introduction

In every country and culture, women play vital roles in society, but often the only role that they are recognized for is their reproductive one. Women around the world have made great progress in improving their status and lives, but they still face many inequities in political representation, economic well-being, health, and human rights. These inequities do not only affect individuals but also entire societies, as there is an increasing amount of evidence that improving the status of women is key to improving the health and well-being of families and stabilizing fertility rates globally.

Vocabulary: fertility rates

materials

Part 1
- Article: “What if your mother-in-law decided when you got pregnant?” (provided)
- Student Worksheet

Part 2
- Pennies

Part 3
- None

Part 1: Who Makes the Decision?

procedure

1. Distribute the article, “What if your mother-in-law decided when you got pregnant?” and the Student Worksheet, one of each per student. Explain to the students that the reading is a true account of a woman who lives in Pakistan, but her situation is typical of women in many countries in Africa, Asia, and Latin America.

2. After the students have finished the Student Reading, divide the class into small groups of 4-6 students to answer the questions on the Worksheet.
3. After all groups have finished, discuss the final question as a class: “What would you do if you were Fatima?” Structure student responses by having them first state their opinion and then defend it with supporting information from the text and discussion.

**alternate procedure**

Have each group do a role play of what Fatima and her husband might do in this situation. The main characters would be Fatima, her husband, and her mother-in-law; other students could play the roles of Zaib Dahar (maternal health advisor), Rukhsana Jamil (local health worker), the local teacher, a relative, a concerned neighbor, and the narrator.

**Part 2: It’s a Toss-up!**

**procedure**

1. Show students the short ABC News video, “India’s Deadly Secret” ([http://abcnews.go.com/2020/video/indias-deadly-secret-estimated-40-million-girls-have-gone-missing-india-2020-15126835](http://abcnews.go.com/2020/video/indias-deadly-secret-estimated-40-million-girls-have-gone-missing-india-2020-15126835)). This video explores the systematic killing of female babies because of the gender preference for boys in India. If you are not able to show the video, students can read the transcript by clicking on the “transcript” tab on the website linked above. (Note that it is automatically generated and may not be completely accurate.)

2. Ask students the following questions:
   a. What almost happened to Dr. Mitu Khurana’s twin daughters?
   b. Why does Dr. Khurana feel female gendercide happens in India?
   c. Why did Dr. Khurana’s family feed her eggs when she was pregnant with the twin girls?
   d. What are some reasons sons are more highly valued than daughters in Dr. Khurana’s culture?

3. Tell students, “Many people want to have a certain number of boys or girls when they have children, but what happens isn’t always what they initially want.” Explain that the following exercise simulates the kinds of situations people face while planning their families.

4. Have each student take out a piece of scratch paper and write down the number of children they would like to have, specifying the number of boys and the number of girls.

5. Ask the students to imagine that they are now part of a couple and want to start a family. Provide each student with a penny and have each of them flip the coin to determine the sex of their first child; heads is a girl, tails is a boy. They should record the outcome on scratch paper. Now the student must decide whether to flip again (have another child) or stop. Continue this process until all students feel their families are complete.

6. Calculate the average number of children per couple.

7. Now repeat the exercise but this time, students must imagine that they live in a culture similar to that of Dr. Khurana’s where having sons is very important. Ask each student to decide whether they want two, three, or four sons, and how many daughters they would like as well. Repeat the steps above. Tell the students to continue to flip the coin (have more children) until they have the number of sons and daughters they want, or until they feel they don’t want any more children. Again, determine the average number of children per couple.
8. Compare the average number of children found when students were acting out their own wants, to the average when they were imagining within Dr. Khurara's culture.

discussion questions

1. Were you able to “have” the number of children you originally said you wanted in the first scenario? In the second? How about the number of sons and the number of daughters you wanted? Why?
   
   *Answers will vary.*

2. What factors, besides income, determine how many children people have?
   
   *Answers may include: cultural and religious traditions and values, family traditions, career choices, lifestyle, and use of family planning.*

3. Why might a boy child or a girl child be preferred in a North American family? How might this preference vary from one culture to another?
   
   *Parents may feel that they could better “relate” to a boy or a girl based on their own experiences. There are also stereotypes that might determine preference, such as that “girls are better behaved than boys.” In many developing countries, parents may prefer boys because they depend on sons to help support them in their old age, while daughters may marry early and live with their husbands’ families.*

4. What difference does a tradition of large families versus a tradition of small families have on a society’s population size?
   
