Examining the interlinkages of women's economic empowerment and reproductive health in Tanzania

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ABSTRACT
Women's economic empowerment is critical for achieving the 2030 Agenda for Sustainable Development. The International Conference on Population and Development Programme of Action in 1994 clearly stipulated the importance of women's economic empowerment and their improved health. Increasingly, women's economic empowerment is used as an approach to poverty reduction, improve health and child wellbeing. The present paper examines the interlinkages between women's economic empowerment and reproductive health in Tanzania. The paper uses the Tanzanian Demographic and Health Survey Data (TDHS) 2015-16. Analysis is mostly descriptive, where socioeconomic and demographic variables were analysed. These include age of the respondent; parity; residence; education; wealth and employment status. Multivariate analysis was also done using five dimensions of women's economic empowerment; employment status, ownership of land, decision on large household purchases and attitudes towards domestic violence and attitudes towards sexual intercourse on reproductive health outcomes. Reproductive outcomes used in the paper are: the use of modern method of contraceptive and institutional delivery. Multivariate analysis results are found to be inline with those of descriptive analysis suggesting interlinkages between women's economic empowerment and reproductive health outcomes. Result shows that all the covariates for women's economic empowerment are significantly associated with the use of modern contraceptive methods and institutional delivery.

1. Introduction

Women's economic empowerment has increasingly been used as an approach to reduce poverty, improve health, child wellbeing, and food security. Women's economic empowerment is critical for achieving the 2030 Agenda for Sustainable Development. Scholars have attempted to define women's economic empowerment and provide indicators for their measurements. However, due to its broad and varying interpretations, women's economic empowerment is not uniformly defined. While the existence of various definitions is acknowledged, the majority of them centre on the ability to participate equally in existing markets, their access to and control over productive resources, access to decent work, control over their own time, lives and bodies and increased voice and meaningful participation in economic decision making. A rather comprehensive definition of women empowerment is offered by Keller and Mbewe (1991) who focused on the ability for women to organize themselves and increase their own self-reliance, exercise independent right to make choices and to control resources in order to challenge and eliminate their own insubordination. This definition is close to that provided by Sen (1994) which focuses on changing power relations to strike a power balance. Kabeer (2012) also argues that unequal power relations block women's capacity to participate in and help to influence development process. Golla *et al.,* (2011) argues that economically empowering women is essential both to realise women's rights and to achieve broader development goals such as economic growth, poverty reduction, health, education and welfare. Tornqvist and Schmitz (2009) states that women's economic empowerment can be realized through ensuring equal access to and control over critical economic resources as well as opportunities, and the elimination of structural and

systemic gender inequalities in the labour market including a better sharing of unpaid care work. Generally, scholars refer to women's economic empowerment as the expansion of women's capacity to make their own choices and transform those choices into desired action and outcomes. Women's economic empowerment is contextually specific as some variables apply in one context but not the other. A case in point is the aspect of women's mobility which counts as one of the indicators in South Asia but not in Africa.

The International Conference on Population and Development Programme of Action in 1994 clearly stipulated the importance of women's economic empowerment and their improved health. Furthermore, at the 20th anniversary in 2014, the UN General Assembly Special Session called on countries to fulfil the commitment they made at the ICPD recognizing the interrelations between population, sustainable economic growth and sustainable development, advance in education, economic status and empowerment of women. Examining the broad definitions of women's economic empowerment two important features is noticed: the empowerment as a process and not an end to itself and the autonomy to make choices. Based on this understanding, the present paper considers women's economic empowerment as the ability to earn an income, access and control of resources and able to make their own choices in reproductive health.

Scholars have attempted to explore the relationship between women's economic empowerment and their reproductive health in developing countries. However, results are inconsistence and remain inconclusive. For instance, relationships have been established between socio-economic variables such as education and economic and their impact on reproductive health services uptake (Bhatia and Cleland, 1995). A significant relationship between women's decision making power and their use of reproductive has also been established (Wypij*et al.,* 2001). A study in Pakistan has shown a weak relationship between women's autonomy and reproductive health services uptake (Sathar and Kazi, 1997; MumtazabdSalway, 2005). A study by Ahmed *et al.,* (2010) involving 31 countries in sub-Saharan Africa revealed that higher level of women's empowerment was associated with modern contraceptive use, attending four or more antenatal visits and having a skilled attendant at birth. These few cases, point that to date, limited evidence is available especially on specific research into the intelinkages between women's economic empowerment and their reproductive health outcomes.

