WOMEN EMPLOYMENT AND GENDER ROLE: PREFERENCE FOR TWO CHILDREN FAMILY

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ABSTRACT
The Two Child Norm is one of India's target oriented, family size control policies, which encourages parents to limit their families to two children. The Population Policy draft is aligned with the country's National Population Policy that aims at reducing or stabilising India's population by 2045. The pattern of the Female gender preference regarding the family size/number of children can reveal the role of woman in the family building decision. This study mainly focuses on the relationship between employment gender roles and preference of two children family. This study uses India Human Development Survey-II collected in 2012. The women in the age group 15-45 years are used for the study. Ordered response model is used to analyse the Women Employment and Gender Role on Preference for Two Children Family. Result shows women those are capable to take the decision on cooking, health care utilization have more influence on the decision to have two children. Some socio-demographic factors such as religion, literacy, marital status and number of children etc. also influence the decision making of the woman to prefer two children but further studies controlling for more confounding factors are needed to investigate the same connection more precisely.

Keyword: Gender Role, Employment, Two-Children

Introduction
The Two Child Norm is one of India's target oriented, family size control policies, which encourages parents to limit their families to two children and creates disadvantages for couples with more than two children. Disadvantages include disqualification from panchayat council positions; denial of certain public services and government welfare programs, including Women and child health programs.
The two child policy was modeled on China's one child policy (1979), under which couples were forbidden from having more than one child. In 1992, The National Development Council in India, presided over by the Prime Minister, set up a Committee on Population. Then chief minister of Kerala, K Karunakaran recommended legislation in Parliament prohibiting persons with more than two children from holding any future political post. It was believed that through the two child policy, the national target of replacement level fertility of 2.1 would be achieved by 2010. The Population Policy draft is aligned with the country's National Population Policy that aims at reducing or stabilising India's population by 2045. Currently states like Bihar, Himachal Pradesh, Madhya Pradesh, Rajasthan, Haryana, Andhra Pradesh, Odisha, Chhattisgarh, Gujarat, Maharashtra, Uttarakhand and Assam have at some point implemented two-child policy for state government employees.

1.1 Women Employment
In studies of the relationship between parental work and children welfare, fathers' unemployment and mothers' employment are the usual variables of analysis. This differential approach toward male and female employment is based on a vision of the family that sees the father as the primary breadwinner and the mother as the primary provider of children care who may be occasionally employed. Thus, the father's employment status and occupation are seen as the linchpin of the family's social class position, which in turn determines children's access to resources. In contrast, the mother's employment is seen as affecting the family through changes in care received by children, in the power structure within the family, and in family finances. In this study, we accept the possibility that mother's employment and her increased control over decision both have positive consequences on two children family. Much of the literature on the relationship between Women employment and children welfare implicitly focuses on the conflict between women's familial roles and their market activities. It is argued that for mothers of young children,
participation in income-generating activities diminishes the time available for children care, which in turn results in poor health outcomes and higher mortality for children (Basu and Basu, 1991; Khan, Tamang, and Patel, 1990).

Many scholars, particularly those rooted in the tradition of social-anthropology, have drawn attention to a particular feature of South Asian society, a strong normative preference for female seclusion (Sharma, 1990). Although the practice of veiling women, or "purdah," varies across regions and religious groups and is more prevalent in North India than in the South, a preference for confining women to the domestic sphere persists in most groups and is viewed as the basis of the dichotomy between male and female or public and private realms of activities. Families with employed mothers are less likely to hold traditionalistic sex-role attitudes, the prevalent son preference also might be expected to be less.

1.2 Gender Role

Gender is a term that describes, “The characteristics that a society or culture delineates as masculine or feminine” (Nobelius, 2004). Gender roles are socialized characteristics that males and females encompass based on their biological sex (Blackstone, 2003). Ecological perspective suggests that the foundation for gender roles is generated through the interactions of individuals within their communities and environments (Blackstone, 2003). Women’s health issues related to gender roles are associated with disadvantages that women experience from gender inequality within their communities and families. Gender inequality is common in India (Himabindu, Arora, & Prashanth, 2014) due to India having a paternalistic culture, which enhances the unequal power differential between men and women (Ram, Strohschein, & Gaur, 2014). Because of societal standards and family beliefs, women have few options available to direct their life course (Ram, Strohschein, & Gaur, 2014; Shettar, 2015).

