Women’s Empowerment and Achievement of Desired Fertility in Sub-Saharan Africa

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Background

Women’s empowerment has been shown to be associated with contraceptive use, lower fertility, and longer birth intervals, but no studies have examined its association with fertility desires. Unique issues include: More working women and control over earnings, polygamy, nuclear families, larger ideal family size, and women’s status tied to fertility.

Research questions

■ Does a woman’s level of empowerment affect the number of children she wants?
■ Does a husband’s ideal number of children affect the number of children his wife wants?
■ How does a woman’s level of empowerment affect her ability to achieve desired fertility?

Methods

The data are from four nationally representative Demographic and Health Surveys: Guinea 2005, Mali 2006, Namibia 2006/2007, and Zambia 2007. The analysis includes 1,995 matched couples in Guinea, 2,668 matched couples in Mali 849 matched couples in Namibia and 3,204 matched couples in Zambia (weighted sample sizes).

Measurement of women’s empowerment

1. Participation in household decision-making: respondent’s own health care; making major household purchases; making household purchases for daily needs; or visits to family or relatives.
2. Attitudes towards spousal abuse: If the wife goes out without telling him, neglects the children, argues with him, refuses to have sex with him, or burns the food.
3. Attitudes towards refusing sex with husband: If he has an STI, he has sex with other women, or when she is tired or not in the mood.

Outcome measures

1. Women’s ideal number of children: Continuous measure with non-numeric responses recoded to the mean

Results

Empowerment indicators

Substantial variability was found between countries in the women’s empowerment indicators. Namibia had the most empowered women across all indicators, and Mali and Guinea had the fewest women classified as empowered.

Figure 1. Women’s empowerment indices

Wives’ ideal number of children

Among the empowerment indicators, attitudes toward gender roles were more consistently associated with wives having a smaller ideal number of children than was participation in decision-making. In general, most of the coefficients of the empowerment indicators were inversely associated with ideal number of children, even though they were not all significant.

Other gender-related factors were significant in the adjusted model. Age at first marriage was negatively associated with ideal number of children in Guinea and Namibia, and husband’s ideal number of children was positively associated with women’s ideal number of children in all countries.

Figure 2. Linear regression model: Correlates of greater ideal number of children among women

Higher fertility than ideal

Results of logistic regression among the subsample of women ages 35 and older showed that each empowerment indicator was generally associated with having more children than desired (although odds ratios were not significant in all countries).

Figure 3. Adjusted odds of having more children than ideal, women ages 35+

Conclusions

Ideal number of children

■ Household decision-making is not associated with women’s ideal number of children.
■ Attitudes were more important than decision-making in predicting the ideal number of children.
■ Having a husband with a larger ideal number of children was associated with women having a larger ideal number of children.

Higher fertility than ideal

■ Lower empowerment is not as consistently predictive of women having more children than ideal.
■ Empowerment may be predictive of women’s dissatisfaction with their ability to have the number of children they want.

Country programs that aim to reduce fertility should address women’s empowerment. Potential policies should aim to delay the legal age of marriage, expand education opportunities and prohibit and condemn intimate partner violence. Additionally, future research should investigate issues relevant to women’s empowerment in sub-Saharan Africa and explore better measures of empowerment.

References

8. Models in Fig. 2 and Fig. 3 adjusted for Intermarital age difference, Intermarital education difference, age at first marriage, health care barriers, husband’s ideal number of children, age, urban residence, household wealth, education, media exposure, employment, polygamy. Fig. 3 additionally adjusted for whether the woman had a miscarriage, stillbirth, or child death.

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