Original Research

CONTRACEPTIVE USE AND WOMEN EMPOWERMENT : A CROSS SECTIONAL STUDY AMONG MARRIED FEMALES IN A RURAL AREA OF GURUGRAM, INDIA .

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ABSTRACT

Introduction: Its appropriately said that empowering women is fostering the Nation's empowerment. In the last two decades much focus has been given on women's empowerment and promoting their rights. The cruciality linking the use of contraceptives and women empowerment has been well established with a direct and positive impact on maternal health and child health. Although there has been limited literature in this reference especially in rural area of Gurugram. The aim To assess the prevalence of women empowerment and assess the association between use of contraceptives and unmet needs with women empowerment among the married females constituting the study area. **Methods**: The study was conducted among married females (18 to 45 years)after getting informed consent from each subject. Two stage sampling technique was done through PPS (Probability Proportional to Size), in which a pre-tested, semi structured questionnaire was used with information about age, education, type of family, socio-economic status, age at first child, number of children, use of contraceptive methods, factors associated with unmet needs. A self-validated scale was used to assess the status of women empowerment among the study participants. **Results**: In this study Mean age of study population was 25.96 ± 30.021. In this study, 40.83% were not empowered still in the current study while 24.72% were partially empowered and 34.44% were fully empowered in the current study. **Conclusion**: The use of contraception was more in higher empowered women as compared to partially empowered or not empowered females.

Keywords: Women Empowerment, Family Planning, Contraceptives, Unmet needs.

Introduction:

Women empowerment is the biggest pillar to attain the path of Sustainable Development Goals: One (to end poverty in all of its forms everywhere), Four (to ensure inclusive and high-quality education for everyone and encourage lifelong learning), and Five (to eliminate inequity in all of its forms everywhere) (to achieve gender equality and empower all the females including). Women's empowerment has become a keystone for the development of society because it contributes to the development of efficient, more educated, peaceful, and affluent societies. When women are empowered in society, poverty is reduced, the economy thrives, and both maternal and child health improves.(United Nations,2019)

According to UNFPA State of World Population 2021 Report, the prevalence of the contraceptive usage among Indian women aged 15 – 49 years was found 43% and 39% for 'Any method' and for 'Modern methods' respectively. (UNPF,2021) However there was limited data available in India for 'Decision making on sexual and reproductive health and reproductive rights' in India

The UNFPA Executive Director, Dr. Natalia remarked at the opening of the 54th Session of the Commission on Population and Development that "The data of the countries show that globally, nearly half of women lack the power to make their own decisions about whether to have intimate relations with their partner, to use contraception or to seek health care". (UNPF,2021)

Women's empowerment, published in an article by Lee Rife et al(2010), is the process of increasing women's ability and freedom to make essential life decisions, such as forming opportunities, gaining control over resources, and making decisions that have a significant impact on their life outcomes.(Lee Rife et al., 2019)

It is quite obvious that the females who are empowered, can more efficiently make fertility decisions, use contraceptives and have increased communication with their partners. (Prata et al.,2017) Two essential components required for empowerment are, (i) the essential preconditions such as education, income etc.; and (ii) the actual act of choosing and making decisions. (Cornwall et al.,2016) Women's empowerment is connected with reduced fertility, longer birth intervals, and lower rates of unwanted pregnancy, according to a more recent assessment of women's empowerment and fertility.(Upadhyay et al.,2012)

Limited data in India is available on women empowerment and use of contraceptives. As no such study was done in the rural area of Gurugram to assess the contraceptive use and its association with empowerment of women. Thus, the present study was undertaken to study and assess the status of empowerment of rural women in Gurugram in association with use of contraceptives.

Methods:

The study was a Cross Sectional study which was conducted among married women residing in the rural area under PHC Garhi Harsaru of Gurugram District, Haryana from June 2019 to December 2019. The study included all married women in reproductive age group 18-45 years who were willing to participate in the study and gave consent for the same. Women who were not co-operative and were not willing to give consent for the study; Unmarried/ Widowed/ Separated/ Divorced women were also excluded from the study.