The inconsistence and inconclusiveness of results between women's economic empowerment and reproductive health call for more studies for both policy and programmatic purposes. The present study aims at examining the interlinkages between women's economic empowerment and reproductive health outcomes in Tanzania.

1. Women's empowerment and Reproductive Health

Women reproductive health has been an active area of research for many reasons including the fact that women have elaborated reproductive system that is vulnerable to dysfunction or diseases (Fathalla, 1997). There exists a remarkable difference between women reproductive health pattern from that one of men owing to genetic constitution, hormonal environment and even gender related factors. In women, reproductive health is vital to their health (Corron, 2014). The International Conference on Population and Development Program of Action defines reproductive health as a state of complete physical, mental and social well-being and not simply the absence of disease or infirmity in all matters related to the productive system and its functions and processes.

Scholars have attempted to explore the relationship between women's economic empowerment and their reproductive health in developing countries. However, results are inconsistence and remain inconclusive. For instance, relationships have been established between socio-economic variables such as education and economic and their impact on reproductive health services uptake (Bhatia and Cleland, 1995). A significant relationship between women's decision making power and their use of reproductive has also been established (Wypij*et al.,* 2001). A study in Pakistan has shown a weak relationship between women's autonomy and reproductive health services uptake (Sathar and Kazi, 1997; MumtazabdSalway, 2005). A study by Ahmed *et al.,* (2010) involving 31 countries in sub-Saharan Africa revealed that higher level of women's empowerment was associated with modern contraceptive use, attending four or more antenatal visits and having a skilled attendant at birth. These few cases, point that to date, limited evidence is available especially on specific research into the intelinkages between women's economic empowerment and their reproductive health outcomes.

The inconsistence and inconclusiveness of results between women's economic empowerment and reproductive health call for more studies for both policy and programmatic purposes. The present study aims at examining the interlinkages between women's economic empowerment and reproductive health outcomes in Tanzania.

2. Methodology

The paper uses cross-sectional data from the 2015-16 Tanzania Demographic and Health Survey Data (TDHS) to examine the interlinkages between women's economic empowerment and reproductive health outcomes. TDHS-MIS is nationally representative household survey. Data collected in DHS allow for a great range of monitoring and impact evaluation analysis in such areas as health, nutrition and population. Only currently married women of age 15-49 was used in the present study.

Analysis is mostly descriptive, where socioeconomic and demographic variables were analysed. These include age of the respondent; parity; residence; education; wealth and employment status. Multivariate analysis was also done using five dimensions of women's economic empowerment; employment status, ownership of land, decision on large household purchases and attitudes towards domestic violence and attitudes towards sexual intercourse. The same women's economic empowerment dimensions, domestic violence and attitudes towards sexual intercourse and access to institutional delivery care.

3. Results

Results on socioeconomic and demographic variables show that the majority of the sampled women (currently married and living with a partner and aged 15-49 years) are young aged less than 35 years. They constitute of 62.6 percent against 37.4 percent for the 35-49 years. Results also demonstrate one of the important characteristics of developing counties, Tanzania being one of them, that they remain largely rural. Analysis of place of residence show that more than 50% of the sampled women live in rural areas. This observation is highly important in the context of the study given that there are few opportunities for economic empowerment to women in rural areas.

Results on age at first birth show that more than 95 percent of the women had their first birth at 15-34 years. The number of children that a woman bears depends on many factors including the onset of childbearing. The age at which childbearing commences is an important determinant of fertility as well as the health and welfare of the mother and the child. Childbearing at a very young age is associated with an increased risk of complications during pregnancy and childbirth. Analysis of age at first birth demonstrates an early onset of childbearing. Adolescent fertility attributes to high fertility in Tanzania (Dungumaro, 2016). Results show that 3.1 percent women had their first birth at less than 15 years while only 0.1 percent had their first birth at age 35-49 years. Median age at first birth is 19.8 years (TDHS-MIS 2015-16). The majority of women falling in the 15-34 yearage group is inline with the observation on median age at first birth.

