



Empowerment and Reproductive Women: An Exploratory Research

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Financial Support: None declared

Conflict of Interest: None declared

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How to cite this article:

Tarikere PS, Vidya GS, Krishnaveni YS. Empowerment and Reproductive Women: An Exploratory Research. Natl J Community Med 2018;9(7):501-506

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Date of Submission: 28-12-17

Date of Acceptance: 25-07-18

Date of Publication: 31-07-18

ABSTRACT

Background: Women play an important role in welfare of family. High fertility continues in India adversely affecting poorer women, with no empowerment regarding temporary and permanent methods in family planning and also poor decision taking due to lack of freedom in day to day activities. So assessment of empowerment among women explores hurdles to family planning programme and resolving them.

Methodology: An exploratory study done among rural population by interviewing 150 antenatal women, 40 men and conducting focus grouped discussion(FGD) in postnatal women using purposive sampling and quota samplings respectively. Information on decision making regarding personal, household, and social issues collected and analyzed and summarized.

Results: Majority of the women are home makers, 47.2% belonged to age 21 to 25 years. Though 50% took decision regarding their education and 59.7% on voting by themselves, other issues like choosing life partners, household purchases, children's education and income generation were decisions taken from other family members with male domination. Women's 'decision making' in reproductive and contraceptive issues were limited and confined to egalitarian. Misconceptions regarding sterilization procedures were obvious in FGD.

Conclusion: Women still lack freedom in decision making in their personal, household and reproductive issues, revealing gaps which needs to be addressed in term of women empowerment.

Keywords: Women empowerment, Egalitarian, Decision making

INTRODUCTION

Women and family are interlinked and women play a major role in welfare of family. While the world has achieved progress towards gender equality and women's empowerment under the Millennium Development Goals, women and girls continue to suffer discrimination. Women empowerment has been an evolving agenda since decades. From being considered as slave in ancient times to her big role during freedom struggle during British raj, then post-independence era where equal rights were embraced with help of many legislations and today women occupying major chairs and respectable positions at all fields, women empowerment has come a long way. The term 'empower' means

to give lawful power or authority to act. Women empowerment refers to increasing the political, social, educational and economic strength of individuals and community of women. In India, women constitute around one third of total population. Women empowerment has many dimensions, however it can be put under five general headings which are women's sense of worth where they have power to control their own life, educational attainment, economic participation, social interaction and inter household decision making.¹

Empowerment is human right and in India women are still facing different obstacles in male-dominated cultures and women reproductive rights, there is still a long way to achieve. Indian

women have total fertility rate of 2.2 children per woman on an average with urban women 1.8 and rural women 2.4 children per women.² Acceptance of permanent sterilization among men is poor in India and permanent sterilization is mostly adopted by females even though their health status is poorer than males.³ Population explosion being India's major problem since Independence, is attributed to its high fertility. And reason for high fertility is attributed to many causes like cultural practices, caste, religion psychological factors, preferences for male child, ignorance and poor attitude and poor knowledge regarding family planning devices which is even prevalent in today's scenario. Which means women is still not empowered. Women's role in family planning has been astonishing in Indian set up with highest acceptance rate of tubectomy and very evident least acceptance rate of vasectomy in men. Women's attitude is much more important in the adoption of temporary methods of contraception and also in limiting the family size. But the knowledge regarding temporary family devices is very low among women especially among rural setup. According to study done by Nazmul Hussainin Malda district, West Bengal on an average, awareness is 78.18 per cent and adoption rate 68.73 per cent.⁴ Study done by Arora et al reveals only 65% were aware of temporary contraceptive devices.⁵ Study done by Prateek and Saurab reveals 52.4% of women are

aware about contraceptive practices, of whom only 32.2% of are using contraceptive methods.⁶ There is always a loose agreement between women and their husbands concerning the dimensions of women's autonomy within the home.⁷ So with this back ground, the study was started with objective to assess empowerment among reproductive women.

