Gender Equity in
Theories of Fertility Transition

PETER MCDONALD

The 1994 INTERNATIONAL Conference on Population and Development placed issues of gender at the center of discussion of population and development (United Nations 1995). A leading theme of the conference was that, in less developed countries, higher levels of gender equity are a necessary component in the achievement of lower fertility. In apparent contradiction to this tenet, I have postulated that very low fertility in advanced countries today is the outcome of a conflict or inconsistency between high levels of gender equity in individual-oriented social institutions and sustained gender inequality in family-oriented social institutions (McDonald 2000a). The implication is that higher levels of gender equity in family-oriented social institutions are necessary to avoid very low fertility. Thus, on the one hand, a higher level of gender equity in social institutions is claimed to lead to lower fertility while, on the other hand, a reorientation of social institutions toward a higher level of gender equity is claimed to prevent very low fertility. Chesnais (1996: 733; 1998: 83) has described this circumstance variously as “the essence of a future feminist paradox” and, more recently, as “the present feminist paradox.” In what follows I address this apparent contradiction or paradox through consideration of a more generalized theory of gender equity in fertility transition.

What is gender equity?

Mason has employed the concept of the gender system, which she defines as “the socially constructed expectations for male and female behaviour that are found (in variable form) in every known human society. A gender system’s expectations prescribe a division of labour and responsibilities between women and men and grant different rights and obligations to them” (Mason 1997: 158). Mason observes that “studies explicitly concerned with gender systems and their impact on demographic change are relatively new”
(ibid.). That this is the case with respect to studies of fertility is lamentable. Indeed, it is almost inconceivable that fertility transition can be studied without considering socially constructed expectations for female behavior.

Mason (1997: 159) subdivides the gender system into gender stratification (“institutionalized inequality between male and female members of society”) and gender roles (the division of labor between men and women). Gender equity derives from both of these elements of the gender system. Inequality between men and women and the division of labor between them in a particular gender system can be evaluated from the perspective of rights—social, political, and reproductive. Levels of equity in such an evaluation of rights determine the level of gender equity (Fraser 1994). Thus, gender equity is a value-laden concept that begs the question of whose values should be applied.

In consideration of fertility transition, the obvious answer is that the values of the women and men who are making fertility decisions are important. Do women (or, at least, some significantly sizable proportion of women) in a particular society consider that existing gender inequality or the existing division of labor is unfair and inequitable? Do the views of men and women coincide? Of course, women and men are unlikely to express themselves in the rarefied language of sociology. Even in the United States, Betty Friedan (1963) could refer to gender inequity only as The Problem That Has No Name. In high-fertility contexts, gender inequity within the family may be experienced by women as, inter alia, a generalized dissatisfaction with the rigors and dangers of a constant round of childbearing and childrearing imposed by spousal, familial, and societal expectations.

The use of the word system to describe gender stratification and gender roles may be misleading in that it implies consistency between different social institutions as conceptualized in the classic structural-functional anthropological approach. Essential to my argument is the notion that, in societies undergoing fertility transition, gender stratification and gender roles in different social institutions within a given society can become inconsistent with each other.

Studies of gender and fertility

Mason (1997: 163–172) provides a review of the methodologies that would be required in studies of fertility and the gender system and reports upon the few studies that approximate her standards of evidence. As she points out, the complexity involved in proper studies of the gender system and fertility is challenging. Indeed, it may be argued that despite the logical importance of the gender system to fertility, its lack of centrality in transition theory (until recently) results in no small measure from the poor design of quantitative analyses. To test the relationship between gender equity and fertility, demographers conventionally have studied a sample of women in
which there were measures of each woman’s “status” and a measure of her fertility. Typically, a multivariate, cross-sectional analysis is then applied to examine whether a statistically significant relationship exists between women’s status and fertility at the individual level. A more sophisticated analysis may add community-level measures of the status of women to the model.

This approach could be described as based on a unidirectional, dichotomous model. As commonly hypothesized, low women’s status leads to high fertility; high women’s status leads to low fertility. With regard to the fertility transition, this is just one example of several unidirectional, dichotomous models that have been employed in the literature. Some other hypotheses tested by such models are: high education leads to low fertility; higher economic status leads to lower fertility; higher levels of social inclusion lead to lower fertility; lower infant and child mortality leads to lower fertility; higher costs of children lead to lower fertility; lower fertility accompanies lower religiosity; lower fertility is associated with a transition from extended to nuclear families; urbanization leads to lower fertility; and a lower point on the low fertility-ideation scale leads to lower fertility. One also finds “testing” of the tautology that, other things equal, higher or better use of birth control leads to lower fertility.