Considering the prevalence of contraceptive use as 54% (according to NFHS-4), with confidence interval at 95% and precision value of 10%, the calculated sample size was 327 which was rounded off to 360.

The sampling process was divided in two stage Random Sampling Technique using PPS (Probability Proportional to size);

a) Simple Random Sampling: To identify the villages to be taken from the total 14 villages under PHC Garhi Harsaru.7 villages were taken for the study using simple random sampling. i.e. about 50% from all the 14 villages under PHC which was expected to give adequate sample size planned.
b) PPS (Probability Proportional to Size): To identify the households to be taken from each village expecting at least one eligible couple from each household, to obtain the minimum sample size of 360. Sampling Interval was found to be 13 considering the Total no. of households 4975.

A random number i.e. 10 was selected which was less than or equal to the sampling interval. This number gave the location of the first household to be included in the study. If any household was found to be locked/unhabituated after two subsequent visits, then the next available household was taken for the study. Households in which more than one eligible couple were found, in such case all couples were recruited for the study.

The status of women empowerment in decision making was assessed by Scoring system which was self-validated during the pilot study. The empowerment assessment questions were developed based on an empowerment scale, which was taken from Maholtra and Schuler. (Malhotra et al.,2002) Measuring women's empowerment was categorized into five dimensions: economic, social and cultural, legal, political and psychological. The assessment was done in relation to their ability to freely decide individually and discuss with their partners about family planning needs and choices, social/political activity, economic decision, health seeking using set of 11 questions.

On the basis of this, females were divided into Fully empowered, partially empowered and Not empowered. A score of 1 was given if the decision was made independently by the lady or with the consent of spouse or together. Zero (0) was scored for those who don't decide independently.

Table 1: Scoring of Status of Women Empowerment

Score	Status Of Empowerment
0 – 3	**Not Empowered**
4 – 8	**Partially Empowered**
>9	**Fully Empowered**

Written informed consent was taken from the study participants assuring the confidentiality.

After taking informed consent, the pre-designed and pre-tested questionnaire-based Performa was used for the data collection by house to house visit in study area.

All the study participants were explained about the importance and purpose of the study. Written informed consent along with detailed information sheet was translated into local language i.e. Hindi. In case of illiterate subjects, the information sheet was explained to them and their consent was witnessed by another literate person. Strict confidentiality was ensured to them.

Statistical Analysis: Data was compiled in Microsoft Excel 2010 spreadsheet and analysed further by using the Statistical Software SPSS version 21.0. Suitable statistical tests were applied. After filtering the data adequately, an in-depth data analysis was undertaken keeping in view the specific objective of the study.

Ethical Considerations: The Institutional Ethical Committee approval of Faculty of Medical Sciences, Sir Guru Tegh Bahadur University was taken before conducting the study.

Results:

The current study was a community based cross-sectional study undertaken in PHC Garhi Harsaru among married females among the age group of 18-45 years. A total of 360 subjects fulfilling the Inclusion Criteria were recruited for the study. The factors determining contraceptive use and unmet needs were assessed and the association of women empowerment with contraception was also analysed.

In the present study, 112 females (31.11%) were in the age group of 18-20 years. 92 (25.56%) were in the age group of 21-25 years while 68 (18.89%) were in the age group of 26-30 years. 43 (11.94%) were in the age group of 31- 35 years and 31 (8.61%) females were in the age group of 36-40 years and only 14 (3.89%) in the study were in the age group of 41- 45 years Mean age of study population was 25.96 ± 30.021.

Figure 1 depicts the prevalence of empowered women on the basis of scoring them on their decision taking capacity regarding contraception, occupation, social issues and financial independence. In this study population, 124 (34.44%) females were fully empowered, 89(24.72%) were partially empowered and 147 (40.83%) were not empowered. Thus, in this era of women empowerment, still a lot of females have to get the rights they deserve.

