

Empowering Women and Use of Reproductive Health Services: Review Article

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Received date: September 13 2022; Accepted date: September 19 2022; Published date: September 30 2022

Citation: Tahereh M. Gilani, Abadian K., Simbar M., Tayebeh M. Gilani, Bazzazian S. et al. (2022). Empowering Women and Use of Reproductive Health Services: Review Article. *Clinical Gynaecology and Breast*. 1(1); DOI:10.31579/2834-8427/002

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Abstract

Background: Women empowerment means empowering women to make independent decisions about the basic life issues. Reproductive health services as a key component of sustainable development make couples to voluntarily and on the basis of awareness and thought make proper and responsible decisions about childbirth given their economic, physical and mental abilities. It can lead to a balance between sustainable development and population growth. The purpose of this study was to explain factors affecting women's ability to use reproductive health services.

Methods: A review of studies published from 2000 to 2018 in the databases of PubMed, Google scholar, Magiran, Web of Science was conducted using the keywords of empowering women, empowerment, decision-making power, women. It led to retrieving 99 articles in Farsi and English languages, of which 72 unrelated articles and 8 low quality articles were deleted. Lastly, 19 articles on the empowerment of women to use reproductive health services were selected.

Findings: It was found that there was a positive relationship between women's empowerment, and decision-making power, education level, financial independence, employment and freedom of action, the use of reproductive health services in women. Higher women's authority, independence and empowerment, the higher the use of reproductive health services in women.

Conclusion: Given the effectiveness of empowering women to a better use of reproductive health services, implementing women's empowerment policies is a good strategy for promoting reproductive health in women.

Keywords: : empowerment; women; use of reproductive health services

Introduction

Reproductive health services as the key to sustainable development makes that couples voluntarily and on the basis of awareness and thought make informed decisions about childbearing based on their economic, physical and

mental capacity for pregnancy to establish a balance between sustainable development and population growth [1,2]. In 1994, the International Conference on Population and Development in Cairo defined reproductive health as a situation in which physical, mental and social wellbeing and all aspects of the reproductive system, its functioning and process are

considered and it is not just the absence of disease and weakness. Access to reproductive health information and services is one of the rights of young people, which governments are required to provide it [3].

Women empowerment is a prerequisite for women's health promotion [3]. Over the past two decades, women's empowerment has become the focus of development efforts around the world. In 2000, 189 countries joined the Millennium Development Goals, committing themselves to promoting gender equality and empowering women [4].

Reproductive and sexual services include safe maternity services, counseling and family planning, and child segregation services, prevention and treatment of reproductive and sexually transmitted infections including HIV / AIDS services, education and counseling of sexual issues, early diagnosis and treatment of breast and cervical cancer, appropriate follow-up and treatment for infertility and reduced fertility, active rejection of acts such as female genital mutilation, reproductive health, and prevention and treatment of gender-based violence [5].

Reproductive health education to couples at the beginning of marital life is very essential. In addition to their positive role in preventing adverse outcomes such as unwanted pregnancy, sexually transmitted diseases, sexual abuse, sexual violence, and sexual frustration, it can result in positive relationships between couples and enjoyment of sexual relationships, self-esteem, self-esteem, informed decision making, and increased marital satisfaction [6].

Many studies on empowerment and maternal health in Asia consider empowerment as a tool for combining bargaining power, spouse's awareness of gender justice and decision-making authority to use reproductive health services more [7-12].

Empowering women has become a focal point for development efforts all over the world [13]. The Cairo Conference emphasized on the empowerment of women in three main areas of health promotion, access to economic resources and reduction of gender inequality. It organized a wide-range plan for empowerment in the field of reproductive health, but women's socioeconomic status was underestimated [14]. In some studies, the social determinants of health in the empowerment of women has been described [15,16].

The Millennium Development Goals, in the third development goal, consider gender equality and empowerment as a prelude to achieve other goals [17]. Since a comprehensive overview of women empowerment to use reproductive health services has not been performed, and identifying related factors needs a comprehensive study, this study aimed to explain factors affecting women's ability to use reproductive health services.