MATERIALS AND METHOD:

The present study was an explorative research conducted for a period of 6 months from June to November 2017 in rural field practice area of MVJ medical college and research hospital, Bangalore. Among antenatal women data was collected by interview technique through open ended questionnaire. Around 150 antenatal women were enrolled for the study by purposive sampling method. Among postnatal women around 24 women were included using quota sampling and focus group discussion (FGD) were conducted among them. Around 40 husbands were interviewed with open ended questionnaire. Quantitative data were entered in Microsoft excel sheet and analyzed using SPSS v22. Results were expressed in proportions and association was tested using chi square test with p value below 0.05 as statistically significant.

Box 1: Inclusion criteria, Exclusion criteria and sampling

| Study participants | Sampling method | Sample size | Data collection | Inclusion criteria | Exclusion criteria |
|--------------------|-----------------|-------------|------------------------|--|---|
| Antenatal mother | Purposive | 150 | Interview | Universal sampling i.e. women aged 18- 45 yrs | those who did not consent |
| Post-natal mother | Quota | 24 | Focus group discussion | At least one child | Who haven't undergone permanent sterilization |
| Husband | Convenient | 40 | Interview | Aged 21-45 years | Who have not been father to at least one kid |

RESULTS

Among 144 antenatal women, 68 (47.2%) belonged to 21-25 years, 50 (34.7%) belonged to age group of 15-20 years, 68 (47.2%) had completed 10th standard, 34 (23.6%) had completed pre-university, around 132 (91.7%) were homemakers, 66 (45.8%) belonged to three generation family and 52 (36.1%) belonged to joint family, 106 (73.6%) were Hindu by religion. 72 (50%) were prim gravida and rest were multi gravida.

Among 144 participants, around 72(50%) had choice for choosing education and around 54(37.5%) participant's self-education was familial decision. Familial decision is where family members take decision, egalitarian means both husband and wife take decision, Feminine means female members of the family, masculine means male

members of family decides and self means having complete freedom in taking decision. Around 18(12.5%) had the freedom in choosing life partner and 104 (72.2%) said it was familial decision choosing their life partner, around 6 (4.2%) said they had freedom in buying stationary and around 78 (54.2%) said it was masculine decision 45 said its husband and rest said its father in law who decides.

Among 144 study participants around 54(37.5%) said it was husband and wife who decides about clothing and around 52(36.1%) said it was masculine decision among which 41 said it was husband who decides and rest said it was father in law who decides. Around 62(43%) said it was husband and wife (egalitarian) decision and around 58 (40.3%)

Table 1: Distribution of antenatal mothers according to socio demographic profile

| Variables | Frequency (%) |
|------------------------------|---------------|
| Age in years | |
| 15- 20 | 50 (34.7) |
| 21-25 | 68 (47.2) |
| 26-30 | 24 (16.7) |
| 36-40 | 2 (1.4) |
| Education | |
| 5-7 standard | 10 (6.9) |
| 8-10 standard | 68 (47.2) |
| pre university | 34 (23.6) |
| graduates and post graduates | 24 (16.7) |
| illiterates | 8 (5.6) |
| Occupation | |
| home maker | 132 (91.7) |
| semi professional | 8 (5.6) |
| professional | 4 (2.8) |
| Type of family | |
| nuclear | 26 (18.1) |
| joint | 52 (36.1) |
| three generation | 66 (45.8) |
| Religion | |
| Hindu | 106 (73.6) |
| Muslims | 38 (26.4) |
| Gravida | |
| prim gravida | 72 (50) |
| multigravida | 72 (50) |

said it was masculine decision among which 22 said it was husband and rest said it was father in law who decides about buying property. Around 56(38.9 %) said it was husband and wife (egalitarian) decision and around 56(38.9%) said it was masculine decision among which 40 said it was husband and rest said it was father in law who decides leisure trips. Decisions regarding income generation are taken by males (43.1%) in majority of families. Regarding child education around

62(43.1 %) said it was husband and wife (egalitarian) decision and around 46 (38.9%) said it was masculine decision among which 40 said it was husband and rest said it was father in law who decides about child education.

Among 144 study participants, when comes to controlling conception 78(54.2%) said it is husband and wife (egalitarian) decision and 12(8.3%) said it was a self-decision. Around 28(19.4%) said it was male members of family (husband and father in law) and 22 (15.3%) said it was both father in law and mother in law decision (familial).