In general, the logic of unidirectional, dichotomous models has been criticized because they imply a simple, evolutionary process of social change, universal across all societies, in which progression along the path of the model is always toward a state assessed as superior to the status quo ante (Derrida 1976; McDonald 1994). These models have been criticized for not situating fertility within its cultural and institutional context (McNicoll 1980; Greenhalgh 1995). The unidirectional, dichotomous model is applied irrespective of, or is only superficially modified by, the social context.¹

Quantitative studies of the relationship between gender equity and fertility require measures of gender equity. As defined here, gender equity would be evaluated for each social institution on the basis of the assessments of women and, perhaps, men in the society under study. This definition has inherent difficulties with respect to historical studies. In such studies, we would need to rely upon diaries, letters, and published statements of women. On the other hand, much historical research uses these types of sources. An excellent example of such an historical study that provides conclusions supporting the arguments advanced here is Catherine Scholten’s (1985) study of childbearing in American society.² If gender inequity in contemporary societies is a problem that has no name, it is difficult to obtain measures of the perceptions of gender equity from individual women. Depending upon the social context, social-psychological scales may be useful. Inevitably, however, the degree of gender equity will be measured by the researcher’s own assessment of the levels of equity applying in different social institutions, based upon quantitative measures of those institutions. Such measurement will require a sophisticated anthropological knowledge
of the society. This is the approach used in the small number of recent quantitative studies cited by Mason (1997: 169–172). The argument that complexity requires the use of qualitative methods is also apposite.

The level of gender equity did not emerge from the influential European Fertility Project as an important determinant of the onset of fertility transition. In this study, a 10 percent fall in fertility was taken as evidence for the onset of fertility transition (Coale and Watkins 1986). The focus was on the onset of the decline because the authors concluded that once a fall of 10 percent had been observed, continuation of the decline was inevitable. The study found that few generalizations could be made across districts of Europe as to the conditions that were contemporaneous with this 10 percent fall. Given the extent of institutional variation across cultures at the onset of decline, it is not surprising that generalization proved difficult. If consideration is extended to a much larger range of world cultures, this lack of generalization is even more likely to be found. I argue here that the emphasis on the period surrounding the onset of decline may be misplaced. More value may be obtained from studying why fertility continues to decline to low levels after it has commenced to fall. In other words, the scope for theoretical generalization is probably greater in study of the sustained fall of fertility than in study of the commencement of fertility decline. The influence of changes in the level of gender equity may be more evident in this later phase.

Some propositions regarding the relationship between gender equity and fertility

The place of gender equity in fertility transition theory can be approached by considering the following two propositions:

1. Fertility in a society falls as a result of the cumulative actions of individual women and men to prevent births.3

2. Sustained lower fertility in any society will lead to fundamental changes in the nature of women’s lives.

The first proposition underlies most theories of fertility transition. The implication is that fertility change in a society must be capable of being explained in individual terms. The dimension I highlight here, gender equity, is not an individual characteristic. It is a characteristic of the institutions of society. The first proposition, a truism, says that people, not institutions, change fertility levels. Thus, in proposing a place in fertility transition theory for gender equity, a theory must elaborate upon how the levels of gender equity in social institutions manifest themselves in individual-level decisionmaking. Folbre (1997) has argued that in contemporary market-based economies, the rewards for market production far exceed the rewards for social reproduction, a theme that I have also taken up specifically in relation to low fertility (McDonald 2000b). It is this imbalance in the reward
structure that brings gender inequities in social institutions into the con-
sciousness of individual men and women.

The first proposition also implies that individuals have the knowledge
and the social permission necessary to control their births. As I hinted ear-
erlier, the notion that the spread of the practice of birth control is a com-
ponent of fertility transition is tautological. The way in which the idea of birth
control is spread, however, is a highly relevant consideration (Watkins 1986).