   *In a society where most people have many children, the population grows quickly.*

5. How do personal family size decisions affect other members of a society? How do they affect the natural environment?
   
   *One person’s decisions may not seem significant in a large society. However, each person’s decisions multiplied by everyone in the society add up to a lot. If lots of people choose large families, this increases stress on the natural environment for living spaces, fields for food, and areas to dispose of waste.*

Part 3: Researching a Woman’s Place

procedure

1. Divide the class into groups of four and assign each group one of the following countries to research (if the class has fewer than 36 students, eliminate countries from the list):
   
   - Kenya
   - Brazil
   - Saudi Arabia
   - Australia
   - China
   - Nigeria
   - Poland
   - Jamaica
   - Mexico
2. Each student in the group will research one specific area related to the status of women in his or her group’s assigned country. The areas to study are the following:

- **education of women** (includes literacy rate, average years of schooling)
- **employment of women** (includes employment rate, types of employment, average wages, employment in the home)
- **health of women** (includes life expectancy, vulnerability to disease, nutrition, fertility)
- **legal and political status of women** (includes women’s rights, laws relating to women’s status, representation in government)

For each category, students should determine how women’s situations compare to those of men. You may want to share a couple U.S. statistics from the table below as an example. Students can also use this information as a means of comparison between the U.S. and the country they were assigned.

**Suggested Resources:**
- The United Nations Fund for Population Activities – [www.unfpa.org](http://www.unfpa.org)
- UNICEF – [www.unicef.org](http://www.unicef.org)
- UN Women – [www.unwomen.org](http://www.unwomen.org)

**U.S. Gender Statistics (2016)**

<table>
<thead>
<tr>
<th>Categories</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>163 million</td>
<td>158 million</td>
</tr>
<tr>
<td>Literacy Rate</td>
<td>99%</td>
<td>99%</td>
</tr>
<tr>
<td>High School Graduate or Higher</td>
<td>91%</td>
<td>90%</td>
</tr>
<tr>
<td>Bachelor's Degree or Higher</td>
<td>37%</td>
<td>31%</td>
</tr>
<tr>
<td>Percent of Full-time Workforce</td>
<td>43%</td>
<td>57%</td>
</tr>
<tr>
<td>Percent of Part-time Workforce</td>
<td>64%</td>
<td>36%</td>
</tr>
<tr>
<td>Fortune 500 CEOs</td>
<td>24 (5%)</td>
<td>476 (95%)</td>
</tr>
<tr>
<td>Full Time Average Earnings</td>
<td>$39,621</td>
<td>$48,156</td>
</tr>
<tr>
<td>Below the Poverty Level</td>
<td>16%</td>
<td>13%</td>
</tr>
<tr>
<td>Life Expectancy</td>
<td>81 years</td>
<td>76 years</td>
</tr>
<tr>
<td>Fertility Rate</td>
<td>1.9 children born/woman</td>
<td>N/A</td>
</tr>
<tr>
<td>Legal and Political Rights</td>
<td>Constitution-based federal republic; strong democratic tradition; women equal to men</td>
<td>Constitution-based federal republic; strong democratic tradition; women equal to men</td>
</tr>
<tr>
<td>U.S. Senators</td>
<td>21</td>
<td>79</td>
</tr>
<tr>
<td>U.S. House Representatives</td>
<td>85 (20%)</td>
<td>350 (80%)</td>
</tr>
</tbody>
</table>

3. After completing their research, students should meet in their groups and share information on their findings. Together, group members will create a brief oral presentation on the status of women in their assigned country. The presentation must include visual aids, such as a poster or a skit, and must be presented by all four group members. Encourage group members to ask each other follow-up questions when sharing information to make sure that they each fully understand the status of women as it relates to all four areas that were researched.

