

A comment on the state of research into women's empowerment and family planning

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A central tenet of modern family planning efforts is that the rights of individuals, women's empowerment and gender equality are forefront. This can be traced back to the 1994 International Conference on Population and Development (ICPD), held in Cairo. Given the central role that women's empowerment and the right to plan one's family hold in international development, it is surprising to find that the relationship between these two things has not been more broadly researched. Two recent systematic reviews, one on women's empowerment and fertility, and one on women's empowerment and family planning, aimed to summarise and analyse what has already been done, as well as what is yet to be done (Prata, et al., 2017; Upadhyay, et al., 2014). There is a paucity of systematic reviews in demography, sometimes leading to misconceptions about the size, strength, and types of evidence available on a certain topic. Given that the searches for these reviews only included literature published up to December 2012, there is a need to update them regularly, but nonetheless they are an important resource and they raise some important issues for researchers looking at this area.

How should we define empowerment and how is it best operationalised?

Both literature reviews use a broad definition of empowerment based on Kabeer's work (1999, 2005). Succinctly, the definition used is "the process of having the agency and resources needed to make life choices." This deceptively simple description belies the great difficulty quantitative researchers have in operationalising the concept. In the reviews, the authors' list multiple domains (18 or 19) that were used

in the studies they found. These domains range from being relatively straightforward to quantify (e.g. years of education or gender of the household head), to more abstract (e.g. gender attitudes/beliefs, aspirations or power in household decision making). The range of methods and variables found is impressive in its scope, but also indicates a lack of consensus within the literature about how to operationalise the latent concept of empowerment, despite its continued importance.

Another issue is that the choice of empowerment indicator is frequently driven more by the availability of data than any theoretical consideration about how this concept might be best measured. The Demographic and Health Surveys (DHS), unsurprisingly, feature in a large amount of the identified articles. DHS data is available from more than 90 countries, and is the most accurate and up-to-date source of demographic information in many of these countries. The consequence of their ubiquitousness is that they have driven the operationalisation (and, to some extent, conceptualisation) of multiple important concepts in demography. Obvious examples of this are the concepts of unmet need for contraception, and the wanted and unwanted total fertility rate. When analysing DHSs frequently used measures of empowerment include household decision making about things such as spending and health care, and the reasons that justify a husband beating his wife. For example:

In your opinion, is a husband justified in hitting or beating his wife in the following situations:
a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?

(The DHS Program, 2015)

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These questions are supposed to measure gender roles and attitudes, but are limited in that they are applied to a very broad range of country contexts, having mainly been developed in Asia, and critics have argued that more methodological research is needed in order to ensure that women's empowerment measures are robust and sensitive (Upadhyay & Karasek, 2012).

What methods and data sources are used; what methods and data sources are needed?

A further issue highlighted by these reviews was the need for both longitudinal research and experimental or quasi-experimental methods. The vast majority of studies rely on cross-sectional data, which means that understanding of processes and evidence of causality is in its infancy. Partly, this reliance on cross-sectional data is simply a result of using the data that is available. The DHS program is a fantastic resource as analysis of these surveys allows for cross-country comparisons across a wide range of settings; the surveys are also often repeated at regular intervals in individual countries allowing researchers to look at changes over time. However, in terms of the hierarchy of evidence, we see few studies in these systematic reviews that would make it near the top of the pyramid. Cohort studies are rare and randomised control trials (RCTs) are even rarer. Of course, it is easy to understand the rationale for not conducting RCTs in this area, when the processes at play are complex social phenomena buffeted by cultural, political, economic, and many other forces. Isolating a "women's empowerment" intervention to increase family planning would be far from easy. There are, however, some examples of how RCTs can be effectively used to look at the health effects of women's empowerment in the form of participatory women's groups (Prost, et al., 2013). A systematic review found that "women's groups practising participatory learning and action are a cost-effective strategy to improve maternal and neonatal survival in low-resource settings." (Prost, et al., 2013, p. 1736). The women's groups within these trials are the closest to testing the effects of women's empowerment on health outcomes that I am aware of, though the precise mechanism through which "women's empowerment" works is unclear; the authors suggest that the positive effect of women's groups may operate through several mechanisms including both proximal (e.g. new knowledge) and distal (e.g. women's empowerment) outcomes. Further work and stringent

process evaluation will, hopefully, serve to illuminate these processes. This kind of trial is clearly feasible. Furthermore, the findings from these trials indicated that more research is necessary to understand the clear association found between women's groups and mortality.

Perhaps, in the future, we can unpick the causal mechanism at work behind these associations and look to whether such mechanisms might exist with respect to fertility and family planning. In fact, a search of trial registries indicates that there are at least some RCTs currently underway. For example, the evaluation of adolescent girls empowerment program (AGEP) in Zambia is testing the effectiveness of different empowerment interventions on a range of outcomes including knowledge about and use of contraceptives, experiencing wanted and unwanted pregnancy, and a host of other outcomes (Hewett, et al., 2017). The outcome of this trial is not yet known as it is ongoing; furthermore, it concentrates on a tightly defined population (adolescent girls aged 10-19 in four provinces of Zambia), meaning that its success or otherwise is just the first step towards being able to quantify the relationship between empowerment and family planning. In the hierarchy of evidence, what is ultimately needed is multiple studies providing high quality evidence in a variety of settings that can then be analysed together through systematic reviews and meta-analyses.

