Turkish Online Journal of Qualitative Inquiry (TOJQI)
Volume 13, Issue 1, January 2022: 1329-1338

Economic Empowerment and Women Decision Making: An analysis of the Impact of Financial Autonomy on the use of Contraceptives among Pakhtun Women

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Abstract
Economic empowerment plays a significant role in the life and decision making process of women in societies around the world. Financial autonomy enables women to influence a range of decision including regarding their reproduction choices. This study was based on quantitative research design to investigate the role of financial autonomy woman in their contraceptive use and birth spacing in their children. The study was conducted in three tehsils of District Mardan, Khyber Pakhtunkhwa-Pakistan. A sample of 413 married women was selected through multi-stage random sampling technique. Primary, data was collected through interview schedule. Univariate and bivariate analyses were conducted to derive study findings and conclusion. Findings of the study showed that economically empowered women were taking equal part in financial decision-making of household and they have more freedom and autonomy of using contraceptives with respect to their counterparts. Further, those women whose decisions were valued regarding the purchasing of precious things for their houses had more freedom in using contraceptives, while the role of economically poor women were minimum in contraceptives use. The study suggests that provision of education, job opportunities and gender equality and awareness raising can enhance women's financial autonomy which further affects their use of contraceptive uses positively.

Keywords: Women, Financial autonomy, Decision-making, Contraceptives, Pakhtun society

Introduction

Patriarchal societies develop a system of social relations in which men are economically empowered and dominate women (Aina, 1999, Stacey, 1993, Kramarae 1992 & Lerner 1986). The material advantages of men over women create constraints on the roles and activities of women. The fundamental social institutions i.e. the family, economy and politics perpetuate patriarchy and control the productive and reproductive resources (Millet, 1970), and consider women biology or anatomy central to their subjugation in society (Heywood, 2003). The gender roles determine the place and social importance of masculinity and femininity in society and such stereotypical gender roles and made it impossible for them to come out of the cultural fetters and access economic opportunities.

In 2013, worldwide 292,982 women died as a result of pregnancy-related problems, while only six developing nations, including Pakistan, accounted for more than half of all maternal deaths (Hogan et al., 2010; Kassebaum et al., 2014). Relevant studies found that women who do not utilise contraception are expected to die at a rate 1.8 times higher (Ahmed et al., 2012). Contraception usage to prevent undesired pregnancies is one of the most cost-effective approaches to reduce maternal mortalities among various treatments (Bongraats & Sinding, 2009).

In the 1960s, family planning programmes became a popular part of economic development initiatives, and by 1990s, over 115 nations had implemented these programmes (Cleland et al., 2006). In the beginning the family planning programmes were inspired by the buzz words of population time bomb, starvation, & macroeconomic consequences (Coale & Hoover, 1959), however, with the passage of time the motivation for it, changed and family planning was associated with poverty reduction and women's empowerment and health at large (Glasier et al., 2006). Empirical research on family planning programs indicate that despite focusing on women empowerment the bulk of these programs was focused on reduction in fertility and very little attention was given to women's overall well-being (Canning & Schultz, 2012; Babiarz & Miller, 2016). The family planning and welfare programs also aimed at promoting women’s control over the timing and number of births, avoid unwanted pregnancies, complete more schooling, increase their labour supply, and earn more throughout their lifetimes (Angeles et al., 2005; Miller, 2010). The availability of modern contraceptives, access to and use of these contraceptives may result in making women healthier, have fewer children and increase their life expectancy, increasing their schooling and ultimately promoting their earning and income (Canning & Schultz, 2012). Also, family planning may raise girls' incentives to invest in their human capital (Becker, 1991), thus improving women's economic well-being and negotiating leverage in later marriages (Schultz, 2001).

According to Hameed et al., (2014), in Pakistan, women of economically well socioeconomic class are highly educated, more education, get married late and have more decision-making authority as compared to female of lower socioeconomic backgrounds. Because of their financial independence, women from wealthy households were more likely to utilise contraception (Elfstrom & Stephenson, 2012; Khan & Khan, 2010; Stephenson et al., 2008). High-income women also had more authority, made more decisions, were more

autonomous outside the home, and were more knowledgeable, all of which were connected to greater contraceptive usage (Khan & Khan, 2010). Iqbal et al. (2022) stated that women could use contraceptives more easily if they have given their due status in the family, the women in-laws stay away from the family matters of husband and wife, proper education and employment opportunities which stable their economic as well as household decision-making opportunities in their families.

