

Differential in Dynamics of Contraceptive Practices with Women's Sexual Empowerment in Selected South Asian Countries: Evidence from Two Decades DHS Surveys, 1990 and 2012

Authors : Brajesh

Abstract : Introduction: It is generally believed that women's lack power to making decision may restrict their use of modern contraceptives practices. However, few studies have examined the different dimensions of women's empowerment and contraceptive use in Asian content. Pervasive gendered inequities and norms regarding the subordination of women give Asian men disproportionately more power than women, particularly in relation to the sex. We hypothesize that lack of sexual empowerment may pose an important barrier to reproductive health and adoption of family planning methods. Using the Demographic Health Survey, we examine the association between women's sexual empowerment and contraceptive use in Nepal, Bangladesh and Pakistan. Objectives: To understand the trend and pattern of contraceptive choices and use among women due to sexual empowerment in selected south Asian countries. To examine the association between women's sexual empowerment and contraceptive practices among non-pregnant married and partnered women in Nepal, Bangladesh and Pakistan. Methods: Data came from the latest round of Demographic and Health Surveys conducted between 2010-12 in and during deacde1990 -92 in Nepal, Bangladesh and Pakistan. Responses from married or cohabiting women aged 15-49 years were analyzed for six dimensions of empowerment and the current use of female-only methods or couple of methods. Bi-variate and multivariate multinomial regressions were used to identify associations between the empowerment dimensions and method use. Results: Positive associations were found between the overall empowerment score and method use in all countries (relative risk ratios, 1.1-1.3). In multivariate analysis, household economic decision-making was associated with the use of either female-only or couple methods (relative risk ratios -1. 1 for all), as was agreement on fertility preferences (RRR-1.3-1.6) and the ability to negotiate sexual activity (RRR -1. 1-1.2). In Bangladesh, women's negative attitudes toward domestic violence were correlated with the use of couple of methods (RRR -1. 1). Increasing levels of sexual empowerment were found to be associated with use of contraceptives, even after adjusting for demographic predictors of contraceptive use. This association is moderated by the wealth. Formal education, increasing wealth, and being in an unmarried partnership are associated with contraceptive use, whereas women who identify as being Muslim are less likely to use contraceptives than those who identify as being Hindus or other. These findings suggest that to achieve universal access to reproductive health services, gendered disparities in sexual empowerment, particularly among economically disadvantaged women, need to be better addressed. Conclusions: Intervention programs aimed at increasing contraceptive use may need to involve different approaches, including promoting couples' discussion of fertility preferences and family planning, improving women's self-efficacy in negotiating sexual activity and increasing their economic independence. Policies are needed to encourage the rural families to give their girls a chance of attending higher level education and professional course so that can get a better job opportunity and can economically support their family as son are expected to do.

Keywords : reproductive and child health (RCH), relative risk ratios (RRR), demographic and health survey (DHS), women's sexual empowerment (WSE)

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