Effects of women empowerment and autonomy on contraception use and method choice in East African community

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INTRODUCTION AND THEORETICAL FOCUS

Numerous studies have documented the role and importance of women for the health and overall wellbeing of their children and family members (Shroff, M.; Griffiths, P.; Adair, L.; Suchindran, C.; Bentley, M.; 2009; Simon, D.; Adams, A. M. Madhavan, S.; 2002; Bertrand, W. E., & Walmus, B. F. 1983; Frost, M. B., Forste, R., & Haas, D. W. 2005; LeVine, R. A., LeVine, S. E., Rowe, M. L., & Schnell-Anzola, B. 2004; Ukwuani, F. A., & Suchindran, C. M. 2003). Autonomy or empowerment of women has been found to have a strong relationship with their health seeking behavior (Woldemicael G, 2010). There is now a growing interest among researchers and policy makers to fully understand the impact and pathways of influence of women's autonomy and empowerment on reproductive health, particularly on the use of family planning and unmet needs for contraception. Women's autonomy is also closely associated with the Millennium Development Goals (MDGs) related to gender equality, maternal health, and the newly added target on universal access to reproductive health. As the deadline for achieving the (MDGs) beckons and the world shifts gear to sustainable development goals (SDGs), governments and development partners are increasingly focusing on finding the best and cost-effective ways to meet these and related targets affecting the wellbeing of women and their families. Over the past couple of decades while some countries in Sub-Saharan Africa (SSA) have seen significant increase in family planning uptake and concomitant decline in fertility rates, a great majority of the countries in the eastern region still struggle to lower fertility rate and increase use of contraceptive use (Cleland, J.; Bernstein, S.; Ezeh, A.; Founders, A.; Glasier, A.; & Innis, J., 2006). The determinants of family planning use have been well established in different contexts, including in SSA. Available research findings support the notion that empowered women are more likely to use contraception and have a significant say in their fertility preference and reproductive health choices in general (Kishor, 2000; Jejeebhoy, 1995; and Mason & Smith, 2000). However, much less is known about the associations between method choice and women's empowerment and autonomy in general and less so in countries of East Africa, which have one of the highest fertility rates in the world. In this study, we propose to examine different aspects of women's empowerment and autonomy and their individual and collective influence on current family planning method choice in three East African Community member countries, namely Kenya, Tanzania and Uganda, which have one of the fastest rates of population growth and a combined population of 139 million inhabitants in 2015.

DATA AND VARIABLES

Since the time attention has been drawn on, researchers have defined women's autonomy and empowerment this attribute as women's ability to make choices and execute the same in a specific situation. In the present research, we measure women's empowerment and autonomy in terms of their role in the household economy and social-cultural activities; health seeking behavior; fertility preference; inter-personal sexual negotiation with their spouse, and attitudes towards domestic violence. Measuring empowerment and autonomy of women in these varied areas will help capture the effect of each of these measures on the choice of family planning method a couple decides to use.

The study uses the most recent Demographic and Health Surveys (DHSs) data for Kenya, Tanzania and Uganda and test the main hypothesis that women with lower levels of autonomy and those less empowered generally tend not to practice family planning methods, and when they do are more likely to use permanent methods or methods that do not require men's awareness and involvement. The DHS data in these countries are collected using nationally representative samples with standardized questionnaires that provide comparable data on the majority of variables of interest.

For the present study, the key variable of interest is use of family planning methods grouped into three categories: non-use, use of female only methods and use of methods that requires the participation of both partners.

On the other hand, each dimension of women's empowerment will be measured specifically as described below:

- The measure on household economy will focus on issues around decision on spending patterns of own and the family's earnings. Specifically, we will use the following questions from the DHS to measure these aspects:
    - *Who usually decides how the money you earn will be used?*
    - *Who usually decides how your husband's/partner's earnings will be used?*
    - *Who usually makes decisions about making household purchases?*
    - *Who usually makes decisions about making purchases for daily household needs?*

- Autonomy on socio-cultural activities will be measured based on questions on the respondents' role in making decisions about visits to relatives and other family members living elsewhere.

- Our third component looks at the ability of the respondent to make health care related decisions.

- The ability to form and exercise fertility related decisions as well as engage in sexual activity negotiations are the two other areas where women's autonomy and

empowerment are expressed. In the present study, we will use the following questions from the DHS to measure these aspects:

- *Do you think your husband/partners wants the same number of children that you want? Do you think your husband/partners want more or fewer number of children than you want?*
- *Can you say no to your husband/partner if you do not want to have sexual intercourse?*
- *Could you ask your husband/partner to use a condom if you wanted him to?*
- *Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband if she knows he has a disease that can be transmitted through sexual contact?*
- *When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?*
- *Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?*
- *Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?*
- *Is a wife justified in refusing to have sex with her husband when she feeling unwell?*
- *Is a wife justified in refusing to have sex with her husband when she has recently given birth?*

- Attitude toward domestic violence is used as a proxy to gender equality, and female autonomy.

  The following questions from the DHS will be used for this component:

  - In your opinion, is a husband justified in hitting or beating his wife in the following situations

  - *If she goes out without telling him?*
  - *Is she neglects the children?*
  - *If she argues with him?*
  - *If she refuses to have sex with him?*
  - *If she burns the food?*
  - *If she has sex with other men?*

METHODS

Principal component analysis will be used to construct composite indices for each of the measures of women's empowerment. An *Ordinal Selection Model*, which is an extension of the familiar *Heckman*'s *Binary Sample Selection Model*, will be employed to model the effects of empowerment on family planning use and method choice in the study countries. Specifically,

this will involve modeling contraceptive use behavior in two stages. The resulting analyses will clarify the linkages between women's empowerment, men's involvement and family planning practice in East African Community, and provide policy makers and development partners with evidence that will improve the supply chain for family planning in the region. Given that previous analyses on method choice are based on models without any explicit consideration of selectivity, the proposed study will also have methodological implications for global family planning research in general. We will also test random effects models to assess the impact of geography on use and method choice in the study countries.

EXPECTED FINDINGS

Preliminary results show strong association between women's empowerment and choice of family planning measure. Varied dimensions of women's empowerment (household economy, socio cultural aspects, fertility preference and engagement in sexual negotiations) seem to impact choice and use of family planning methods differently across the three countries. Results also highlight importance of socio-economic status of women in choosing a specific method of family planning and have a say when it comes to fertility preferences.

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