The research question

What are factors affecting women's ability to use reproductive health services?

Methods

A review of studies published from 2000 to 2018 in the databases of PubMed, Google scholar, Magiran, Web of Science was conducted using the keywords of empowering women, empowerment, decision-making power, women. It led to retrieving 99 articles in Farsi and English languages, of

which 72 unrelated articles and 8 low quality articles were deleted. Lastly, 19 articles on the empowerment of women to use reproductive health services were selected.

Inclusion criteria were studies in Farsi and English languages conducted on women empowerment to the use reproductive health services. The quality of articles was assessed by two researchers using a checklist including CONSORT for quantitative studies, STROB for observational studies and CASP for qualitative studies.

Findings

There was a positive and significant relationship between women's empowerment and women's decision-making power and the use of reproductive health services [8, 18-30].

Women with higher education levels had more ability to use reproductive health services [21,23, 24,26,27]. There was also a significant and positive relationship between financial independence, employment and the use of reproductive health services [8,27,28,31]. Meanwhile, women with more freedom of action used more reproductive health services [22,24,32].

A study by Barber et al. in Mexico (2008) on payment interventions to implement health care by poor rural women found that caregiving increased for 12.2% [31].

A study by Al Riyami et al. (2004) in Oman on the independence, education and employment of women in Oman and their effects on the use of contraceptive methods and contraception needs was conducted. Indicators were women's participation in decision making and freedom of action. Education in women was identified as a key factor. Unwanted pregnancy in educated women was 25% less than others.

A study by Kamiya in Tajikistan (2011) aimed at the effectiveness of autonomy and decision-making power in the use of reproductive health services by women. It found that women's autonomy was associated with women's decision-making power in family financial affairs, that increased the use of reproductive health services and care during labour [25].

In the Wado's study (2017) on women's autonomy and reproductive health services in Ethiopia, it was found that 54% of women participated in family decisions. Also, 69 percent of women said they were not allowed to use reproductive health services. Women who were able to participate in family decisions were positively empowered for using family planning services. Women's education, employment, media use and the family's proper economic situation were associated with family planning and more maternity care. [26]. A study by Hindin in Zimbabwe (2000) aimed at assessing women's authority regarding fertility behaviors and found that women with no decision-making power had 26 percent more children [27].

A study by Larsen et al. in Tanzania (2003) aimed at examining the empowerment of women and children showed that as the women's ability increased, the number of children decreased [33]. A study by Shimamoto et al. (2017) aimed at examining women empowerment and the use of reproductive birth services in Senegal. It was found that women's empowerment was positively associated with the use of reproductive health services at birth. Marriage at higher ages and higher education was associated with more child birth services. The power of decision making in the family was not related to the sue of childbirth services [21].

Domain	Authors	Results
Education	Saleem et al (23) Al Riyami et al (24) Hindin et al (34) Larsen et al (33) Wado et al(26) Shimamoto et al (35)	The use of contraceptive methods was positively associated with women education; Education in women was identified as a key indicator. Unwanted pregnancy was observed in educated women was 25% less; Women who had higher education had more autonomy in performing appropriate fertility behaviors;

