

Title: Has fertility decline contributed to reducing gender inequality in Bangladesh?

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Extended Abstract

Bangladesh has experienced remarkable declines in fertility levels during the last four decades. The total fertility rate dropped from nearly 7 in the late 1960s to around 2.4 in 2007 (DHS, 2009). By the mid 1990s Bangladesh was well into the third phase of demographic transition, moving from a high fertility high mortality regime to a low fertility low mortality one. However, the transition in Bangladesh is unique because it departs from the ‘classic’ transition in important ways. First, significant change in demographic behavior began almost in the absence of concurrent improvement in income levels and standards of living. Second, the movement through the entire trajectory was much more rapid than seen in the West. Thus, while low income country populations worldwide grew at an average annual rate of 2.1 per cent between during the 1990s, the population of Bangladesh grew only at the rate of 1.6 per cent. Rapid decline in total fertility rate was experienced in varying degrees by currently married women in all population subgroups and regions.

Much of this is seen as the impact of a ‘successful’ nationwide family planning program that was intensified mid 1970s onward. Undoubtedly, the country and society generally gained tremendously from this successful reduction in the birth rate, but given the context of fertility decline in Bangladesh and the fact that women’s lives are governed by unequal gender relations the question naturally arises: what have been the benefits to women from reduced fertility? Can we see any indication that reduced fertility and childbearing levels have increased women’s well-being and transformed gender relations? More pertinently, where gender inequality has been reduced and gender gaps in status narrowed (even closed) how far can we attribute this to the demographic transition?

A brief history of Bangladesh from 1971 to 2010 documenting the sequence of program interventions along with salient political and economic events is given in Table 1: in terms of relative emphasis there was early investments in family planning and primary health care services (late 1970s and early 1980s), subsequent improvements in education and gender equity in early education and micro-finance institutions (1990s); followed by massive growth in migration, remittances and urbanization.

Table 1: A Brief Chronology of Major Social, Economic and Political Trends in Bangladesh, 1971-2010

1971-1980
<ul style="list-style-type: none">• 1971 War of Independence—time of reconstruction with high aid dependence
<ul style="list-style-type: none">• 1974-75—low point economically and politically. Devastating famine
<ul style="list-style-type: none">• 1975: Assassination of President, military coup, martial law.
<ul style="list-style-type: none">• Institution of several social sector policies including educational reform following the report of an education commission emphasizing universal access to primary education; strong family planning program with recruitment of outreach services; following Alma Ata declaration in 1979 a decentralized health sector.
<ul style="list-style-type: none">• Grameen Bank, BRAC and a handful of other NGOs begin work on a very small scale
<ul style="list-style-type: none">• First garment factory established in 1978

<ul style="list-style-type: none"> Gender Indicators: large gender gap in education, early marriage, Lfp low, fertility high, political participation low, social engagement of women low, son preference etc high.
1981-90
<ul style="list-style-type: none"> 1981 assassination of General Zia replaced by military gov headed by General Irshad.
<ul style="list-style-type: none"> Continued emphasis on family planning and health sector policies included a strong health policy regulating doctors and drug sales through enforcement of an essential drug list and mandatory rural services for doctors.
<ul style="list-style-type: none"> Administrative reform for devolution to small rural administrative levels
<ul style="list-style-type: none"> Gradual growth of the NGO sector which remained small scale in terms of national impact
<ul style="list-style-type: none"> Poverty remained high but extreme poverty diminished
<ul style="list-style-type: none"> Rapid fertility decline between 1979 and 1989.
<ul style="list-style-type: none"> Aggressive family planning program with doorstep delivery of services
<ul style="list-style-type: none"> Gender Indicators: closing of gender gap in primary education but high in secondary; early marriage; lfp localized and restricted to garment sector; fertility low; rising political participation including high voter turnout of women in national and local elections
1991-2000
<ul style="list-style-type: none"> First democratically elected government
<ul style="list-style-type: none"> 1994 Cairo agenda argued for reform in fp towards broader emphasis on Reproductive Health.
<ul style="list-style-type: none"> Fertility decline stagnant for most of the decade, but contraceptive use continued to increase.
<ul style="list-style-type: none"> Gradual improvement in poverty indicators
<ul style="list-style-type: none"> Dramatic improvements in universal primary education
<ul style="list-style-type: none"> Micro-finance grows from about 12% membership of all reproductive age women to 30% membership.
<ul style="list-style-type: none"> Garment sector continues steady growth and reaches 1.5 million workforcem mostly women
<ul style="list-style-type: none"> Remittance income overtakes export earnings as source of foreign exchange
<ul style="list-style-type: none"> Rapid urbanization
<ul style="list-style-type: none"> Steady economic growth at about 5-6% still led by agricultural growth
2000-2010
<ul style="list-style-type: none"> Fertility decline resumes in 2004. Low emphasis on family planning and primary health care services.
<ul style="list-style-type: none"> Increased funding for HIV-AIDs prevention despite low prevalence.
<ul style="list-style-type: none"> Continued expansion of micro-finance, growth of garment sector and remittance income
<ul style="list-style-type: none"> Rapid urbanization: Dhaka city estimated to be between 13-15 million. 30% of national population urban

