legal, social, and economic constraints on women. Only through an understanding of power relations would the gap between status and autonomy be improved. Autonomy in reproductive decisions may be affected directly and indirectly. (Mahmud and Johnson, 1994).
2.12 Women's autonomy and contraception

Contraceptive use was strongly associated with women's education but this relation was not mediated by women's autonomy. Women's decision autonomy is significantly associated with contraceptive use but it does not appear to mediate the link between woman's education and contraception (Saleem and Bobak, 2005).

Women's literacy and autonomy are, by far, the most significant forces in the movement toward lower fertility in the region (Hogan, Berhanu and Hailemariam, 1999).

The increase in literacy reflected the general increase of female education in the country. Both women's autonomy and the involvement with credit-based income generating program had positive and statistically significant effects on contraceptive use regardless of the demographic and socioeconomic differences between women in the villages. Contraceptive acceptance had statistically significant relationship with the sociodemographic characteristics of women regardless of their involvement with credit-based income generating activities (Hadi, Nath and Chowdhury, 1997).

Women's autonomy had a strong impact on family size desired, with and without controls for household economic status, and had a strong impact on duration of contraceptive use. Women's education and autonomy had an independent role in affecting contraceptive duration. Women's autonomy had a strong effect on children ever born (Panda, 1994).

It is worthy of note that if women are to implement their reproductive preference, then it is essential that their empowerment occurs not only within their personal spheres but also in a broader sphere of the community and the state (Agatha et. al, 2007).
Several studies suggest that access to credit empowers women by increasing their autonomy and decision making ability within the household. Women are thereby able to attain their fertility goals by using contraceptives to limit fertility (Schuler, Sidney Ruth and Syed, 1994).

Membership in a credit programme can promote women's greater interaction with the outside world. The role of social interaction in promoting the diffusion of an innovative behavior such as contraception is well documented (Bongaarts, John and Susan, 1996; Montgomery, Mark and John, 1993).

The increase in literacy reflected the general increase of female education in the country. Both women's autonomy and the involvement with credit-based income generating programme had positive and statistically significant effects on contraceptive use regardless of the demographic and socioeconomic differences between women in the villages. Contraceptive acceptance had statistically significant relationship with the sociodemographic characteristics of women regardless of their involvement with credit-based income generating activities (Hadi, Nath and Chowdhury 1996). Both savings and credit members were more likely to have used contraception (Steele, Amin and Naved, 1998).

It is concluded that the promotion of policies that encourages contraceptive use and smaller families are futile, if not accompanied by the eradication of legal, social and economic constraints on women (Dixon Mueller, 1993).

Studies reviewed in this chapter strongly supported the nation of linkage between self help group programmes, women's empowerment and their fertility behaviour. Hence, it is important to study various factors which are having more significant in theme on women's autonomy and their reproductive behaviour in rural areas. This will help to strengthen and sustain the self help group movement in India.