Introducing a new method into the family planning method mix – effect on women's empowerment and contraceptive prevalence

The term 'women's empowerment' usually signifies an increased ability to formulate strategic choices and control resources and decisions that affect important life outcomes (Malhotra, Schuler & Boender, 2002). Therefore women's decision-making power is at the heart of the empowerment construct. We examine the effect on empowerment, as demonstrated in decision making and in attitudes toward gender relationship, of introducing the Standard Days Method (SDM) into the mix of family planning services in India and Peru. We also review contraceptive prevalence, and determine if introducing the SDM influences it.

The SDM is a fertility awareness-based method of family planning. It identifies days 8-19 of the cycle as the fertile window for all users in all cycles, and works best for women with cycles that usually range 26-32 days. Couples who wish to prevent pregnancy avoid unprotected intercourse on these days. Method efficacy compares well with other user-directed methods (Arévalo et al., 2002), the method is included in WHO and USAID guidelines, and is available in a number of countries world wide.

In 2005 the method was introduced on a regional scale in Jharkhand, India, and San-Martin, Peru. The purpose of the intervention was to integrate the SDM into family planning services, so that it would become an additional family planning option available to couples. SDM introduction included advocacy, adding the SDM to the logistics and procurement systems, training providers and supervisors in SDM counseling, monitoring and supervising services, and information, education, and communication activities. In some areas the SDM also became available in services provided by NGOs and private sector organizations.

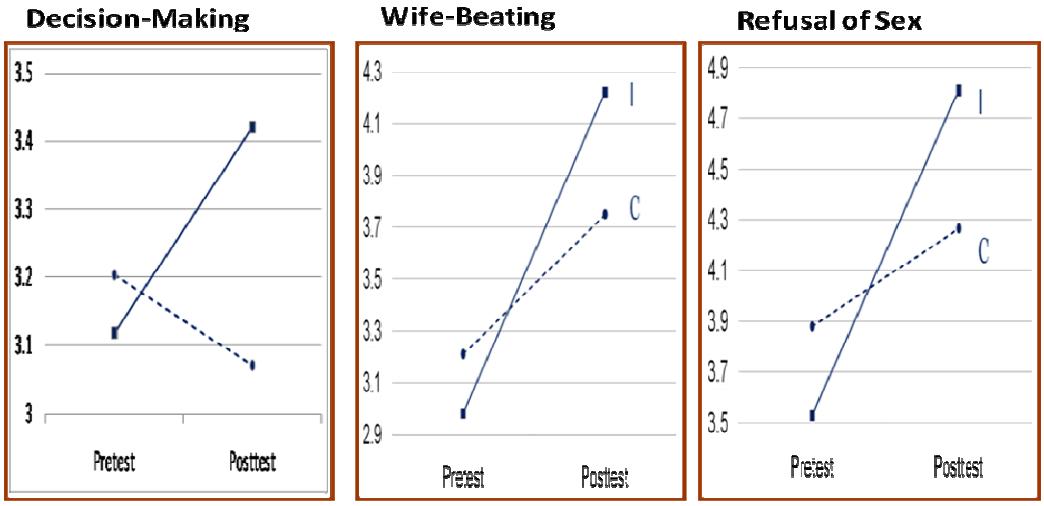
Large scale surveys with men and women in the community were undertaken in intervention and control areas before the start of intervention activities and two years later

(endline n=2371 women and 634 men in India; 629 women and 564 men in Peru). While the purpose of the survey was to evaluate the intervention, the questionnaire included a number of questions that allowed us to examine women's empowerment and contraceptive prevalence.

We measured empowerment through indices of decision making and attitudes. We first asked who, in the respondent's opinion, should have the greater say (husband, wife, or both equally), in making decisions about making large household purchases, making small daily household purchases, deciding when to visit family, friends or relatives, deciding what to do with the money that the wife earns for her work, and deciding how many children to have and when to have them. We then asked if in the respondent's opinion the husband is justified in hitting his wife if she leaves the house without telling him, if she neglects the children, if she argues with him, if she refuses to have sex with him, and if she burns the food. Finally, we asked if the respondent thought a wife is justified in refusing to have sex with her husband if she is tired and not in the mood, if she has recently given birth, if she knows her husband has sex with other women, if she knows her husband has a sexually transmitted disease, and if she is on her fertile days.

We compare baseline and endline data in the intervention and control areas to evaluate the effect of adding the SDM to the contraceptive mix on these indices. We then examine contraceptive use and pregnancy reduction, to learn if changes in these are associated with changes in women's empowerment.

Interviews with women in India show that the intervention increased women's perception of their empowerment, as shown in the following figure.



A higher index scores means increased empowerment for all three indices. From pretest to posttest the decision-making score significantly increased in the intervention areas (solid line), while it decreased in the control areas (dotted line). Wife beating and refusal of sex scores increased in both intervention and control areas, but much more in the intervention areas. Controlling for respondents' age and education did not change the observed trends. Interviews with men in India show improvement only in increased recognition that women are empowered to refuse to have sex, with no change in the other indices.

In Peru, however, the intervention did not affect women's empowerment. We examine also changes in contraceptive prevalence, and found that contraceptive prevalence increased in the intervention areas, from the baseline to the endline survey, in India, but did not significantly change in Peru.

We conclude that introducing the SDM into services can, in some socio-cultural and service delivery contexts, can improve women's empowerment and increase contraceptive

prevalence. The presentation will include a detailed description of our results, and programmatic implications will be discussed.

References

Arévalo M, Jennings V, and Sinai I. (2002). Efficacy of a new method of family planning: the Standard Days Method. Contraception 65:333-338.

Malhotra A, Reeve V, and Kishor S (1995). Fertility, dimensions of patriarchy, and development in India. *Population and Development Review* 21(2):281-305.