

## Women Empowerment and Personal Values as Predictors of Reproductive Health

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Present study investigated the role of empowerment and personal values in reproductive health status of women. Questionnaires to assess women empowerment, personal values, health and reproductive health behaviour were administered to 30 employed and 30 unemployed women. Results revealed that employed women felt more empowerment and were superior on social, democratic, hedonistic and power values than their unemployed counterparts. They adopted family planning and reported better reproductive health status. Empowerment and personal values were emerged as strong predictors of reproductive health.

**Keywords:** Women Empowerment, Personal Values, Reproductive Health

Reproductive health behaviour is complex and determined by numerous psycho - social factors. Researches focusing on reproductive behaviour and health are multifaceted concerning psychological, organizational and community levels of analysis (Rappaport, 2000; Pandey & Singh, 2004; Verma, 1990). Reproductive health is a state of complete physical, mental and social well being (not merely the absence of disease or infirmity) in all matters relating to the reproductive system and its functions and processes. It is a generic phrase including a number of dimensions such as anatomy of reproductive organs, safe sex relations, safe motherhood, and child survival, gynecological problems, reproductive rights, family planning adoption, STD, HIV infection and AIDS. It is now recognized not only as an end in itself but also a major instrument of overall socio-cultural development and the creation of a new social order. Thus, reproductive health awareness covers correct information, attitude and practice in relation to dimensions of reproductive behaviour, which preserves and promotes reproductive health, conducive to human and social development (Hassan,

2001). Family planning behaviour is considered to have direct link with physical and psychological health status of females of reproductive age. Researches evinced that females who earlier adopted family planning, reported better physical and psychological health status (Pandey & Singh, 2004; 2001). In another study, Pandey (2001a) evinced that intervention programme i.e., population education helped in promoting reproductive health in rural females. Despite this, in India, the reproductive health status of women presents a gloomy picture. Their reproductive health is distressingly low as is evident by the statistics provided by government and non- government organizations. Poor reproductive health may be attributed to several factors like; anxiety and misperception of contraceptive usage but the most important facilitators in reproductive health are; motivation, positive attitude towards family planning and future orientation. Despite this, reproductive health issues should be studied in relation to empowerment and personal values in females.

'Empowerment' refers to the equal opportunity and equal sharing of males and females in decision making. In fact, the term "Women Empowerment" has different notions. It has various synonyms such as "Gender Equality for Women", "Modernization of Women", and "Empowerment of Women". The concept of empowerment is an elusive one encompassing within it a myriad of rights. It involves many things – economic opportunity, social equality, and personal rights. Three major areas of empowerment are: educational empowerment – to increase her awareness and capabilities to participate in society; economic empowerment – to decrease her dependency and increase her participation as an economically productive member of the family; and legal empowerment – to ensure that her rights and welfare are safeguarded, and to encourage her participation in various forums as an equal member of the society of humankind. It has also link with population control and reproductive health. Through empowerment women can achieve resourceful life with freedom and autonomy to marry after late adolescence (18+), freely decide to have small family size (1 or 2 children), live a healthy life following an appropriate life style and free from all discriminations (Mahadevan, et al., 2005).

Women often feel inequality however, empowerment supports them to be more aware of the unfair power relations they face, however, empowerment process differs in accordance with their age, race, caste, class, setting, culture and other status. The significance of women empowerment has been recognized through many national and international conferences as a basic human right – and also as imperative for national development, population stabilization and global well-being. In this connection, 'The International Conference on Population and Development (ICPD)' was held in Cairo, in 1994 and further in 1995 the 'Fourth World

Conference on Women (FWCW)' was organized in Beijing. Both conferences recognized the significance of women empowerment and reaffirmed that reproductive health is an indispensable part of women's empowerment. The Government of India also implemented this agenda. As a result, the Department of Women and Child Development (DWCW) made efforts to make women strong, aware, and alert about their rights, health and social development. Despite all these efforts, Indian women are still in state of de- empowerment. Thus, apart from empowerment, the role of personal values in reproductive health should be considered important.