The second proposition states that if fertility in a society falls from high
to low levels then, inevitably, this will change the nature of the society. In
particular, it will change the nature of women’s lives. Implicit in the gender
system of a high-fertility society is that women devote a great deal of their
time and energy to childbearing and childrearing. If fertility falls to lower
and lower levels, this in itself is an indication that society no longer places
the same emphasis upon this division of labor. Mason (1997: 173–175) men-
tions the small number of studies that have considered the impact of lower
fertility on the gender system, but none of these studies considered the im-
pact of fertility change on women’s lives as a component of fertility transi-
tion theory. Demographic investigation, as mentioned above, convention-
ally considers the reverse causal direction of this proposition—that
fundamental changes in the nature of women’s lives lead to sustained fer-
tility decline. Thus, in the conventional approach, changes in women’s lives
occur first and then fertility falls. The aim of expressing the proposition in
the reverse is to argue that women may elect to have a smaller number of
children in order to change the nature of the rest of their lives, not neces-
sarily because those changes have already occurred. A birth is not an event
that simply occurs at a moment in time and is explained by circumstances
before and about that point in time. In Levinson’s (1980) terms, funda-
mental life events are constructed as part of a transition in people’s lives.
The decision to have a child (or to avoid having a child) is not independent
of the effects upon lives that ensue from that decision. That is, women have
a birth or avoid a birth in an effort to shape their futures, not because the
decision was preordained by a set of characteristics that they had accumu-
lated prior to the decision (McDonald 1996). This provides a much more
active conception of the role of gender equity in fertility transition. Women
in high-fertility societies may choose to have fewer children in the expecta-
tion (or vague hope) that to do so will change their futures for the better.4

The expectation, of course, may not be realized and this complicates
the quantitative study of the issue. A smaller number of children might not
mean that a family is economically better off or that a woman is able to
pursue paid employment outside the family circle. At an early point in the
transition, the statistical evidence may be weak. However, as long as women
are able to maintain the expectation that restriction of their fertility will
lead to an improvement in their lives, eventually, through successive age
cohorts, the expectation will be more often realized.
Fertility transition, gender equity, and the institution of the family

Childbearing is inherent to family reproduction and, as such, it should be impossible to theorize about fertility transition without considering family reproduction and family organization (Seccombe 1993). Folbre (1983: 267), in addressing conventional theories of fertility transition, has said that “the failure to incorporate any consideration of changing power relations within the family constitutes what many feminists might consider a fatal error of omission.”

Family organization varies from society to society, and the place of women in that organization is also highly variable. Thus, in this important respect, the starting point of each fertility transition is different. This complicates the use of standard variables across cultures as the social meaning of particular measures will differ. Nevertheless, the following additional propositions can be made:

3. In pretransition societies, high fertility was (is) socially determined, not naturally determined.

4. The transition from high fertility to fertility around replacement level is accompanied by an increase in gender equity within the institution of the family.

There is a large literature on the social supports to high fertility. Traditionally, social-structural arguments are offered to demonstrate the benefits of high fertility. These principally pertain to the value of children to the family, whatever its structure. (Some studies, of course, also highlight the fact that a degree of control over fertility was exercised in all pretransition societies, that is, the valued number of children was high but below the biological potential.) However, the supports for high fertility in pretransition societies are more than social-structural. High fertility becomes a part of the established family ethos and is supported by the institutions of morality, principally religion.

To argue the point just made would require a long detour; just one evocative example should suffice here:

“A mother with a train of children after her is one of the most admirable and lovely Sights in the visible Creation of God,” declared Benjamin Colman as he introduced the text of his sermon “Fruitful Mothers in Israel” to his Boston congregation. In 1715 the Old Testament injunction “Be fruitful and multiply,” which Colman proceeded to discuss, was familiar to his listeners, and his interpretation of the text was representative of American thought on the purpose of marriage and on women’s ordained part as childbearer. (Scholten 1985: 8)
Fertility transition requires changes not only to the social-structural supports but also to the moral supports. Here, we would be looking for changes in the morality governing the nature both of the relationship between spouses and of women’s ordained role as childrearer. In the West, the assertion of the rights of the individual originating in the Enlightenment may have gradually filtered down to the rights of women within marriage. In the past half-century in developing countries, Westernization has been an increasingly powerful force with which traditional moralities have had to contend. For example, formal education inculcates ideas that empower the individual, allowing for a questioning of traditional morality.

In Western Europe, the decline of parentally arranged marriages and the shift of power over the means of production from the parental generation to the generation of the young couple are indicators of changing rights for women within a modified family organization. These changes extend back into the eighteenth century, predating or contemporaneous with the onset of fertility decline. Seccombe (1993: Chapter 5) argues that women in late-nineteenth-century and early-twentieth-century Europe had a far stronger desire to end the constant cycle of births than men did. The fact that their wishes began to be deferred to by most husbands represented a shift away from patriarchy and toward gender equity in the couple relationship. Prior to the transition, Folbre (1983: 270) says, “women’s freedom of reproductive choice is often constrained by forms of patriarchal oppression which are coercively pronatal.” At the same time, throughout the fertility transition in Western Europe, women remained in a subordinate status because of their role within the male-breadwinner model of the family. Only in the past few decades have women in general, but especially married women, been able to assert an independent status outside the family.

