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Original Article

Women empowerment and use of contraception

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ABSTRACT

Background: Use of contraception is influenced by many processes most by the women's empowerment. Women's decision making power and their autonomy within the household is the most important factor affecting contraceptive use. This paper aims to analyze the relationship between these two indicators of women's empowerment and the use of contraception.
Methods: This cross sectional study was conducted by personally interviewing 385 currently married women selected by systematic sampling on a pretested and validated questionnaire. Two indices, women's decision-making power index and women's autonomy index, were constructed and association with contraception use analyzed.
Results & Conclusion: The study gives the evidence that decision making power is low in the respondents with 48.2% (95% CI 43.34, 53.31) of them having low level of power, while 27.6% (95% CI 23.24, 32.16) have medium level and 3.6% (95% CI 2.08, 5.88) having high level of power. 22.4% (95% CI 18.39, 26.70) of women do not have any autonomy as against 43.9% (95% CI 38.99, 48.89) with low level, 25% (95% CI 20.80, 29.44) with medium autonomy and 8.7% (95% CI 6.29, 11.98) scoring above 7 (high level of autonomy). In the study population it was found that 273 (70.7%, 95% CI 66.2, 75.28) of the respondents were using contraceptives. Women's autonomy, years of marriage and number of children were significant variables.

Introduction

Women's rights and issues have become a subject of serious concern of both academicians and policy makers and have received tremendous attention in the planning, discussions and forums at national and global platforms in both developed and developing countries. A recent policy research report by the World Bank identifies gender equality both as a development objective in itself, and as a means to promote growth, reduce poverty and promote better governance.[1] Many international conferences like the Beijing Platform for Action, the Beijing+5 declaration and resolution, the Cairo Program of Action, the Millennium Declaration, and the Convention on the Elimination of All Forms of Discrimination against Women [CEDAW] have emphasized the need for supporting women's empowerment in the policy statements. The social position of women, especially in the developing world, still needs much attention. The National Population Policy 2000, specifically identified the low status of women in India as an important barrier to the achievement of population and maternal and child welfare goals.[2] Since the 1994 International Conference

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on Population and Development, women's empowerment has been recognized as important to their access to reproductive health services, including family planning. Women's decision making power and women's autonomy together represent — women empowerment. Use of contraception is influenced by many processes but the women's decision-making power and their autonomy within the household perhaps is the most important factor affecting contraceptive use.[3,4] This paper aims to analyze the relationship between these two indicators of women's empowerment and the use of contraception.

Material and methods

A cross sectional study was conducted by personally interviewing currently married women attending the gynecology and obstetrics outpatient services in a tertiary care hospital with the primary objective to study how contraceptive method use among currently married women varies by the empowerment indices. Women's empowerment was assessed by computing the decision-making power index and autonomy index. A National level survey (National Family Health Survey-3) showed that 54% women who participate in 3–4 household decisions use contraceptive methods compared to 37% of women who participate in no decisions in the household and use contraceptive method.

Assuming 5% desired precision, 95% confidence interval and 0.05 level of significance, the minimum sample size required for the study was 382 women. Responses of 385 currently married women were studied by personal interview technique on a validated questionnaire used by NFHS-3. Women were selected by systematic sampling procedure and data collected over a period of 4 months. Information on the demographic parameters like woman's age, woman's years of education, husband's years of education, number of children, sex of children, age at first child birth, years of marriage and woman's employment status were assessed. This survey included questions related to wife's autonomy and decision-making power in the family along with the information on the women's use of contraceptives. Wife's decision-making power is considered to be wife's ability to express their opinion and influence on family decision-making processes.[5,6] The indicators for women's autonomy are in reference to women's capacity of taking initiatives and actions without asking for their partner's approval.[7,8] The outcome variable was the contraceptive use by the women and the predictor variables for contraceptive use were the demographic variables with the main emphasis on the two indices of women empowerment namely women's autonomy and women's decision-making power. Contraceptive use was assessed by asking the respondents if they used any contraceptive method along with the method used namely the traditional or modern. The known confounders were adjusted by carrying out logistic regression analysis.

Women's decision making power index and autonomy index

To assess wife's power in decision-making process the survey included six questions – regarding who in the couple make decisions about some of the family issues like: how many children to have; how to rear them; what daily expenses should be incurred; what relatives and friends should be visited; when the couple would have sex and visiting health care facility. Each answer category represents a different level of wife's power and it was assigned a value 0 if it is the husband alone or others who makes such a decision, a value of 1 when the couple together makes the decision and a value of 2 if it is only the wife who makes the decision. Thus the power index was formulated by adding the values for each question. This — Decision-making Power Index ranged from 0 to 12, which was categorized as — No Power who scored 0, — Low who scored between 1 and 4, – Medium who scored between 5 and 8 and — High for those respondents scoring 9–12.[5,8] The autonomy index was formulated by asking the respondent whether or not the wife needs her husband's permission for going outside alone, going outside with children, deciding about daily expenses, visiting relatives and friends, working, studying, using contraceptives and participating in community activities. For each of these variables there are two possible values, 0 if the women ask her husband permission and 1 if she does not. It is assumed that those women who do not require husband's permission are autonomous while those who require it are not autonomous.

The autonomy index was constructed by adding the scores for each variable 8. The index ranged from 0 to 9, which was categorized as — No Autonomy who scored 0, — Low who scored between 1 and 3, — Medium who scored between 4 and 6 and — High for those respondents scoring 7–9.[5,8] The statistical test used was proportion with 95% confidence interval for various indicators. Logistic regression was used to analyze the relationship between various indices and use of contraception.

Results

The mean age of the respondent was 30.4 years (SD 6.9) with more than 78% ($n = 300$) with high school and above education. 70% of the husbands were high school passed and 26% were graduates. Only 43% ($n = 166$) of the wives were working ladies whereas the rest were non-working. Results were formulated with respect to women's decision-making power and women's autonomy indicators and then associated with the contraceptive use. The survey findings indicate that family decision-making process is jointly shared by both the partners. About 68.5% ($n = 264$) of the respondents expressed that both members jointly take the decision. The distribution of the respondents on the power index is shown in Fig. 1. There is a small proportion of respondents 3.6% who have high decision-making power. In other words women are more concentrated in the first tail of power distribution with 48.2% ($n = 186$, 95% CI 43.34, 53.31) of them having low level of power (1–3 in the index), while 27.6% ($n = 106$, 95% CI 23.24, 32.16) have medium level of power (4–6 in the index) and 3.6% ($n = 14$, 95% CI 2.08, 5.88) having high level of power (7–10 in the index). 20.6% ($n = 79$, 95% CI 16.71, 24.77) have no decision making power. Going out alone as compared to going out with children is less autonomous as 75.3% of them require husband's permission for going out alone as against only 19.2%