Personal values are the deepest beliefs and sentiments we subscribe to. Consciously, they become our ideals. It releases tremendous potential for success, accomplishment and happiness. Values are viewed as differential preferences, which are derived from a range of actual behaviours. Values can range from the commonplace, such as the belief in hard work and punctuality, to the more psychological, such as self- reliance, concern for others, and harmony of purpose. Values play crucial role in determining human behaviour and social relationships as well as maintaining and regulating social structure and interactions on the one hand and giving them cohesion and stability on the other. Values, therefore, are global beliefs that "transcendentally guide actions and judgements across specific objects and situations". Values are (a) concepts or beliefs, (b) about desirable end states or behaviours, (c) that transcends specific situations, (d) guides selection or evaluation of behaviour and events, and (e) are ordered by relative importance.

Values therefore, may be conceptualized as global beliefs about desirable end-states or modes of behaviour that underlie attitudinal processes and behaviour. Behaviour is the manifestation of one's

fundamental values and corresponding attitudes. In this schema, behaviour is the most readily observable variable, with attitudes and values progressively more inferential. The interest increased with the publication of Rokeach's landmark 'Beliefs, Attitudes and Values (1968)', leading to a substantial growth in the conceptual and empirical literature on personal values. Studies have evinced significant relationships between personal values and occupation, job satisfaction, motivation, leadership style, competence, performance, attitude and health behaviour. Researchers continuing interest in values stems from the pervasive and important influence of personal values on attitude towards family planning and reproductive health behaviour (Pandey, & Singh, 2006; Pandey, 2001b). Review of studies reveals that reproductive health is determined by numerous psycho-social factors; however the significance of empowerment and personal values in reproductive health has not been studied extensively in Indian context. In this backdrop, this study was planned to investigate the role of women empowerment and personal values in reproductive health of women belonging to different strata of society.

#### **Hypotheses :**

1: Women empowerment and personal values would be found positively related with reproductive health.

2: Reproductive health would be predicted by empowerment and personal values.

3: Employment level and socio-economic status of females would exert impact on empowerment, personal values and reproductive health status of females.

#### **Method**

##### **Sample:**

A total of 60 married women (Mean age= 32 years) from different strata of society,

participated in present study. Respondents were drawn following a 2 X 3 factorial design i.e.; two levels of employment (employed and unemployed) X three levels of socio-economic status (high, middle and low).

#### **Measures :**

**i) Empowerment Questionnaire:** To determine the empowerment level of women, The Empowerment Questionnaire (Pandey, S., 2004) was used. This questionnaire consists of 18 items pertaining to autonomy to take decision on economic, educational, political and reproductive health issues. The reliability [retest ( $r = .87$ )] and validity [criterion ( $r = .69$ )] of the questionnaire were found highly significant.

**ii) Personal Values Questionnaire:** In order to assess various forms of personal values in women, Personal Values Questionnaire (G.P. Sherry & R.P. Verma, 1971) was used. The questionnaire consists of 40 items which are divided into ten categories namely: religious, social, democratic, aesthetic, economic, knowledge, hedonistic, power, family prestige and health. The reliability ( $r = .50$ ) and validity ( $r = .64$ ) of the questionnaire were found highly significant. The responses were obtained by a correct mark showing the most preferred value and cross (x) showing the least preferred value and blank or unmarked item showing the intermediate preference for the value under the stem. Scoring for each item was done separately, 2 score for correct mark and 0 for cross and 1 score for blank. The scores were counted on each value and a total score was also derived.

**iii) Reproductive Health Behaviour Questionnaire:** Reproductive Health behaviour questionnaire is a semi structured measure originally developed by K. Mahadevan (2001) and modified by S. Pandey (2003). It includes seven items related to three categories 1) current status of reproductive health care, 2) ready to adopt

family planning and 3) effort to cognize and pursue others for adopting reproductive health. The retest reliability of the measure is found to be highly significant ( $r=.69$ ).

**iv) P.G.I Health Questionnaire:** In order to assess the physical and psychological health status of respondents, P.G.I Health questionnaire (Verma & others, 1985) was used. The questionnaire includes 38 items concerning two areas i.e. (i) Physical illness (distress) including 16 items and (2) Psychological illness (distress) including 22 items. Items related to these areas are responded with yes/no alternatives.

Data were collected and participants were thanked for active participation. The coding was done according to the procedure as given in the manuals and scores were treated for computer analysis.