Results on parity indicate high fertility that persists in the country. Considering that women aged 15-49 years old are the sample population in the present paper, the 36.4 percent of them having one to two children and more than 25 percent with 5+ children suggests high fertility. High fertility in Tanzania, is attributed to among other factors, early and almost universal marriages and early child bearing. Marriage is a primary indication of the regular exposure of women to the risk of pregnancy. Women tend to marry early in Tanzania. TDHS-MIS 2015-16 reports that the median age at first marriage is 19.2 years. The timing of marriage has profound consequences for women's lives

Table 1: Percentage distribution of socioeconomic and demographic characteristics of currently married women aged 15-49 years

Characteristic	Variable	Percent (weighted)
Age of respondent (n = 8,189)	15-34 years	62.6
	35-49 years	37.4
Age at first cohabitation (n = 8,189)	<15 years	7.9
	15-34 years	91.7
	35-49	0.4
Age at first birth (n = 7,618)	<15 years	3.1
	15-34 years	96.8
	35-49 years	0.1
Parity (n = 8,189)	0	8.1
	1-2 children	36.4
	3-4 children	29.1
	5+ children	26.4
Residence (n = 8,189)	Urban	30.9
	Rural	69.1
Level of education (n = 8,189)	No education	19.0
	Primary education	66.0
	Secondary education+	15.0
Wealth status (n = 8,189)	Poor (poorest + poorer)	38.9
	Middle (middle)	18.8
	Rich (richer + richest)	42.4
Employment status (n = 8,189)	Employed (all year + seasonal + occasional)	83.6
	Not employed	16.4

Table 2: Percent distribution of currently married women age 15-49 who receive cash earnings for employment by persons who decides on how wife's cash earnings are used (n = 3,888)

Background characteristics	Person who decides how the wife's cash earnings are used		
	Mainly wife (n = 1,559)	Wife and husband jointly (n = 1,993)	Mainly husband (n = 336)
Overall	**40.1**	**51.3**	**8.6**
Age* **			
15-19	23.0	60.6	16.4
20-24	36.1	52.8	11.2
25-29	36.9	55.2	7.9
30-34	38.9	50.8	10.3
35-39	44.8	49.2	6.0
40-44	42.9	49.5	7.6
45-49	49.5	44.3	6.2
Number of living children **			
0	42.2	46.6	11.2
1-2	38.7	52.6	8.7
3-4	39.1	53.7	7.2
5+	42.4	48.2	9.4
Residence* **			
Urban	45.3	50.8	3.9
Rural	37.2	51.5	11.3
Education* **			
No education	36.0	48.2	15.9
Primary	34.8	55.9	9.4
Secondary+	55.1	42.2	2.7
Wealth quintile* **			
Lowest	23.1	55.0	22.0
Second	28.5	54.8	16.7
Middle	34.7	56.6	8.7
Fourth	45.4	49.8	4.8
Highest	50.2	46.5	3.3

****p<0.001, **p<0.05, p-values are based on Pearson's Chi-square test*

More than half of the women have decisions on large household purchase done by their husband or partner alone (52.4 percent). Less than forty percent (36.1 percent) women have experienced some form of violence. About 90 percent women have consented at first sex.

Table 3: Ownership of assets

Background characteristics	Ownership of Assets (n = 3,888)		
	Alone	Jointly	Husband/partner alone
Age* **			
15-19	23.0	60.6	16.4
20-24	36.1	52.8	11.2
25-29	36.9	55.2	7.9
30-34	38.9	50.8	10.3
35-39	44.8	49.2	6.0
40-44	42.9	49.5	7.6
45-49	49.5	44.3	6.2
Residence* **			
Urban	45.3	50.8	3.9
Rural	37.2	51.5	11.3
Education* **			
No education	36.0	48.2	15.9
Primary	34.8	55.9	9.4
Secondary+	55.1	42.2	2.7
Wealth quintile* **			
Lowest	23.1	55.0	22.0
Second	28.5	54.8	16.7
Middle	34.7	56.6	8.7
Fourth	45.4	49.8	4.8
Highest	50.2	46.5	3.3
***p<0.001, **p<0.05; p-values are based on Chi square test			

Results of multivariate analysis. Most of the results are in line with those of descriptive analysis suggesting interlinkages between women's economic empowerment and reproductive health outcomes. Result shows that all the covariates for women's economic empowerment are significantly associated with the use of modern contraceptive methods, after adjusting for age, education, type of residence, wealth quintile, and parity.