Among 144 study participants, when it comes to selecting temporary family planning 82(56.9%) said it is husband and wife (egalitarian) decision and 6(4.2%) said it was a self-decision. Around 36(25%) said it was male members of family (husband and father in law) and 16 (11.3%) said it was both father in law and mother in law decision (familial).

Among 144 study participants, when it comes to adopting permanent family planning 82(56.9%) said it is husband and wife (egalitarian) decision and 8(5.6%) said it was a self-decision. Around 32(22.2%) said it was only male members of family (husband and father in law) and 20 (13.9%) said it was both father in law and mother in law decision (familial).

Among 40 husband participants, 3 opted out during the start of interview sighting it is too personal and should not be asked.

Among 37 participants, the mean age of husband was 29 years, 19 (51.4%) had finished high school, 9(24.3%) were illiterates and 9(24.3%) had finished pre-university.

Table 2: Distribution of antenatal mothers according the freedom in decision making

| Variables | Egalitarian (%)* | Feminine (%) | Masculine (%) | Self (%) | Familial (%) |
|-------------------------|------------------|--------------|---------------|-----------|--------------|
| Educational Attainment | 4 (2.8) | 6 (4.2) | 8 (5.6) | 72 (50.0) | 54 (37.5) |
| Choosing Life Partner | 8 (5.6) | -- | 14 (9.7) | 18 (12.5) | 104 (72.2) |
| Buying Stationary | 36 (25) | 10 (6.9) | 78 (54.2) | 6 (4.2) | 14 (9.7) |
| Buying Clothing | 54 (37.5) | 12 (8.3) | 52 (36.1) | 10 (6.9) | 16 (11.1) |
| Buying Property | 62 (43) | 10 (7) | 58 (40.3) | -- | 14 (9.7) |
| Leisure Trips | 56 (38.9) | 10 (6.9) | 56 (38.9) | 12 (8.3) | 10 (6.9) |
| Income Generation | 14 (9.7) | 6 (4.2) | 62 (43.1) | 40 (27.8) | 22 (15.3) |
| Child Education | 62 (43.1) | 4 (2.8) | 46 (31.9) | 14 (9.7) | 18 (12.5) |
| Voting Local Government | 12 (8.3) | 8 (5.6) | 52 (36.1) | 50 (34.7) | 22 (15.3) |
| Voting for Candidate | 8 (5.6) | 6 (4.25) | 26 (18.1) | 86 (59.7) | 18 (12.5) |

*Husband and Wife

Table 3: Reproductive rights among antenatal mothers

| Variables | Egalitarian (%) | Feminine (%) | Masculine (%) | Self (%) | Familial (%) |
|---------------------------|-----------------|--------------|---------------|----------|--------------|
| Controlling conception | 78 (54.2) | 4 (2.8) | 28 (19.4) | 12 (8.3) | 22 (15.3) |
| Temporary Family planning | 82 (56.9) | 4 (2.8) | 36 (25) | 6 (4.2) | 16 (11.1) |
| Permanent Family planning | 82 (56.9) | 2 (1.4) | 32 (22.2) | 8 (5.6) | 20 (13.9) |

Table 4: Distribution of husband participants according to their perception regarding decision taking among their wives

| Variables | Egalitarian (%) | Feminine (%) | Masculine (%) | Self (%) | Familial (%) |
|------------------------------------|-----------------|--------------|---------------|-----------|--------------|
| Educational Attainment | 12 (32.4) | 3 (8.1) | 5 (13.5) | 14 (50.0) | 3 (8.1) |
| Choosing Life Partner | --- | 15 (40.5) | 3 (8.1) | 2 (5.4) | 17 (45.9) |
| Buying Stationary | 8 (21.6) | --- | 18 (48.6) | 9 (24.3) | 2 (5.4) |
| Buying Clothing | 5 (13.5) | 3 (8.1) | 20 (54.1) | 9 (24.3) | --- |
| Buying Property | 5 (13.5) | --- | 21 (56.8) | 6 (16.2) | 5 (13.5) |
| Leisure Trips | 5 (13.5) | --- | 24 (64.9) | 6 (16.2) | 2 (5.4) |
| Income Generation | --- | --- | 6 (16.2) | 25 (67.6) | 3 (8.1) |
| Child Education | 11 (29.7) | 3 (8.1) | 8 (21.6) | 6 (16.2) | 9 (24.3) |
| Voting Local Government | --- | --- | 27 (73) | 10 (27) | 22 (15.3) |
| Voting for Candidate | --- | --- | 6 (16.2) | 31 (83.8) | --- |
| Controlling conception | 13 (35.1) | --- | 6 (16.2) | 6 (16.2) | 9 (24.3) |
| Choosing temporary family planning | 13 (35.1) | --- | 6 (16.2) | 6 (16.2) | --- |
| Adapting permanent family planning | 13 (35.1) | --- | 9 (24.3) | 6 (16.2) | --- |