### Results

Present results (table -1) reveal that empowerment was found positively related with reproductive health behaviour ( $r = .72$ ,  $P<.01$ ) whereas, an inverse relation between

empowerment and illness ( $r= -.77$ ,  $P<.01$ ) was identified in employed group of females. The relationship between empowerment and personal value (overall) was found positive but non- significant [employed: ( $r=.147$ ,  $P>.05$ ); unemployed: ( $r= .06$ ,  $P>.05$ )]. However, the empowerment level was found significantly correlated with some dimensions of personal values i.e., Social ( $r=.662$ ,  $P<.01$ ), Democratic ( $r=.493$ ,  $P<.05$ ), Hedonistic ( $r=.68$ ,  $P<.01$ ) and Power ( $r=.665$ ,  $P<.01$ ) in employed group, but in unemployed group, only social value was found significantly correlated with empowerment ( $r =.37$ ,  $P<.05$ ). It appears that empowerment makes women more confident, independent and responsible. Similarly, personal value was also found positively correlated with reproductive health behaviour ( $r = .80$ ,  $P<.01$ ) however, an inverse but low correlation with illness ( $r = -.14$ ,  $P<.05$ ) was found in employed group. Findings, thus confirm that empowerment, personal values and reproductive health behaviour have link with better health status of females.

**Table 1 : Relationship of empowerment and personal values with reproductive health behaviour and illness.**

Variables	Employed	Unemployed
Empowerment & Reproductive Health Behaviour	.72**	-.25
Empowerment & Health (Illness)	-.77**	-.05
Empowerment & Personal Values (domain wise):		
Empowerment & Social Value	.66**	.37*
Empowerment & Democratic Value	.49**	.13
Empowerment & Hedonistic Value	.68**	.17
Empowerment & Power Value	.67**	.34
Personal Value & Reproductive Health Behaviour	.80**	.15
Personal Value & Health (Illness)	-.14	.12

\*\*P < .01 \*P < .05

Further, Stepwise Multiple Regression Analysis (SMRA) was done to examine the relative contributions of antecedent factors

to criterion variables. Findings are displayed in table 2.

**Table 2 Step-wise Multiple Regression Analysis for Reproductive Health predicted by Empowerment and Personal Values.**

Predictor Variables	Criterion Variables					
	R	R <sup>2</sup>	R <sup>2</sup> Change	Beta	t value	Significance
	(Cumulative)	(Stepwise)		(b)		
Empowerment Level	.26	.07	.07	.26	2.08*	.042
Personal Value (Health)	.36	.13	.06	.25	2.03*	.047
	Physical Health (Illness)					
Personal Values:						
(Democratic)	.42	.17	.10	-.28	-2.19*	.032
(Power)	.28	.08	.08	-.34	-2.58**	.010
	Psychological Health (Illness)					
Personal Values:						
(Democratic)	.30	.09	.09	-.30	-2.40*	.020
(Power)	.39	.16	.07	-.28	-2.09*	.041
	Total Health (Illness)					
Personal Values:						
(Democratic)	.47	.22	.14	-.41	-2.18*	.034
(Power)	.28	.08	.08	-.28	-3.21**	.002

\*\*P < .01 \*P < .05

Regression result indicates that empowerment level contributed maximum positively ( $b = .26$ ,  $R^2 = .07$ ) followed by health value ( $b = .36$ ,  $R^2 = .13$ ) to reproductive health behaviour. Though, empowerment level independently explained 7 % while personal value (health) explained 6 % of variance but composite contributions of these factors were 13 % variance in the criterion variable.

Table-2 further denotes that physical illness was predicted by personal values. Democratic value contributed maximum negatively ( $b = -.42$ ,  $R^2 = .17$ ) followed by power value ( $b = -.28$ ,  $R^2 = .22$ ). The democratic value independently explained 10% variance while power value explained 8% of variance but composite contributions of these factors were 18 % variance in the criterion variable. Table 2 further reveals that economic value contributed maximum negatively ( $b = -.30$ ,  $R^2 = .09$ ) followed by social value ( $b = -.28$ ,  $R^2 = .16$ ). Though, economic value independently explained 9% variance while social value explained 7% of variance but composite contributions of these factors were

16% variance in the criterion variable (psychological illness). Similarly overall health (illness) was predicted by personal values (democratic and power). Democratic value contributed maximum positively ( $b = -.41$ ,  $R^2 = .22$ ) followed by power value ( $b = -.28$ ,  $R^2 = .08$ ). Democratic value independently explained 14 % variance while power value explained 8 % of variance but composite contributions of these factors were 22 % variance in the criterion variable. Thus, women empowerment and personal values were identified as significant predictors of reproductive health. Thus, women empowerment and personal values were identified as significant predictors of reproductive health.