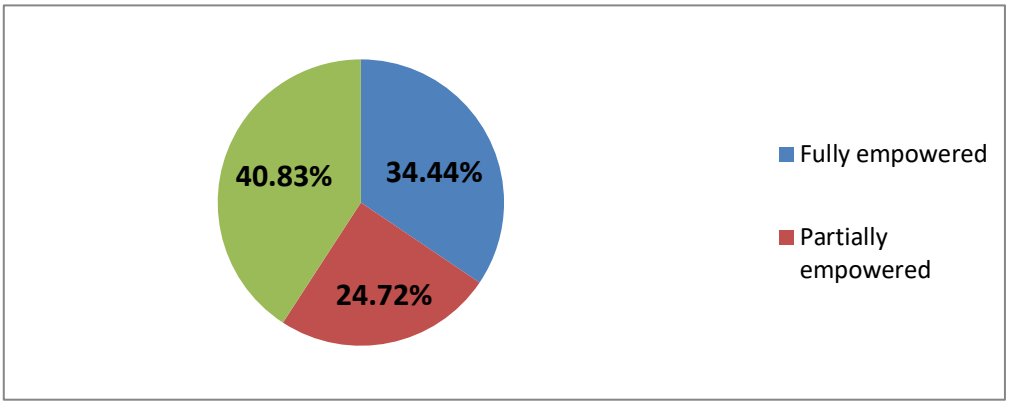

Figure1: Status of Women Empowerment

Table 2 Shows the association between Women Empowerment and use of contraception. It is depicted that among 124 fully empowered females, 91 (73.39%) were users and 33 (26.61%) were non-users. 89 participants were partially empowered, in which 57 (64.04%) were contraceptive users and 32 (35.96%) were non- contraceptive users. The rest 147 were not empowered which includes 84(57.14%) participants who were using some mode of contraception and 63 (42.86%) were non- users. The study indicates that use of contraceptive was more in the empowered females as compared to non-empowered females. The Association of empowerment of women and the use of contraception was statistically significant in this study.

Table 2: Bivariate analysis showing association between women empowerment and contraceptive use

Scores	Contraceptive User(n=232)	Non- user(n=128)	Total(N=360)	Tests of Significance
Fully empowered	91(73.39%)	33(26.61%)	124(100%)	x^2 = 7.75, d.f.=2, P-value < 0.05
Partial empowered	57(64.04%)	32(35.96%)	89 (100%)	
Not empowered	84(57.14%)	63 (42.86%)	147(100%)	

Table 3: Bivariate analysis showing association between Women Empowerment and Unmet Needs

Unmet Needs	Unmet Needs Present(n=58)	Unmet Needs Absent(n=302)	Total(N=360)	Tests of significance
Fully Empowered	12(9.68%)	112(90.32%)	124(100%)	**x^2=8.32, d.f.=2, p-value = 0.015**
Partially Empowered	13(14.60%)	76 (85.39%)	89(100%)	
Not empowered	33(22.45%)	114(77.55%)	147(100%)	

Table 2 is depicting the association between unmet needs of contraception and status of women Empowerment. In this study, among total 124 fully empowered women, only 12(9.68%) had unmet needs while unmet needs was absent in majority of 112(90.32%) females (90.32%). Gradually the prevalence of unmet needs increased in partially empowered (14.60%) and not empowered females (22.45%). Thus, the empowerment of females plays a major role in planning their family size by deciding for use of contraception and preventing the unmet needs. Thus, the association between unmet needs and empowerment status of women have come out to be significant. (P value = <0.001).

Discussion:

Present study on women empowerment and use of contraceptives has shown an association between empowerment and contraceptive uses. The use of contraceptives was found to increase with increased level of empowerment. Similar findings were reported by Prata et al(2017) in their study examining the relationship between contraceptives use and women empowerment. Their study suggested that empowerment was consistently and positively associated with ever use of contraception and intention to use contraception in the future.(Lee Rife et al.,2019)

In another study done in peri urban area of Ghana, among 761 currently married women aged 15-49 years, to understand how women's empowerment influences contraceptive uptake, only 29% of respondents were found empowered in all the three categories. The study also showed that the odds of empowered women using contraceptives was 1.76 times more as compared to those not empowered. (Ansong et al.,2019) In our study 34.4% were fully empowered and association between empowerment and use of contraceptives was found statistically significant. The scales used for measuring empowerment was different in the two studies but effect of empowerment on use of contraceptives was found similar.