Around 28(75.7%) were semi-skilled workers and rest were skilled workers. Among rest 37 participants 12(32.4%) said it should be both husband and wife (egalitarian) decision and 14(50%) said its completely women's to decide how much a women needs to be educated. 17(45.9%) said it should be familial decision in choosing life partner. Male dominance were seen in aspects of buying stationary (49%), clothing(54%), property(57%) and planning leisure trips(65%) who said it should be male members(husbands and father in law) should decide about all those. Among participant men 25(67.6%) said women should decide when it comes to income generation. When talking of reproductive rights, 13(35.1%) said it should be husband and wife (egalitarian) decision when it comes to controlling conception, choosing temporary family planning and adapting permanent family planning.

Focus group discussion among postnatal mothers

All 24 participants were married women average age 21 years, 12(50%) were prim gravida, 20(83.3%) had completed high school education, 18(75%) were Hindus and rest were Muslims.

Sub-themes emerged after focus group discussion were 'Temporary contraception among women still not accepted because of extreme cautions taken related to side effects' and 'Prejudice regarding Permanent sterilization among men is undesirable'.

When FGD done regarding educational attainment, it was seen that poverty was big hindrance in spite of free education provided at government schools. Mother said 'wanted to study but family got her married and poverty was a main reason' and other important thing noticed here after FGD was early marriage before 18 years as per government norms are still prevalent at village level with custom of getting girl child married as soon as she attains menarche.

Income generation activities showed lot of hindrance. More than 15 post-natal mothers said they were denied to work outside home. Mother said 'Not allowed to work as female members are not allowed to work and there is no need of female members of family to work'

With respect to reproductive rights, FGD done regarding temporary family planning revealed that 20 out of 24 said husband and wife decides in choosing them. Rest said mother in law also decides. Only 10 out of 24 knew about temporary family planning devices and possible side effects. Reasons for not using temporary FP devices were many like "it seems bleeding caused by IUCD", "pain caused by IUCD made my friend remove it", "Weight gain and irregular MC fears her from using them' Mother 4: 'fear about complications made her not to use, Husband uses condom". Reasons for rest 14 for not knowing about Temporary FP devices were also elicited. "I was married as soon as I attained menarche", "I was studying in 10th standard and I was pushed to marriage due to sudden death of father", "I don't know from where it should be learnt from'. Around 20 out of 24 knew about women permanent sterilization. When they were asked reasons for adopting permanent sterilization," it is women who should undergo permanent sterilization as it is accepted by community", "women undergoes current operation since years so", "permanent operation means women operation". Around 20 out 24 knew nothing about permanent male sterilization. Among 4 participants who knew," I know about vasectomy but where is it done??", "heard of it but men should not undergo such operations", "Husband is not willing".

DISCUSSION

The present study was an explorative research. Around 144 ante-natal women and 37 husbands

were interviewed and focus group discussion was done on 24 postnatal mothers. Among 144 antenatal women, 68(47.2%) belonged to 21-25 years, around 132(91.7%) were homemakers, 66(45.8%) belonged to three generation family, 106(73.6%) were Hindus by religion.