In order to examine the influence of employment level and socio-economic status on various responses, ANOVA was computed. The main effect of S.E.S was found to be highly significant ( $F(2,54) = 8.94$ ,  $P < .01$ ), which denotes that empowerment level was found higher in high SES group ( $M = 68.7$ ) than middle and low SES group. Further, for

personal values, the main effect of employment level was found to be highly significant ( $F(1, 56) = 17.92, P < .01$ ), which indicates that personal values were found high in employed females ( $M = 120.63$ ) than unemployed group ( $M = 116.6$ ) of females. For reproductive health behaviour, the main effect of employment level was found to be significant ( $F(1, 96) = 4.24, P < .01$ ), which indicates that employed women reported high level of reproductive health behaviour ( $M = 13.43$ ) than unemployed women. Further, significant main effect of socio economic status ( $F(2, 54) = 3.78, P < .05$ ) denotes that illness was found high in middle S.E.S. group ( $M = 14.6$ ) than high ( $M = 11.2$ ) and low socio economic groups ( $M = 10.9$ ). Thus, employment and socio economic status exercised impact on levels of empowerment, personal values and reproductive health. Further, empowerment and personal values of women were found strong predictors of reproductive health.

### Discussion

Present findings evinced the clear cut relationship between empowerment, personal values and reproductive health. The ANOVA results evinced the impact of employment and S.E.S on empowerment, personal values and reproductive health status of women.

This finding reveals that empowered females were found high adopters of F.P. behaviour and reported superior reproductive health status than low empowered women. Thus, empowerment has made females conscious towards reproductive rights and health care. However, the empowerment level was found low in unemployed and low SES women. Hence, these women should be made aware of reproductive rights, disastrous effects of population growth and above all the benefits of reproductive health behaviour (Hassan, 2001; Jain, 1997; Pandey, 2001b). Since employed females were found highly empowered, hence they reported better

health status. The level of empowerment differed across the S.E.S. level, which denotes that high S.E.S females were found more empowered than middle and low S.E.S. group of females. State wide variation in empowerment and health issues were identified in a national survey report. Women belonging to western states and hill areas are more empowered and feel free to make decision about F.P. behaviour and health care, but in the eastern regions, women are least empowered even in very personal issues like their own health care (Kulkarni, 2000). In another study, it was found that urban females are found more empowered as compared to rural females and they have better knowledge and more favourable attitude towards family planning (Pandey & Singh, 2004). Thus, empowerment serves its effectiveness in promoting reproductive health status of females.

Another finding of the present study is that personal values were found positively associated with reproductive health. Since personal values oriented females in general and employed women in particular to show more concern towards own reproductive rights and health care. Thus, employment makes women more aware towards reproductive rights and therefore a compatible relation with personal values; F.P. behaviour and health were found in present study. Another study also revealed that values play crucial role in determining human behavior (health care) and social relationships as well as maintaining and regulating social structure and interactions on the one hand and giving them cohesion and stability on the other (Verma, 1993).

ANOVA results of present study evinced the impact of employment level and socio economic status on reproductive health. Majority of employed women were found highly empowered, F.P. adopters and also showed better health status. Pathak (2000) also identified that working women of urban

setting have more positive attitude towards family planning as compared to the non-working women. Present results have also been supported by other investigators (Mahadevan et. al., 2005; Pandey & Singh, 2006).

### Conclusion

Present findings evinced a compatible relationship between empowerment, personal values and reproductive health. Apart from this, employment level and high S.E.S. exercise impact on better reproductive health status. Majority of women are de-empowered and still facing blatant discriminatory practices. Often women are discouraged to seek information related to reproductive health issues. . It is barely essential to make target women empowered by exercising strategies like; active participation in decision making at family, or society level; role efficacy and providing opportunities to take initiative in challenging roles. Thus, Innovative intervention programme should be exercised; such efforts would enable them to achieve optimal reproductive health status.

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