Family organization is a vital aspect of cultural identity. Because of this, the family is a conservative institution that normally changes only very slowly. In all societies, family organization is protected from radical change by an idealized family morality, a moral conservatism that is often enshrined in the prevailing religion. Most often, idealized family morality confines women to the hegemony of men. Radical change usually occurs only through changes in political power or through changes in the attitudes of those in power. Otherwise, change is gradual (McDonald 1992, 1994). Increased gender equity within the family can be a gradual process that does not portend radical family change. Thus, social norms may allow women increased control over their own fertility within what is, in most respects, a male-dominated family system so long as their increased independence does not threaten the prevailing family system.

The contemporary example of the remarkable fall in fertility in Iran may be a case in point. The total fertility rate in Iran fell from 6.2 children per woman in 1986 to 2.5 in 1996 (Abbasi-Shavazi 2000). During this pe-
riod, there was no significant change in women's position outside the family. Labor force participation rates for women remain very low and women have a very restricted role in public life. It is arguable, however, that increased levels of education for women provided them with a higher level of equity within the family. Once social permission to practice family planning was provided by the religious leadership in the late 1980s, the country's highly developed public health system was able to provide family planning services to both men and women. More particularly, women were freely able to gain access to these services, providing them with a greater level of reproductive rights and, hence, of gender equity within the family.

Depending upon the cultural or economic setting, various factors may enhance gender equity within the family and hasten the adoption of lower levels of fertility. Where limited fertility control has been practiced before the onset of sustained fertility decline, decline may proceed more rapidly because the idea and practice of control is already present in the society. Advances in education for women will attune them to be receptive to non-traditional learning and provide them with the confidence to adopt new ideas. Husbands also may more often defer to the wishes of the educated wife. As more children survive, measures to limit family size may be implemented. Changing cost structures such as generated by compulsory education of children or urban residence may induce changes in fertility. Political regimes that are more socially inclusive may provide access to contraceptive devices and the freedom to use them to a wider range of people. The free movement of information among women in a society and between societies is another factor. The medical profession may become increasingly involved in natal care and warn of the dangers to a woman of having another birth. Advances in contraceptive technology enhance the ease of control over fertility. Finally, government-sponsored family planning programs may provide social permission and access to contraceptive services. I make no claim here that increased gender equity within families is a sufficient condition for fertility transition; however, it is a necessary condition.

Government-sponsored family planning programs in the past 30 years have succeeded in part because they addressed their campaigns directly to women, although always within their family context. Conservatism surrounding family organization clearly provided no other option, but the effect has been to raise the levels of gender equity within the family. It has been argued that, in Bangladesh for example, the family planning program itself has been an agent in improving the status of women within the family. The program exposes women to the modern outside world, it encourages them to take their own actions with regard to their fertility, it brings them in contact with other women who are not members of their family, and, since the program's change to a clinic-based delivery system, it allows women to leave their houses unaccompanied by a male family member.
This, together with a gradual shift in the power regime within families from the extended to the conjugal unit, has increased gender equity within the family (Simmons 1996).

In summary, there is a strong case that, where women are provided with greater decisionmaking power within the family, especially with respect to the right to determine the number of children they have, fertility can fall to low levels without major changes in women’s lives outside the family. Fertility in the West fell to replacement level by the 1930s even as the male-breadwinner model of the family was rising to its zenith. That is, fertility can fall to low levels while most institutions outside the family are marked by considerable gender inequity. Folbre (1983: 276) even argues that the early advance of capitalism may have worsened gender equity in market employment while improving it within the family. Yet as proposed earlier, low fertility will change the nature of women’s lives. In time, this will lead to rising demand for greater levels of equity for women in institutions outside the family. Recognition of this outcome lies at the heart of conservative, usually religious, opposition to birth control. In terms of the Cairo agenda, just as women in developing countries have been the beneficiaries of more advanced contraceptive technology than was available during the fertility transition in the West, they are also likely to benefit from a

**FIGURE 1 Conceptual representation of changes in the level of gender equity over time in family-oriented and in individual-oriented institutions in the West and their interaction with the transition from high to very low fertility**
more rapid shift toward a higher level of gender equity in individual-oriented institutions than was the case in the West. Thus, compared to the schematic view of change in the West, depicted in Figure 1, gender equity in individual-oriented institutions may be increasing earlier in the fertility transition of contemporary developing countries.