4. If time allows, have all groups present their findings to the class.

5. After all groups have presented their findings, lead a discussion on the similarities and differences in the reports. In which countries is women’s status closest to that of men? In which countries do women have the lowest status? How is the fertility rate in each country related to the status of women? How is the status of women related to population growth? To environmental quality?

assessment

Monitor participation in class discussions and evaluate students’ presentations on accuracy and thoroughness of research as well as clarity of communication.

follow-up activity

The status of women both within the U.S. and abroad is constantly evolving, as is women’s access to reliable, safe contraception and the right to freely plan their reproductive futures. Reproductive rights have been codified in a number of United Nations Declarations over the past half century. At the International Conference on Human Rights held in Iran in 1968, world leaders adopted a proclamation stating that “Parents have a basic human right to determine freely and responsibly the number and the spacing of their children.” Later UN proclamations expanded on this by adding that individuals, as well as couples, also have the rights to the means to plan their families, including education and contraceptives, and that governments should ensure that people have the means to exercise these rights.

Working in the same groups as in Part 3, students can research and discuss whether and to what extent the country they researched has abided by these international agreements to provide individuals and couples with reproductive rights and services. Once students have gathered this information, they should share it with the rest of the class. Students can compare and contrast the reproductive rights available to women in different countries with those of women in the United States. In small groups, students can also discuss what societal, familial, or cultural aspects might need to be addressed in the country they researched to further expand reproductive rights for women there.

Part 2 Adapted with permission from Carolynn S. Howell, Palm Bay High School, Melbourne, FL.

Fatima is often exhausted raising her ten month old son and a three month old niece who has been left in her care. Now she is pregnant again. And she is frustrated.

“Sometimes, I get fed up with being pregnant,” she says. “I cry because I feel weak or when my son is bothering me. I start crying because I got stuck in all of this.”

Fatima did not want to get pregnant again so quickly after her son was born last June. In fact, a neighbor who serves as a health worker offered to provide Fatima with free birth control pills, injections and condoms.

The health worker, Rukhsana Jamil, advises many women in the neighborhood about family planning. “[I] give them the contraceptives and ask them to please keep a gap of two years between their first baby and second baby,” she says. Spacing births is good for the health of mothers and children.

Fatima says she trusted Rukhsana, who is like a second mother to her. (Rukhsana had arranged Fatima’s marriage.) But Fatima did not feel she could take Rukhsana’s advice.

Like many married women in Pakistan, Fatima is deeply embedded in her husband’s family. She and her nuclear family live with her husband’s parents and brothers. Soon after her son’s birth, Fatima’s in-laws told her to try to conceive again.

“My mother-in-law and others in my husband’s family told me, ‘Please don’t wait too long to have another baby,’” she recalls. (They were concerned about her ability to have another child because she had a history of miscarriages.) Fatima felt she had no choice but to avoid contraception.

Fatima’s situation is common in Pakistan, says Zaib Dahar, a maternal health advisor at Jhpiego, a nonprofit health organization affiliated with Johns Hopkins University. “[The wife] cannot decide herself, alone,” Dahar says. “She has to seek willingness from her husband, mother-in-law and father-in-law.”

A 2010 study by Population Services International documented this dynamic. Researchers conducted surveys across Pakistan and found that, for a typical woman, “the perception that her in-laws support family planning use was the strongest determinant of her intentions to use contraceptive methods.”

And if a woman wants to undergo permanent sterilization (e.g. tubal ligation surgery), she has even less say in the matter. Hospitals will generally require that she provide her husband’s written consent before performing the operation.

Zaib Dahar of Jhpiego says because women in Pakistan do not make birth control decisions alone, community health workers need to speak to entire families — including husbands and in-laws — and counsel them all on the benefits of family planning.

As for Fatima Haroon — who found herself quickly pregnant again after giving birth to her son last year — she says that after her second baby is born, in July, she does not want any more children. But when I ask her what she will do if her husband’s family pressures her to have another baby, it becomes clear that her plan is more of a wish. “I don’t think anyone will tell me [to get pregnant again],” she says. Then she adds: “God willing.”
1. What are Fatima’s problems? What is she concerned about?

2. What role does Rukhsana Jamil play in Fatima’s community? What is her advice to Fatima? Does Fatima take it? Why or why not?

3. Why do you think Fatima’s mother-in-law wants her to have more children?

4. Do you think Fatima and her husband will decide to start practicing family planning? Why or why not?

5. How might it benefit Fatima and her family if she waits longer between future pregnancies?

6. How might it benefit Fatima and her family if she does not have more children? And if she does?

7. What are some things that the government or other groups could do to help women like Fatima?

8. Do you think family members should have a say in a woman’s reproductive decisions? Why or why not?

9. What would you do if you were Fatima?