Usually, contraception use has been critical factor in decreasing foetal, neonatal, and children deaths, as well as lowering maternal mortality and avoiding high-risk pregnancy i.e. among teenage girls and older women. Due to gendered power imbalances, many women face difficulties health-care which prohibits them from reaching maximum sexual and reproductive health benefits and expressing their rights, particularly in their spousal relationships (Robinson et al., 2017). This unequal power between men and women in intimate relationships restrict women from making decisions about their sexual and reproductive health, according to a growing body of data (Senarath & Gunawardena, 2009). Women are frequently vulnerable to sexual and reproductive health risks due to unequal control and access to economic resources, unequal power relationship, and limited ability to make sexual decisions (including whether, when, how often, and with whom to have sex; and negotiating condom use, contraception, or other protective practises).

Justification of the Study

In Pakistan, the patriarchal social structure defines the roles and rules of life for men and women differently. Empowerment in itself is a multifaceted concept and usually consists of three important dimensions: economic decision-making, home decision-making, and women's physical mobility (Haque et al., 2011). In this context, women who are able to engage in decision-making independently or make a choice alone or with their spouse are empowered. Women empowerment impact women's qualities, partner attributes, access to health facilities, including family planning usage. The empowerment of women thus, remains a key determinant of reproductive health outcomes because empowered women are more likely to plan their pregnancies, postpone marriage, obtain prenatal care, and see a professional health practitioner throughout pregnancy and labour.

Women’s socio-economic development is a prerequisite for sustainable development and growth. It also strengthens women’s socio-economic participation and enables women to have control over their lives and to exert influence in society (Swedish Ministry for Foreign Affairs, 2010). Throughout history women have played an important role in the family that ranges from bearing and rearing of children to income generation. However, in most societies, women are discriminated in the family and the society at large and their contribution has been not recognized. Women access to social services, institutions and opportunities are restricted while their socio-economic position is dependent on men, which affect their lives (Tisdell, 2002; Khan, et al., 2014). Thus, it is argued that women’s empowerment and development is indispensible for the well-being of individual, family, community and nation at large. Also, women’s empowerment and their decision to plan their families have been vital countries like Pakistan where women live in severe poverty. Further,

women socio-economic uplift is a prerequisite in achieving the Millennium Development Goals (MDGs) & Sustainable Development Goals (SDGs) regarding gender equality, reducing child mortality, improving maternal health, achieving universal primary education, combating HIV/AIDs and reducing poverty (Kabeer, 2003). Considering the importance of gender and women's empowerment and decision making, the current study focuses on the role of women economic empowerment and its impact on their use of contraceptives.

Research methodology

Study design

The present study used a cross-sectional (Babbie, 1989), as it is an appropriate design to study a problem or phenomenon by taking a cross-section of the whole population.

Study Universe and Sampling method

The universe of the study was District Mardan of Khyber Pakhtunkhwa.A multistage random sampling procedure was adopted for the selection of the respondents as the researcher couldn't collect the data from all the married women in district Mardan. At first stage district Mardan was selected purposively as universe of the study. At second stage three out of five tehsils were selected as study areas purposively. The population in each tehsil was taken from Pakistan Bureau of Statistics (2017). At stage three the required sample size was proportionally allocated to each stratum.

Sample size

This research was interested in a number of aspects in a conceptual framework. With all of these factors in mind, the challenge remained how to decide on a sample size. According to both Sekaran's (2003) simplified technique and Cooper and Emory's (2000) calculation, a sample size of 384 was sufficient for a population of 311,868 houses (provided below).

$$n=pq/\sigma p \quad \text{.....Equation (1)}$$

Where ‘n’ denotes the sample size.
pq = sample dispersion measurement (used as an estimate of population dispersion)
$\sigma p = 0.025$ = proportional standard error (0.05/1.96)
±0.05 = Desired Interval range for population percentage (Subjective decision)
For determining the interval within which to estimate population proportions, 1.96 σp = 95 percent confidence level (Subjective decision)

$n = 0.5 \times 0.5 = (0.025)^2$
$n = 384$
However, for a bigger population, such as the one in this research, Sekaran (2003) advised a sample size of more than 384 respondents. To be on the safe side, a sample size of 413 respondents was chosen from three tehsils by using the formula suggested by Pandey & VERMA, (2008) as given below

$$ni=n.Ni/N \quad \text{.....Equation (2)}$$

Data collection

A detailed interview schedule was designed in light of the conceptual framework of the study (see table 1). A brief description of the study's rationale was presented to the respondents in order to obtain the correct information. The interview schedule was pre-tested before heading to the field, with additions and deletions made as needed.