Gender is a concept that humans create socially, through their interactions with one another and their environments, yet it relies heavily upon biological differences
between males and female (Ann Oakley 1972). Understanding the term "gender roles" requires an understanding of the term "Gender" is a social term that is often confused with the term "sex:' Sex and gender are different concepts. Sex is a biological concept, determined on the basis of individuals' primary sex characteristics. Gender, on the other hand, refers to the meanings, values, and characteristics that people ascribe to different sexes. Gender roles are the roles that men and women are expected to occupy based on their sex. The traditional view of the feminine gender role prescribes that women should behave in ways that are nurturing. One way that a woman might engage in the traditional feminine gender role would be to nurture her family by working full-time within the home rather than taking employment outside of the home. Gender roles can be linked to expectations of males and females in realms outside of the family as well, such as work (Williams 1995). In the workplace, men and women are often expected to perform different tasks and occupy different roles based on their sex (Kanter 1977)

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2. Background

The pattern of the Female gender preference regarding the family size/number of children can reveal the role of woman in the family building decision. The traditional view of the feminine gender role prescribes that women should behave in ways that are nurturing. This study mainly focuses on the relationship between employment gender roles and preference of two children family. Two children families are widely supported by the government of India as the part of the Family
planning. This is the part of controlling the population explosion and regulates the population growth in the country. In this policy, the government introduced various policies such as sterilization, contraceptive adaptation and awareness.

3. Objectives
The study assesses the relationship between preference for two children family with Employment status and the Gender Role of the woman in India.

4. Methodology
4.1 Data and Sample
The India Human Development Survey-II (IHDS-II), 2011-12 is a nationally representative, multi-topic survey of 42,152 households in 1,503 villages and 971 urban neighbourhoods across India. These data are mostly re-interviews of short-term interviewed for IHDS-I in 2004-05. Two one-hour interviews in each household covered topics concerning health, education, employment, economic status, marriage, fertility, gender relations, social capital, village infrastructure, wage levels, and panchayat composition. Children aged between 8 and 11 were asked to take a brief reading, writing and arithmetic tests, and the results are recorded in the survey. The eligible women data set used for this analysis is a part of the India Human Development Survey-II survey with age group of 15-45.

4.2 Dependent Variable
We derived our Dependent Variable from the following question of IHDS data ‘If you could go back to the children and could choose the number of children to time you did not have any have in your life, how many would that be?’ The responses regarding Preference for children were recorded in a range of 0-20 and recoded into binary variable of one (for the response between scales of 0-2) and zero (for others)

4.3 Independent Variables
4.3.1 Employment
The apparently better health of women with paid work could be because of the emotional benefit of social involvement and that the threshold for perceiving
symptoms may be low among people with 'multiple roles' (Verbrugge 1983). The work of Downey and Moen (1987) supports the argument that paid employment may be beneficial by increasing the scope of the individual's personal control. The work of Arber and her colleagues (Arber et al 1985, Arber 1990, 1991), using British data, also supports the argument that the relationship between paid employment and women's health depends on the interaction.

4.3.2 Gender Roles
Gender roles were characterized by the perceptions or beliefs of the women about their ability to make decisions in their lives. Gender roles were measured based on whether a participant could make decisions on the following matters (yes or no): 1) What to cook on a daily basis; 2) What to do if you fall sick and 3) To visit a health centre alone. The first two items reflect a woman's role in the household and the third item is a proxy for prompt access to medical care. Each measure was included in the analysis separately.

4.3.3 Socio-demographic characteristics
The following socio-demographic characteristics were included in the analysis: age (in years), the number of children alive (to indicate children bearing burden), Religion, Literacy, traditional practice of using a ghungat/ burkha/ purdah/ pallu (a veil that covers a woman's face or hair) as a lifestyle choice and marriage status. Meanwhile, actual income, land ownership etc were not included because a wide variety of factors (e.g. location of their residence, family size, availability of industry) can affect these factors. In addition, the data do not specify whether each participant lived in an urban or rural area.