Research Questions

The present study explores the impact of fertility decline on a number of outcomes: gender differences in child survival and life expectancy, education , age at marriage, and labor force participation of women. A central observation is that the impact of a family planning led fertility decline has been strong in some domains, such as early education and sex preference but there is little evidence of impact in others such as marriage timing, violence against women and on dowry demands. We postulate that the circumscribed nature of impact is due to the singular focus of the program on the promotion of small family norms, rather than broad based promotion of gender equitable norms and behaviors. On the other hand, the acceptance of fertility limiting behaviors had quite substantial impact on women's time use patterns and consequently on their ability to engage in productive work. As a result, fertility

decline may have facilitated the growth of self-employment and the growth of micro-finance institutions. Bangladesh stands in sharp contrast to other contemporary developing countries in having the lowest mean age at marriage and is a significant outlier in this regard with respect to levels of children's education as well (Amin, Waiz and Selim, 2006). The more general hypothesis is that while policy induced changes can be brought about by targeted action such as in the case of family planning, it is important to recognize the ways in which the influences can be similarly limited and circumscribed.

Data and methods

A series of national surveys (World Fertility Survey 1975, Bangladesh Fertility Survey 1989, Demographic and Health Surveys 1991 to - 2007) and the Labor Force Surveys and Household Income and Expenditure Surveys and its precursors (1974 to 2010 every alternate year approximately), document the trends in broad demographic indicators such as fertility, mortality, gender norms and attitudes and labor force participation. These surveys allow us to construct a data series to map out the general trend to establish the temporal sequencing of change in the central variables of interest. While several indicators may be responsible for promoting trends in gender equity in the decade of the 1990s and 2000, we intend to show that for some of the variables of salient interest, the early decline of fertility played an important role in promoting change in factors such as gender equity in survival and education. However, these changes did not translate into significant change in marriage related outcomes. We also plan to explore patterns of association by studying the substantial sub-national and regional variation within the country in all the indicators.

In addition to quantitative data on trends in crucial indicators, we also plan to draw on qualitative data from three important village studies¹ conducted in the late 1970s and revisited in 2010. These revisits have been planned because they offer qualitative evidence from a time prior to significant changes taking place in fertility which will allow us to gauge qualitatively how individuals in the community perceive patterns of change in gender equality and factors that they attribute the changes to. These qualitative data will provide local assessments of the relative contribution of factors such as overall development, reduction of poverty, provision of opportunities through policy reform such as in education, health, family planning and gender equality.

Anticipated Results

The Bangladesh society, like other societies in South Asia, is marked by various forms of gender based discrimination, one direct consequence of which is excessive female mortality relative to male leading to the phenomenon of 'missing women' described by Amartya Sen. This phenomenon is captured most succinctly by the adverse sex ratio (number of males per 100 females) of the population. The sex ratio is therefore a powerful and compelling indicator of changes in gender relations and gender inequalities in a population. The South Asia region has its own 'geography of gender' evident in the sub-regional

