

## Extended Abstract

### **An assessment of Women's Empowerment and its linkages with use of Family Planning in India**

**Background:** India is a country with rich culture and tradition, where women are renowned as Goddess. But at the same time the daily news portrays a different picture, where women are being mistreated and abused. The incidence of disrespecting women's rights on humanitarian ground exists not only outside but also inside the house. There are cases where women do not have accessibility or mobility to outside world; the most depressive being when they are not allowed to make a choice for their own health issues, which affects their reproductive health miserably. While discussing about women's empowerment and its linkages with utilization of the family planning methods, it can be seen that in India, empowerment of women has been highlighted under National Mission for Empowerment of Women recently in 2010. On the other hand, the health perspective of women in terms of Reproductive Rights has been highlighted since International Conference on Population and Development (ICPD) 1994. The Programme of Action (POA) of ICPD-1994 was remarkable in its recognition that use of contraceptives, reproductive health and rights as well as women's empowerment and gender equality are the corner stone of population and development programmes having bearing on women's right to life and health.

**Hypothesis:** The major research question to be addressed in this paper is how the recent swing of empowerment has influenced the uptake of family planning method, as a means to improve health and wellbeing of women. In this study using six dimension of women's empowerment we hypothesize that women who have better empowerment are more likely to use family planning methods, compared with other women. In order to address the research question and test the hypothesis, this paper envisages the relationship between the recent waves of women's empowerment and use of family planning methods in India and its major states.

**Data and Methods:** The basic data used in this paper has been taken from two rounds of National Family Health Survey (NFHS), conducted in 2005-2006 and 2015-2016. Both these

surveys have been conducted under the stewardship of Ministry of Health and Family Welfare: Government of India. The International Institute for Population Sciences, Mumbai has been designated as the nodal agency for different rounds of NFHS. The information on different dimensions of women's empowerment have been collected in state module only from approximately 122,351 women ages 15-49, living across 29 States and 7 Union Territories of India. To assess the inequality in women's empowerment, Liberson's Diversity Index has been used for some selected dimensions of women's empowerment. However, contraceptive use has been analyzed by taking method mix in contraception as well as clubbing them in four major groups. Multiple regression analysis has been used to portray the relationship between diversity in women's empowerment and use of family planning methods. Further, logistic regression model portray the adjusted effects of various dimensions of women's empowerment on use of contraception.

**Results:** This study has highlighted key issues of women's empowerment, its diversified nature and utilization of family planning methods in India. The level of diversity in women's empowerment is not uniform across the states of India. Smaller states are high in achieving equity in terms of women's empowerment because of its homogeneous nature as against larger states. Varying degrees of equity across all the states builds a combative relationship with uptake of family planning methods. Regardless of the recent wave of women's empowerment, the acceptance and utilization of family planning methods have not been enhanced except in 5 states. The use of any modern method of contraception has remained almost unchanged during last one decade. Age, wealth quintile, participation in household decision is significantly associated with use of family planning methods. Though use of modern method is high among women above 40 years age, the common method used is female sterilization. Results portray that women with no education or primary education are higher to use female sterilization. The reason behind the high use of modern spacing method may be because of higher education as well as development of information. The participation in household decision making and owning of bank account contributes in the decision making of their own health as they are more likely to use family planning methods. The ICPD, 1994 also suggests that women who are more empowered have at least a say on their health care, but women who do not have decision making power are more vulnerable.

**Conclusions:** The study concludes that the uptake of family planning methods has remained unchanged despite of increase in the level of empowerment of women on various grounds yet the patriarchal norms influence the decision of using family planning and choice of family planning methods. But on the fact that the unmet need and teenage pregnancy are reducing and people are moving towards modern contraception instead of old permanent methods shows an improvement in women's health. In most of the states in India, a huge gap has been found between women with 10 or more years of schooling and utilization of contraceptive method. Further, household decision making has not made a profound impact on the uptake of any family planning methods, except for some states. Household decision does not include individual level decisions and hence has not translated into decisions of one's health. Women's lack of power restricts their ability to make decisions about family planning practices. Further, though women's financial empowerment is found through their ownership of household assets and their working status in last 12 months but that does not denote the women are working in an organized sector. The gender discrimination should also address on the educational ground which will ameliorate women's power on their reproductive rights. Further, the diversity of empowerment should be reduced and equity should be attained to achieve the sole empowerment which gives full right to women for choices to decide the time and number of births she is ready to deliver.