Dasgupta et al, in their study to find the current contraceptive use and its relationship with women empowerment among adult married women of reproductive age showed that Women empowerment and education of women were significantly associated with contraceptive use. (Dasgupta et al.,2016) The findings were quite similar to the current study in which fully empowered women were using contraceptives more often than the non-empowered females.

In a study done by S Patriker among married females attending OPD in a tertiary care Hospital of Pune, women empowerment and contraceptive use was analysed. (Patriker et al.,2014) In the study, women empowerment was based on considering two indices viz women's decision-making power index and women's autonomy index. The study found an association between women empowerment in terms of women autonomy and use of contraception. The study included mainly urban population. Even then, the findings were similar to our findings in rural population.

A study done in Indonesia by Utami, using data from 2017 Indonesia Demographic and Health Survey (IDHS) to assess unmet needs and women empowerment, indicated that the components of women's

empowerment have a statistically significant effect on unmet needs namely women's work participation, knowledge level, and household participation decision-making, and asset ownership.(Utami et al.,2021) Our study also showed that the unmet needs of women decreased with increasing empowerment level.

Limitation of this study that it was carried out among rural population of North India. India is a vast country with diverse culture and population. Findings of the study, therefore, may suffer from loss of external validity. A multicentric study covering a much larger population may be useful in substantiating the findings of the study.

Conclusion:

In India, we have come a long way in imparting equal rights to the women and making them empowered but still there are miles to go. Empowering women makes them efficient in handling their fertility issues and improving maternal health. The current study significantly indicates that empowering women will permit them to have a say in their contraceptive choices and will reduce their unmet needs. Reduction of unmet needs and better family planning will not only improve the Contraceptive prevalence but control the increasing population and thus improves overall development and well-being of the Nation.

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Conflicts of Interest

The author declares no conflicts of interest.

References:

- Ansong JK, Otupiri E, Apenkwa J and Kuma Aboagye P. (2019). Women's empowerment and contraceptive use: a community-based survey in peri-urban Kumasi, Ghana. *Gate OpenRes* 2(3),1512. https://doi.org/10.12688/gatesopenres.13025.1
- Cornwall, A. (2016). Women's Empowerment: What Works? *Journal of International Development*, *28*(3), 342–359. https://doi.org/10.1002/jid.3210
- Dasgupta A, Bandyopadhyay K, Bandyopadhyay L, Paul B, Banerjee S(2016). Does Women Empowerment Predict Contraceptive Use? A Study in a Rural Area of Hooghly District, West Bengal. Indian J Comm Health, 28(3), 228-235.
- Diah A Utami and Omas B Samosir (2021). Women's empowerment and unmet needs for family planning in Indonesia. IOP Conf. Ser.: Earth Environ. Sci. 716 012057. https://doi.org/10.1088/1755-1315/716/1/01205.
- Lee-Rife, S. M. (2010). Women's empowerment and reproductive experiences over the lifecourse. *Social Science & Medicine*, *71*(3), 634–642. https://doi.org/10.1016/j.socscimed.2010.04.019 .
- Malhotra, A., Schuler, S.R. and Boender, C. (2002) Measuring Women's Empowerment as a Variable in International Development. The World Bank, Washington
- Patrikar, S., Basannar, D., & Seema Sharma, M. (2014). Women empowerment and use of contraception. Medical Journal Armed Forces India, 70(3), 253–256. https://doi.org/10.1016/j.mjafi.2013.12.014.

- Prata, N., Fraser, A., Huchko, M. J., Gipson, J. D., Withers, M., Lewis, S., Ciaraldi, E. J., & Upadhyay, U. D. (2017). WOMEN'S EMPOWERMENT AND FAMILY PLANNING: A REVIEW OF THE LITERATURE. *Journal of Biosocial Science*, *49*(6), 713–743. https://doi.org/10.1017/s0021932016000663.
- United Nations. The Sustainable Development Goals Report. New York; 2019
- United Nations Population Fund , 54th Session of the Commission on Population and Development. (2021, April 19).. Retrieved June 25, 2022. https://www.unfpa.org/press/54th-session-commission-population-and-.

- 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, 38(02), 078–089. https://doi.org/10.1363/3807812