¹ Three sites will be selected from the numerous villages that were the sites of comprehensive fertility or gender studies in the 1970s prior to the onset of fertility decline: these are Naila Kabeer's dissertation study villages in the South-west district of Faridpur; Sara White's study site in Rajshahi in the north-west; Shapan Adnan's village study area in Chittagong in the south-east; Kate Gardner's village study in Sylhet in the north-east and Mead Cain, Mahabub Hossain and Hossain Zillur Rahman's village studies in Mymensingh district north of Dhaka city, Barkat-e-Khuda's dissertation village study in Comilla district and villages studies by Shirley Lindenbaum Ruth Simmons and many others in the Matlab Thana of greater Comilla. Some of these villages have already been revisited by the authors as part of another study focused on family structure and change.

distribution of adverse sex ratios. In particular, there is a 'north-south divide', with more marked adversity of sex ratios in the north-west of the subcontinent and less adverse ratios in the south. The eastern states, as well as Bangladesh, appear to be intermediate between these extremes. Researchers have pointed to north-south differences in kinship systems to explain these variations, including the more widespread practice of dowry, restrictions on widow remarriage and the practice of female seclusion in the northern regions (Miller 1989; Dyson and Moore 1983; Agnihotri 2000).

However, there has been some decline in the sex ratios, suggesting an improvement in female survival rates relative to male, and possibly indicating changing gender relations and reduced gender based discrimination. Progress in the South Asian region has been uneven. India has experienced a deterioration in its sex ratio over the closing decades of the 20th century although the 2001 census shows a slight reduction in the male bias. Pakistan, in the north-western corner of the South Asian subcontinent, has experienced considerable reductions but from extremely high levels of 114 in 1972 to somewhat high levels of 108 in 1998. Bangladesh has seen a slower but steadier decline in the sex ratio from 110 in 1951 to 104 in 2001.

The story in Bangladesh is that there has been a decline in overall female mortality relative to men and an equalization of life expectancy at birth. There is some micro-level evidence that this improvement also extends to the under-five age group in that declines in under-five mortality have been faster for children than for infants and for girls than boys (Alam et al 2005). The study also found evidence of diminishing gender disadvantage in relation to nutrition status and access to health care and education. National statistics attest to the diminution of gender disadvantage in mortality rates. BBS data suggests that child mortality rates were 19.8 per 1000 girls and 14.4 per 1000 boys in 1985. They had declined to 11.8 for girls and 11.4 for boys by 1996, a major decline in the gender gap (cited in Mahmud, 2005).

Clearly, given the far greater poverty of Bangladesh, compared to India and Pakistan, the reduction in gender disadvantage in Bangladesh cannot be attributed to improvements in per capita GNP alone. It is hypothesized that falling fertility rates have had a role in the trend towards improved sex ratios and corresponding reduction in gender inequalities. More specifically, the pathways of influence are seen as two fold. The first is through the effect of lower levels of childbearing on women's own lives in terms of better health and more time free due to reduced child care and related housework (a healthy pair of hands), which enables women to avail opportunities in the labour market and enjoy longer lives. This has the potential for translation into more equal gender relations and greater agency for women under certain conditions (such as when economic activity gives women their own incomes, or better health allows women more choice in time use). The second is through parents' enhanced capacity to invest in children (health, education, nutrition), which has the effect of mitigating gender based disadvantages in household resource allocation and also equipping young women to be better market players. This is because with smaller families parents are better able to take advantage of access to pro poor public services, that often favor girls over boys like secondary school stipends. The first pathway appears more instrumental in that women's status relative to men is improved but more transformative change in gender relations and women's agency may not directly follow, as evident from the fact that age at marriage and age at first birth remains resilient to change, maternal mortality is still unacceptably high, dowry has been spreading, women are restricted to the low return segment of the labour market, gender based violence is unabated. The second pathway carries greater potential for transformative gender relations because of the inherent social revaluation of daughters relative to sons. Some indication of such transformation is evident in the ways in which younger and relatively more educated

women exercise agency in their lives with respect to marriage and dowry (love marriage), use of antenatal care, migration for work, taking up semi formal factory jobs, remitting to parental family and siblings, and so on.

It must be noted that Bangladesh entered the third phase of the demographic transition at a time of significant social policy shifts (micro credit scaling up, subsidies for girls' schooling, expansion of primary and reproductive health services particularly antenatal care, expansion of export led factory work for women). Hence, these factors have also contributed to reinforce the effect of falling birth rates on gender relations.

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