

## Improving measurement of empowerment, agency and autonomy

### *Justification/Rationale:*

Women's empowerment is considered a critical factor affecting family planning behaviors and outcomes for women (Prata et al., 2017). It is defined as 'the expansion of people's ability to make strategic life choices in a context where this ability was previously denied to them' (Kabeer, 2001). Decision-making is a key indicator for measuring empowerment. It refers to the ability to meaningfully engage in the process through which decisions are made. This is helpful for measuring empowerment because the individual's autonomy in making the choice to include others in the decision-making process is critical to their empowerment (ICRW, 2018). Agency is referred to as a dimension of empowerment because it encompasses the reflection and action for power (Kabeer, 2001). It is the ability to exercise life choices and includes three main factors: choice, voice and power. Together these factors show the capacity and ability for action (Upadhyay et al., 2014; Eerdewijk et al., 2017). Moreover, full reproductive autonomy is a woman's ability to achieve her reproductive intentions (Upadhyay et al., 2014). The Reproductive Autonomy Scale uses the sub domains of decision-making, freedom from coercion, and communication to measure autonomy (ICRW, 2018). Measuring decision-making is instrumental for determining a women's empowerment and agency. Those two factors are necessary components to achieve reproductive autonomy.

To ensure rights-based principles and person-centered family planning were the cornerstone of the FP2020 partnerships efforts, FP2020 developed the "[Rights and Empowerment Principles](#)" and the "[Rights and Empowerment Checklist](#)" which includes empowerment as a dimension of family planning. Furthermore, since the 2012 progress report, FP2020 measured family planning decision-making as part of its 18 Core Indicators to assess the percentage of women currently using family planning whose decision to use was made mostly alone or jointly with their husband/partner. Additionally, equity is a core component of the sustainable development goals (SDGs) and advancing women's empowerment is formalized in [SDG 5 on gender equality](#). Research shows there is a correlation between women's empowerment and lower fertility, unintended pregnancies, and longer birth intervals (Upadhyay et al., 2014). As such, it is an important area of measurement to continue to improve and refine.

### *What is the measurement challenge/issue?*

The Demographic and Health Surveys (DHS) and Performance Monitoring for Action (PMA) surveys measure family planning decision-making through questions that ask about women's decision to use contraception, which women answer: 1) it was mainly her decision, 2) it was mainly her husband or partner's decision, or 3) it was jointly her and her partner's decision. In the most recent FP2020 progress report, in all the countries with available survey data, over 70% of women report that they decided to use family planning alone or jointly with their husbands or partners (many countries are over 90%). FP2020 disaggregates this data by wealth quintile, but there is little variation between the poorest population group and the richest population group. Additionally, the results shown for married or in-union women do not capture decision-making for all or unmarried women.

While this data supports the goal of monitoring global indicators on women's empowerment and family planning use, the current survey questions have limitations which makes it harder to predict contraceptive use across all contexts. The questions are not specific to women's own interests and do not address the issue of how women's participation in decision-making influences the outcome (Kishor

et al., 2008). In the study on empowerment of women in Egypt, Kishor argues that capturing empowerment requires the addition of indicators that measures the evidence of empowerment (Kishor, 2000). Additionally, there is room for further research on the interpretation of decision making. Peterman et al. suggest measures of agency such as “the ability to define goals, perceive control and act on goals” to be more aligned with empowerment compared to measures of decision making. To assess contraceptive autonomy, additional questions related to informed, full, and free choice should be added to existing population-based surveys (Senderowicz, 2020).

Throughout studies, there are various scales used to help measure empowerment. The Reproductive Autonomy Scale measures reproductive autonomy using the sub domains of decision-making, freedom from coercion, and communication (Upadhyay et al., 2014). Measure Evaluation developed a multidimensional scale to standardize a measurement of reproductive empowerment among women in sub-Saharan Africa. The sub domains of this scale include those of the Reproductive Autonomy Scale, but it is more comprehensive in that it also includes domains on social support and norms. The scale was validated in Kenya, Zambia, and Nigeria. In all three case studies, the scale has potential to be a predictive measure of reproductive empowerment (Mandal et al., 2020). Although effective, the studies found it difficult to create a measure that can be used across sub-Saharan African countries due to the various ethnic, religious, and sociocultural groups. Household decision-making, economic, socio-cultural, familial, legal, political, and psychological dimensions of empowerment can also be used to explore the relationship between women’s empowerment and contraceptive use (Tadesse et al., 2013). The study by Measure Evaluation on Women’s Empowerment and Choice of Family Planning Methods demonstrates women’s empowerment in these dimensions has direct associations with contraceptive use (Do and Kurimoto, 2010). Although these scales and measures are helpful, they are not always standardized and consistently included in all surveys on women’s empowerment.

Empowerment of women and individuals can be fluid and change depending on life circumstances or situations. Researchers should consider including additional measures that are objective and can be relevant to women in local contexts to complement decision-making indicators (Peterman et al., 2020). For example, PMA conducted a study to examine women’s economic empowerment and its effect during the COVID-19 pandemic. The study uses longitudinal panel data collected from November 2019, before restrictions to June 2020, during restrictions. The findings show women who are reliant on their husbands for economic purposes became more reliant during the COVID-19 pandemic, which is associated with reduced decision-making (Anglewicz et al.) There is agreement that empowerment has a multitude of dimensions but there is not a clear consensus on the best way to operationalize indicators to various contexts (Peterman et al., 2020). For instance, measures of empowerment often leave out youth populations because they focus on dyadic relationships applicable only to married adults and include markers that are not relevant to the youth populations (MacQuarrie, 2021). Development of consistent measures for empowerment should involve validating a set of measures in diverse settings. A recent study looked at newly developed and validated measure of youth empowerment to facilitate the inclusion of young women’s empowerment. The study found that youth empowerment is negatively associated with ideal number of children and positively associated with young women’s intention to use contraception (MacQuarrie, 2021). Diversifying measures of empowerment will help the family planning community ensure consistent global measurement of empowerment and increase the ability to compare studies of contraceptive autonomy (Senderowicz, 2020).

*What actions can be taken to advance measurement in this area?*

As the FP2030 data partners look towards the next phase of monitoring decision making, they should consider:

1. How can we better measure empowerment? Is this one indicator sufficient to capture all aspects of empowerment that influence family planning decision making? Would it be helpful to have new indicators or to expand the questions to capture more aspects of empowerment?
2. Should there be a standard list of questions, measures, and/or scales validated to determine women's empowerment that can be comparable across all surveys?
3. Should measurement focused on family planning use and agency or reproductive autonomy also be considered alongside the decision-making indicator? Could the decision-making indicator be used for other purposes such as measurement of one's own health and that of family members?
4. Would the results be more advantageous if surveys included questions on empowerment for all women instead of just married women? Will having empowerment data on all women help gauge the number of women that feel empowered to use a method for herself and women that chose to use a method with a partner?

## Resources

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