		The education of women was accompanied by their greater ability; Women's education in the family was accompanied by more use of family planning services and more maternity care; Higher education was associated with use of more child birth services
Decision making power	Hindin et al(27) Upadhyay et al(29) Wado et al(26) Hadley et al(36) Corroon et al(20) Haque et al(37) Bloom et al(32) Shimamoto et al (35)	Women with high decision-making power had 26% more children; Women with good decision making abilities were able to control the appropriate distance between their children; Women with high decision-making power were able to use family planning and care service; One third of young women (31%) had the power to make appropriate decisions about use of reproductive health services; Women with high decision-making power showed better fertility behaviors; There was a positive relationship between decision-making power and authority and the use of reproductive health services; Mothers with a high decision-making power received more health care; The decision-making power in the family was not associated with the use of childbirth services.
Men participation	Mullany et al(34)	There was a positive correlation between common decision-making (male and female) and reproductive health
Freedom of action	Bloom et al(32) Kawaguchi et al(22)	Mothers with higher freedom of action had better health care; Freedom of action was one of the factors contributing positively to maternal health services;
Financial control	Do et al (28) Hindin et al (27) Barber et al (31) Larsen et al (33) Kamiya et al(25)	Mothers with high financial control had better health care; There was a relationship between women's financial decision-making and empowerment; Women with financial strength had better fertility; Increased women's financial strength increased women's empowerment; Education of women was accompanied by their greater ability; Women's decision-making power in financial affairs increased the use of reproductive health services.
Employment	Wado et al (26) Al Riyami et al (24)	Employment of women was accompanied by more use of family planning and maternity care; Unwanted pregnancy was less in employed women.

Table 1: Review of studies on empowering factors in the use of reproductive health services

Discussion

This study focused on the empowerment of women for the use of reproductive health services. The domains of empowering in women were education, decision-making power, male participation, freedom of action, financial control and employment.

Education plays an important role in preventing unwanted pregnancies [24] and women with a higher education level use more family planning and prenatal care services [23, 26, 27]. Higher education in women is associated with an increase in the marriage age, and educated women are more empowered. Policies are required to increase women's education and the use of reproductive health services for reducing maternal mortality [35].

High decision-making power in women is also another key factor in women's ability to use reproductive health services and family planning [24]. Women's autonomy in decision making is an important socio-cultural component, which leads to a better use of reproductive health care services [37]. Women with high decision-making power were more likely to use reproductive health services such as childbirth and contraception [29], and prenatal care [26]. Women with a low decision-making power make that men determine the numbers of children [29].

A joint decision between the husband and wife was associated with significant levels of male participation in pregnancy. When reproductive health decisions were the result of joint decision making between men and women, pregnancy health is improved and there will be a positive relationship between shared decision making and fertility. Programs designed to increase women's empowerment and health should be in such a way that the participation of spouses for joint decision-making in

reproductive and family is increased for achieving women's empowerment and women's health [34].

Another important dimension of women empowerment is freedom of action, which plays a very important role in the use of reproductive health services [22], women with greater freedom of action have better maternal care and probability of safe childbirth. [32] Another dimension of women's empowerment is the control of women's financial affairs. Increased economic independence can improve the use of family planning services and distance between children [28]. Financial control by women is associated with increased autonomy and increased use of reproductive health services during pregnancy and childbirth [25, 32]. In general, employed women have more decision-making power to use reproductive health services, and women's employment is associated with an increased use of family planning and care services [24,26].

Women's empowerment status directly affects the use of health care. Therefore, policymakers need to intervene to empower women [25], and interventional programs should aim at increasing the use of contraceptive methods such as encouraging couples to promote fertility preferences and family planning, promote women's self-efficacy in sexual activity negotiations and increase their economic independence [28]. Women who have a high level of empowerment at onset of life have a better ability to deal with fertility events such as abortion, unwanted pregnancy and stillbirth indicating the usefulness of interventional strategies to empower women throughout the life cycle [38]. It can improve women independence to make a greater use of health services and gender equality [26].

Women with a high level of education and financial power are more empowered [33], and having a high decision-making power in women and male participation in reproductive health improve women's ability to use reproductive health services [26, 32, 34, 39]. Women with more empowerment show better fertility behaviors [39]. Distance between children makes that women have more self-esteem and a better decision-making power [30, 40]. Therefore, policy makers need to plan services with new methods that focus on the health and empowerment of women [19,41].

Conclusion

Since education, decision-making power, men's participation, freedom of action, financial control and employment influence women's empowerment there is a need to more interventions to empower women by policy makers. If women are empowered, they can make appropriate decisions about the use of reproductive health services, which results in the use of prenatal care and safe pregnancy, reduces maternal mortality, and appropriate distance between children that promotes women's health.

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