



Educated women are at higher risk of mistimed birth



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“..many [educated] women seem to be unable to assert their preferences even though they seem to be communicating more about fertility preferences.”

Pakistan is currently in the middle of the fertility transition with a drop in fertility from 6 births per women in 1980s to 3.6 births per women in 2017-18. This drop, however, is not as significant in Pakistan as it is in other neighboring countries. Further, recent surveys show that fertility decline has stalled in recent years. A high level of unintended fertility is one major cause of this slow down.

An unintended pregnancy is a pregnancy that is reported to have been either unwanted (i.e. pregnancy occurred when no children, or no more children, were desired) or mistimed (i.e. pregnancy occurred earlier than desired). Recent estimates show that around one-fifth of births are unintended (both mistimed and unwanted) in Pakistan. It may represent high unmet need for contraception. At the same time, a nearly universal knowledge of family planning among Pakistani woman signifies a persistent lack of female control over fertility as only 34% of women are currently using any contraceptive method.

It would seem that the discrepancy between women's desired and actual fertility may also reflect women's marginalized position and lack of power and resources to exercise authority. Also, in traditional societies, even when female education and employment increases, women are not always able to convert their improved socioeconomic position into a more equitable relationship with their partner. Therefore, it is important to look at fertility behavior through a gendered lens.

Often, arguments about unintended fertility during fertility transition are attributed to a lack of access to family planning services. However, we argue that gender issues are also at play,

and attention to such issues has largely been overlooked. We believe gender system influences couple's fertility desires and goals and thereby their behaviors.

One of the reasons for experiencing an unintended pregnancy can be the lack of spousal agreement on desired family size. Women may fail to protect themselves from unintended pregnancy because they perceive their husband wants more children. In male dominated societies, couples' concordance on reproductive matters may be high because women usually are socialized to accept the opinion of their husbands or they don't voice their opinions because of fear of reprisal. On the other hand, gendered environment of the society hinders husband-wife communication and thus may lead to discordance; as spousal communication is associated with more agreement. With changing social norms due to increase in education and increased media exposure over last two decades, discordance on fertility desires and goals may be high not only because of male dominance but because women may internalize small family size ideals due to increased awareness and control over their fertility.

Thus, unwanted fertility may be high not only because of reduction in desired family size and lack of access to family planning but because gender relations and cultural norms may not be changing at the same time. In light of increased levels of education and economic development and legal reforms that support greater gender equality, one might expect spousal preference to change at the same time. However, Pakistan's culture and socioeconomic structures remain male-dominated. This suggests that fertility preferences may not change at the same time, in the same way, for men and women, which may make women's perception of their partner's fertility goal an important predictor of how women themselves classify the intendedness of a birth.

In our study[1], we explore the nexus between spousal agreement on desired family size, education and unintended fertility using the Pakistan Demographic Health Survey for 1990-91 and 2012-13. Women seldom report an unintended first birth even if they do experience an unintended birth, due to immense social pressure. However, the decision to have another child is quite different and wantedness of the birth is affected by number of children already born. Women are less likely to report an unwanted birth until they achieve their desired parity[2].

Analysis suggests that over time unwanted fertility has declined in Pakistan but still 1 in every 10 pregnancies/births was unwanted in 2012-13. This is consistent with the transition theory argument that unwanted fertility is high at the start of fertility transition but declines as the transition proceeds. Substantial variation is observed in wantedness of the last birth of women by perceived spousal concordance on desired family size between 1990-91 and 2012-13.

The percentage of unwanted fertility attributable to women who reported not knowing their spouse's fertility preferences declined by fifty percent; from 18% in 1990-91 to 9% in 2012-13. A woman is less likely to characterize the birth as unintended (mistimed or unwanted) when she is unaware of her partner's fertility desires. If women do not know what their husbands want, and their births are less likely to be unintended, this suggests that women's fertility behaviors are thus reflecting their own desires.

We also found that compared to women with no formal education, educated women are more likely to have mistimed birth rather than a wanted or unwanted birth. There were no differences in unwanted fertility, and the link between education and mistimed fertility is positive (rather than negative). These results are consistent with other studies that found that education is strongly associated

with desire for smaller families, leaving educated couples more exposed to the risk of unwanted childbearing. So, why might higher levels of education be linked to greater chances of higher-order births being mistimed?

One possibility is that women with higher levels of education might face more issues in combining work and family and wish to space births further apart. Another possibility is that more educated women may be more aware of the health and educational benefits of longer birth intervals. Alternatively, educated women may be more likely to have formulated clear preferences about the timing/spacing of higher-order births, may be more willing to report their true intentions, or better understand survey questions about birth timing. All of this would make it more likely that women with higher levels of education report births as mistimed as compared to uneducated women. More mistimed fertility among educated women could also result from ineffective contraceptive methods or contraceptive failure.

The results merit a more in-depth analysis of why educated women are at higher risk of mistimed childbearing when having higher-order births. Education is believed to provide tools and resources to women to make informed choices. However, results suggest that despite the improvement in female education in Pakistan over the past few decades, many women seem to be unable to assert their preferences even though they seem to be communicating more about fertility preferences.

The findings suggest that the government and social organizations need to ensure the changes happening at societal level (i.e., increasing women's education) are translating into interpersonal relationships by changing the cultural milieu of society that accepts and celebrates women's empowerment. Improvement in women's education alone is not enough to fully and truly empower women, since higher levels of education are confined to a relatively small section of the urban population.