Among 144 participants, around 72(50%) had freedom for educational attainment, around 18(12.5%) had the freedom in choosing life partner, around 6 (4.2%) said they had freedom in buying stationary. Around 54(37.5%), 62(43%) and 56 (38.9 %) said it was husband and wife (egalitarian) decision in buying clothing, owning a property and deciding children education respectively. The Millennium Development Goal for primary schooling completion has been talked. Policymakers, educators and citizens need to focus on the target of schooling and adequately equipping their nation's youth for full participation as adults in economic, political and social roles.⁸Providing women and girls with equal access to education, health care, decent work and representation in political and economic decision-making processes will fuel sustainable economies and benefit societies and humanity at large. Microfinance allows poor people to protect, diversify and increase their sources of income. One of the first things poor people all over the world do with new income from microenterprise is invest in their children's education and women needs to be educated regarding the same.⁹Study done in Bangladesh demonstrates statistical evidence of the importance of a women's involvement in the labor, selling and accounting for the activity funded by her loan leads to empowerment.¹⁰

Among 144 study participants, when comes to controlling conception 78(54.2%) said it is husband and wife (egalitarian) decision and 12(8.3%) said it was a self-decision. Around 28(19.4%) said it was male members of family (husband and father in law) and 22 (15.3%) said it was both father in law and mother in law decision (familial). When it comes to selecting temporary family planning 82(56.9%) said it is husband and wife (egalitarian) decision and 6(4.2%) said it was a self-decision. Around 36(25%) said it was male members of family (husband and father in law) and 16 (11.3%) said it was both father in law and mother in law decision (familial). When it comes to adopting permanent family planning 82(56.9%) said it is husband and wife (egalitarian) decision and 8(5.6%) said it was a self-decision. Around 32(22.2%) said it was only male members of family (husband and father in law) and 20 (13.9%) said it was both father in law and mother in law decision (familial). This shows that it is not always husband and wife who decides on conception and methods to control conception but it is also influenced by other members of family especially mother in laws. Similar find-

ings were also seen in the study done by Jennifer C Aengst et al in New Delhi which shows mothers-in-law have high household influence, describing themselves as the most influential family member and their influence over fertility decision-making among daughter in laws.¹¹

Among postnatal mothers who underwent focus group discussion, All 24 participants were married women participants' average age were 21 years, 12(50%) were primi-gravida, 20(83.3%) had completed high school education, 18(75%) were Hindus and rest were Muslims. FGD revealed only 10 participants knew about temporary family planning devices showing poor knowledge. The knowledge, attitude and practice regarding vasectomy need an urgent revamp. In rural India, there is lack of information and lot of misinformation about temporary contraception which is affecting contraceptive use by women. A detailed and deliberate counselling along with neutral information about all contraceptives is needed to these women as appropriate purpose for all women in reproductive age group which is one step closer to women empowerment of their reproductive rights.

The present study showed male dominance in majority of daily activities which defines the empowerment of women and mainly Family planning where husbands play a vital role. In rural areas of India, husbands being the dominant member play the pivotal role in approving the family size and contraceptive practices. Education is considered to improve the ability of women to resist subjugation and to acquire greater power indecision-making.¹² FGD among women showed poor knowledge regarding permanent sterilization especially place of vasectomy done. Studies done by Prachi et al showed around 50 % knew about vasectomy.¹³The present study also showed the stigma attached with vasectomy.

The present study gives us rich insight into influences in decision making in routine household activities and also reproductive rights among women. The present study showed that it is not always husband and wife who decides but also mother in laws have great influence who were never addressed. There are many gaps which are grossly neglected by policy makers making it the urgent measure to be looked on especially when talking of reproductive rights among women. Limitations are not devoid. Concern regarding reliability and validity when it comes to qualitative research is always guarded.^{14,15} There were lot of difference noted among husband and women from present study but the actual reasons could not be elicited for which FGD among husbands would have added more insight.

CONCLUSION

The present study conducted among rural participants was an exploratory research. The present study showed that women is still deprived of her basic rights and still lacks freedom in decision making in their own life, educational attainment, economic participation, social interaction and inter household decision making revealing many gaps which needs to be addressed especially in terms of women empowerment. Reproductive rights among women are still long way to go if the gaps are not rectified. Now when family planning is considered a 'human right' women should be given more liberty in making their own choice regarding their families. This needs a family approach of health education where all members of the family to be educated to behavior change with respect to reproductive health. As gender equality, health and economic productive life are part of sustained development goals women centered approach is the need of the time.

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