Conclusion and recommendations

The study has established interlinkages between women's economic empowerment and reproductive health outcomes. As indicated in Table 7, all covariates for women economic empowerment are significantly associated with modern contraceptive methods and more likely to deliver their most recent child at a health facility. Similar findings were made by Heckert and Fabic (2013) that improved sexual and reproductive health is one of the many benefits of women economic empowerment. As has been established in the present study the use of modern contraceptive methods is associated with being employed and have cash earnings and owning land alone. Similar observations were made by Kim and Watts (2005)

that empowered women are likely to access health services and use modern contraceptives (Blanc and Wolff (2001).

In conclusion, results in the present study, using TDHS data established that there exists interlinkages between women's economic empowerment and reproductive health in Tanzania.

References

Alsop R, Heinsohn N. Measuring empowerment in practice: Structuring analysis and framing indicators. The World Bank; 2005:123. http://dx.doi.org/10.1596/1813-9450- 3510. doi:10.1596/1813-9450-3510.

Borenstein D. Challenging patriarchy: The changing definition of women's empowerment. NewSecurityBeat: the blog of the Environment Change and Security Program Web site. http://www.newsecuritybeat.org/2013/12/challenging-patriarchy-changing-definition-womens-empowerment/. Updated 2013. Accessed February 20, 2014.

Fathalla MF. 1997. From obstetrics and gynecology to women's health- The road ahead. Parthenon publishing group, Lancs, UK and New York.

Folbre N. Measuring care: Gender, empowerment, and the care economy. Journal of Human Development. 2006;7(2):183-199.

Gibbs A, Willan S, Misselhorn A, Mangoma J. 2012. Combined structural interventions for gender equality and livelihood security: A critical review of the evidence from southern and eastern africa and the implications for young people. Journal of the International AIDS Society. 2012;15(3Suppl 1).

Heckert J, Fabic MS. Improving data concerning women's empowerment in sub-Saharan Africa. Stud FamPlann. 2013;44(3):319–44.

Kabeer N. 2001. Discussing women's empowerment: theory and practice. In: Reflections on the measurement of women's empowerment, Volume Aida studies No. 3. Stockholm: L NovumGrafiska AB; 2001.

Keller B, Mbewe DC. 1991. Policy and planning for the empowerment of Zambia women farmers. Rev Can Etud Dev. 1991;12(1):75–88.

Malhotra A, Schuler SR, Boender C. 2002. World bank workshops on poverty and gender: new perspective. In: Measuring women's empowerment as a variable in international development. Washington, DC: World Bank; 2002.

Meghan Corroon, Ilene S. Speizer, Jean-Christophe Fotso, AkinsewaAkiode, AbdulmuminSaad, Lisa Calhoun, LailiIrani. 2014. The Role of Gender Employment on Reproductive Health Outcomes in Urban Nigeria.
Maternal and Child Health Journal.2014 Jan; 18(1): 307–315. doi: 10.1007/s10995-013-1266-1

Pratley P.2016. Associations between quantitative measures of women's empowerment and access to care and health status for mothers and their children: a systematic review of evidence from the developing world. SocSci Med. 2016;169:119–31.

Pulerwitz J, Gortmaker SL, DeJong W.2000. Measuring sexual relationship power in HIV/STD research. Sex Roles. 2000;42(7-8):637–60.

Sen G. 1994. Women's empowerment and human rights: the challenge to policy. In: Graham-Smith F, editor. A report of the population summit of the World's scientific academies. London: Royal Society London; 1994.
Upadhyay UD, Gipson JD, Withers M, Lewis S, Ciaraldi EJ, Fraser A, Huchko MJ, Prata N. Women's empowerment and fertility: a review of the literature. SocSci Med. 2014;115:111–20.

United Nations Industrial Development Organization. Women's economic empowerment, accountability and national ownership. Summary report of the join biennial workshop of the UN inter-agency network on women and gender equality and the OECD-DAC network on gender equality. 2010.