**Gender equity in individual-oriented institutions**

The increasing demand for individual rights and freedoms in the West in the past 200 years has led to the development of strongly individual-oriented institutions. The institutions of democracy, for example, provide individual voting rights, not family voting rights. However, the progress to this situation has passed through a period in which rights and freedoms were extended to individual men, but not to individual women. Effectively, prior to the twentieth century, men exercised the democratic rights of women. Women were educated to the level that would fit them to be suitable wives to the husbands whom they were expected to marry. Education for women was not directed toward future employment in the paid labor force. By the late nineteenth century, a woman was expected to eschew paid employment unless she was single or could not rely upon the earnings of her husband. Thus, individual-oriented institutions were male institutions and, as such, they promoted and protected the male-breadwinner model of the family. A relatively high level of gender equity was a characteristic of women in their family role only.

Women in the West have gradually gained rights also within individual-oriented institutions. The early successes were in the domains of property rights and voting rights. Rights in education grew gradually over a long period of time to the point of broad equality with men today. Rights of women in market employment have risen dramatically in the past few decades. Generally women's remuneration now tends to be guided by the principle of equal pay for equal work and, at least at the nonmanagerial level, women are now able to compete equitably with men in the labor market. Cumulatively, these changes represent radical or revolutionary change.

At the same time, progress toward gender equity within the family and hence in family-oriented institutions has continued to advance very slowly. While, as argued in the previous section, the change within the family has been sufficient to allow women to have extensive control over their fertility, it has not provided other forms of equity within the family. Full gender equity would be achieved only if gender were not a determinant of which member of the couple undertook the three forms of family work: income generation, caring and nurturing, and household maintenance. In marriages, women remain the predominant providers of care and continue to carry most of the burden of household maintenance. Gender stratafica-
tion continues to prevail within the contemporary Western family. The same is true in the East Asian developed economies that also now experience low fertility.

**Gender equity and very low fertility**

In advanced economies today, women are able to compete in the labor market as equals so long as they are not constrained by their family roles. Women who value their involvement in individual-oriented institutions are therefore faced with a dilemma if they perceive a potential future family role as inconsistent with their aspirations as individuals. Some women in this circumstance will opt to eschew the family role rather than the individual role, that is, they will not form a permanent relationship or they will elect to have no children or fewer children than they otherwise would have intended (McDonald 2000a). Most young women today have been educated and socialized to expect that they will have a role as an individual beyond any family role they may have. Thus, a fifth proposition can be advanced:

5. When gender equity rises to high levels in individual-oriented institutions while remaining low in family-oriented institutions, fertility will fall to very low levels.7

Cross-national comparisons of contemporary advanced countries provide evidence to support this proposition (Chesnais 1998; McDonald 2000a).

**Conclusion**

The apparent contradiction stated at the beginning of this article has been addressed through distinguishing two broad forms of gender equity: gender equity in family-oriented institutions and gender equity in individual-oriented institutions. I have argued that the fertility transition from high to low levels has been associated mainly with improving gender equity within family-oriented social institutions, indeed almost exclusively within the family itself. The fall in fertility is associated with women acquiring rights within the family that enable them to reduce the number of their births to more desirable levels. However, change in the institution of the family proceeds slowly because the family system is strongly linked to conservative institutions such as religion. The link is the reification of family as defined by an idealized family morality.

During the twentieth century, a revolution took place in levels of gender equity in individual-oriented institutions in advanced countries. Starting from a point where women had a subordinate status in individual institutions such as formal education and market employment, the century ended with very high levels of gender equity prevailing in these institutions. High
levels of equity enjoyed by women as individuals in combination with continuing low levels of equity for women in their roles as wives or mothers mean that many women will end up bearing fewer children than they aspired to when they were younger. The outcome for the society is a very low fertility rate.

The achievement of gender equity in individual-oriented institutions will not be reversed. But in a context of persistent relatively low gender equity in family-oriented institutions, high gender equity in individual-oriented institutions results in very low fertility. The idea is conceptualized in Figure 1. Very low fertility rates will persist unless gender equity within family-oriented institutions rises to much higher levels than prevail today. In a context of high gender equity in individual-oriented institutions, higher gender equity in family-oriented institutions will tend to raise fertility.

Notes

The author benefited from discussions about this article with Hera Cook and Rebecca Kippen.

1 On the other hand, at the opposite extreme, there is a recent fashion to attribute unexplained variation to “context,” adding little or nothing to theory.

2 Other examples are Quiggin (1988) and Seccombe (1993).

3 Maybe including nonmarriage or delay of marriage, although, in an early paper, I have argued against this possibility (McDonald 1981).

4 And, possibly, the futures of their children and of other women. Some altruism may be involved in assuming the role of an innovator.

5 The papal encyclical Humanae Vitae, issued in 1968, is a prime example.

6 For some, this idea is still valid, it seems. Mead (1999) argues that in the United States today, mothers in two-parent families should not engage in paid employment while single mothers should.

7 Very low means a total fertility rate below 1.5 births per woman on average.

References