4.4 Statistical analysis
To analyze the binary dependent variable, we employed Logistic and Probit regression model (Table 1) to determine the relation of Employment status, Gender Roles, number of children alive, Religion, Literacy, the traditional practices and marital status on preference for two children family in India. The range is
negative infinity to positive infinity. In regression, it is easiest to model unbounded outcomes. Logistic regression is, in reality, an ordinary regression using the logit as the response variable. The logit transformation allows for a linear relationship between the response variable and the coefficients. This means that the coefficients in a simple logistic regression are in terms of the log odds and the prediction equation is:

\[ \log \left( \frac{p}{1-p} \right) = b_0 + b_1 x_1 + b_2 x_2 + e \]

Where \( b_0 \) is the Y-intercept, \( e \) is the error in the model, \( b_1 \) is the coefficient (slope) for independent factor \( x_1 \), and \( b_2 \) is the coefficient (slope) for independent factor \( x_2 \) and so on.

5. Results

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<tr>
<th>Table 1</th>
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<tr>
<td><strong>Two Children Preference</strong></td>
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<tr>
<td>Currently working for pay/wages</td>
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<tr>
<td>Yes</td>
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<tr>
<td>Decides what to cook on a daily basis</td>
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<tr>
<td>Yes</td>
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<tr>
<td>Decides what to do if you fall sick</td>
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<td>Yes</td>
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<tr>
<td>Can go alone to the local health centre</td>
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<td>Yes</td>
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<tr>
<td>Religion category</td>
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<td>Hindu</td>
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<tr>
<td>Others</td>
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<tr>
<td>Illiterate</td>
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<tr>
<td>Practice ghungat / burkha/ purdah/ pallu</td>
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<td>Yes</td>
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Two children alive

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<tr>
<td>Yes</td>
<td>1.918023</td>
<td>1.135173</td>
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Married

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<tr>
<td>Yes</td>
<td>0.2968865</td>
<td>0.187817</td>
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5.1 Discussion

The log odds show that those who are currently working on wage/pay is having 0.2817837 log odd influence on the decision making the preference of two children. It depicts that the woman those are working preference to have two children. The woman those who are taking a decision on what cook on the daily basis having 0.1119383 log odd on the two children preference decision. The decision making of the two children preference is positively associated with the decision making those women. When the eligible woman is falling sick and taking the decision of her sick condition having a log odd of -0.0115264 in the decision making of two children preference. The sick decision is having not much influence on the decision making of the preference of the two children in the family. The eligible woman is capable to go health centre alone having a log odd of 0.2014519 in the decision making of two children preference. This shows that the woman those who are capable to move on their health issue without anyone help can have a strong influence on the decision making to two children preference. In the religion category also Hindu woman having log odd of 0.2421942 in the decision making on two children while other religions have log odd -0.3521479. It shows that the women belongs the Hindu community take the decision to have two children than any other religion. The woman those are illiterate has less impact on their decision to have two children than a literate woman with a log odd of -0.9057143. The women who are practicing ghungat / burkha/ purdah/ pallu are having a log odd of -0.4579867 in their decision making of two children. These women are having less impact on their decision to have two children. The women with two children alive are having a log odd of
1.918023 in the decision making of their two children. These women do not prefer to expand the family further. Among the eligible woman, the married women are having the log odds of 0.2968865 for two children in the family over non-married women.

6. Conclusion
This study mainly focuses on the role of female gender in the decision making of the two children in the family. The dependent variable of the decision making of the two children is associated with various independent variables which share the employment, gender roles, and socio-demographic factors. Working women takes positive decision to have two children. The gender role of woman in the house also influences the decision making in positive and negative level. The women those are capable to take the decision on cooking, health can take more influence on the decision to have two children. Some socio-demographic factors such as religion, literacy, marital status and number of children etc. also influence the decision making of the woman to prefer two children. The Hindu community woman had more influence on their decision on two children. An illiterate woman and women practicing veil has less influence on the decision making on the two children preference. The women who are having two children alive had the strong impact to have with the two children only, while married woman are more likely to go for two children over non-married. The marital status of the woman can influence various factors such as family; responsibility etc. may influence the woman to take this decision.

The working woman and married woman have maximum impacts on the decision making on two children in their family. The woman those who are capable to take the decision in cooking, health etc. will prefer two children in their family.

7. References