What fertility and family planning outcomes and processes are under researched?

The topics covered by the articles in these systematic reviews are concentrated on a small number of outcomes: number of children and fertility preferences accounted for 80% of the fertility articles, while current and ever use of contraception accounted for 66% of outcomes in family planning articles. Outcomes at the interface of empowerment and family planning such as spousal communication and participation in decision making around family planning were much less common. These outcomes were also frequently included as explanatory rather than outcome variables, highlighting again the variation in conceptualisation of these issues.

One curious omission is that of research on either infertility or unrealized fertility (a failure-to-reach or underachievement-of fertility goals e.g. still wanting more children at the end of the reproductive

lifecourse). These are topics that have been relatively well covered in literature on Western societies, but that have barely been touched in research on non-Western societies. Unrealized fertility in particular, has received very little attention, though it is starting to be recognised as an important phenomenon in low and middle income countries (Casterline & Han, 2017; Channon & Harper, 2017; Harper & Channon, 2016). Recent research has found that unrealized fertility is particularly prevalent in sub-Saharan Africa, with up to 45% of women at the end of their reproductive lifecourse experiencing unrealized fertility (Casterline & Han, 2017). It has also been shown that, unlike in developed countries, education makes little difference to the prevalence of unrealized fertility (Channon & Harper, 2017).

Geographical scope of studies and paucity of research in sub-Saharan Africa

The majority of studies in both reviews were conducted in Asia and particularly South Asia. However, in Asia fertility is relatively low (the total fertility rate is just 2.2) and contraceptive use is high (the contraceptive prevalence rate is 65%), whereas in sub-Saharan Africa fertility remains stubbornly high (the total fertility rate is 5.0), and contraceptive use low (the contraceptive prevalence rate is a mere 30%). Despite this demographic context, in the review on fertility just 10 of 60 studies were conducted in Africa, while in the review on family planning 14 of 46 studies were conducted in Africa. There was also a scarcity of multi-country studies, with 10 found in the fertility review, though the need for multi-country studies depends upon the plausibility of an effective measure of women's empowerment that is applicable across many different country contexts.

Conclusions

Further research in this area is clearly needed. It is often taken as a given that improving the status of women and empowering them will result in improvements to their reproductive and sexual health. However, we are unable to accurately quantify the size of such effects

or understand the processes through which they might be enacted. Women's empowerment is an important and laudable goal in itself, but as researchers it is time to redouble our efforts in solving methodological issues and focussing on rigorous attempts to identify effective and scalable interventions.

References

- Casterline, J., & Han, S. (2017). Unrealized fertility: Fertility desires at the end of the reproductive career. *Demographic Research*, 36, 427-454.
- Channon, M.D., & Harper, S. (2017). How education mitigates the realisation of fertility intentions: Is sub-Saharan Africa different? *IUSSP XXVIII International Population Conference*. Cape Town, South Africa.
- Harper, S., & Channon, M.D. (2016). Population growth, total fertility rate and desired family size: exploring education as a modifier in sub-Saharan Africa *Systems Analysis Applied to Environment and Health*. The Royal Society, London, UK.
- Hewett, P.C., Austrian, K., Soler-Hampejsek, E., Behrman, J.R., Bozzani, F., & Jackson-Hachonda, N.A. (2017). Cluster randomized evaluation of Adolescent Girls Empowerment Programme (AGEP): study protocol. *BMC public health*, 17(1), 386.
- Kabeer, N. (1999). Resources, agency, achievements: Reflections on the measurement of women's empowerment. *Development and change*, 30(3), 435-464.
- Kabeer, N. (2005). Gender equality and women's empowerment: A critical analysis of the third millennium development goal 1. *Gender & Development*, 13(1), 13-24.
- Prata, N., Fraser, A., Huchko, M.J., Gipson, J.D., Withers, M., Lewis, S., et al. (2017). Women's empowerment and family planning: A review of the literature. *Journal of Biosocial Science*, 1-31.
- Prost, A., Colbourn, T., Seward, N., Azad, K., Coomarasamy, A., Copas, A., et al. (2013). Women's groups practising participatory learning and action to improve maternal and newborn health in low-resource settings: a systematic review and meta-analysis. *The Lancet*, 381(9879), 1736-1746.
- The DHS Program. (2015). DHS Model Questionnaire - Phase 7: Model Woman's Questionnaire.
- Upadhyay, U.D., Gipson, J.D., Withers, M., Lewis, S., Ciaraldi, E.J., Fraser, A., et al. (2014). Women's empowerment and fertility: a review of the literature. *Social Science & Medicine*, 115, 111-120.
- Upadhyay, U.D., & Karasek, D. (2012). Women's empowerment and ideal family size: an examination of DHS empowerment measures in Sub-Saharan Africa. *International perspectives on sexual and reproductive health*, 78-89.