Table 1. Conceptual framework

Independent Variables	Dependent Variable
Financial autonomy	Use of contraceptives

Data analysis

The collected data was analyzed into bi-variate analysis through SPSS software (version 20). Bi-variate analyses were used to know about the relationship between the financial autonomy of women and their contraceptives adoption rate as dependent variables. Use of contraceptives was divided into two attitudinal categories (preferred and not preferred) and cross tabulated with use of contraceptives. According to Tai's statistical technique, the Chi-square test was employed to assess the relationship between independent and dependent variables (1978).

$$\chi^2 = \sum_{i=1}^{r} \cdot \sum_{j=1}^{c} \cdot \frac{(Oij - eij)^2}{eij}$$

---------- (Equation (3)

Results and discussions

Relationship between financial autonomy and use of contraceptives among women

Decisions pertaining to financial matters of the family are of vital importance. It decides the status of individuals in the family. In traditional societies, financial matters were handled by breadwinner male members of the household, while children, women, and aged people who were economically disadvantaged were excluded from such matters. It appears that those who are consulted during financial decisions, particularly women, may have a better position in the family, i.e., be the family's productive members or have an unavoidable role in household responsibilities. The association between financial decision-making and the use of contraceptives among women is given in table 2 and discussed as follows:

The table given below shows that 68.8% of the women who preferred contraceptive use had a deciding role in major household expenditures like TVs, refrigerators, etc., compared to 56.6% of those who didn’t prefer contraceptive use. The association was significant (0.026) and positive (= 0.124) between major household decisions and the use of contraceptives among women. Similarly, among the women whose decisions were important in the purchase of medicine, 70.3% of them preferred contraceptive use as compared to 47.7% of the women whose decisions were not important. The autonomy in decisions regarding the purchase of medicine and the use of contraceptives was found to be highly significant (0.000) and positive (= 0.175). Those women whose decisions were important in starting a new business, 71% of them preferred contraceptive use, compared to 58.4% of those whose decisions were not important. The relationship between women's decisions

regarding new businesses and the use of contraceptives was found to be significant (0.015) and positive (= 0.137). The major reason for women's subordination and status as second-class citizens is their economic dependency on males. This economic dependency is the factor due to which they cannot participate in major household expenditures like purchasing major household materials and health care. They usually rely on (dam darud) or going to mazaraat (Shrines) and saints for treatment due to their inability to spend money on medicine for themselves and their children in particular. Because the women are getting employment, starting their own businesses, and having money in hand, they are more autonomous, and their decisions are valued at home. Moreover, in the absence of a husband nowadays, usually the wife has the decisive power in the family. This is because of the changing role of women in the study area, where women are sharing family matters with their spouses. Taking decisions about major household expenditures, business, and regarding their health-related problems means that women have autonomy in the household, on the basis of which we can conclude that these women may also use contraceptives. Studies show that women's autonomy and spousal violence have significant repercussions for women's and children's health (Tuladhar et al. 2013). Women with greater economic, social, and political power had better reproductive health outcomes; empowered women had fewer children and used different reproductive health practises (Kritz et al., 2000; Wulifanet al., 2017).Even after controlling for other individual and household characteristics, the impact of women's autonomy on their health seeking behaviour revealed that women's autonomy was significantly positively linked with their use of maternal health care (Woldemicael and Tenkorang 2010). Increased access to resources and rights for women has the potential to enable them to make decisions about using modern contraception and reducing reproduction (UN General Assembly, 2015). Contraceptive decisions are mostly made in families, but they are also impacted by cultural norms concerning gender roles and relationships (UNO, 2019; Hubacher et al., 2008; O'Regan& Thompson, 2017; Greenleaf et al., 2019).

However, the table shows that 64.7% of the women who preferred contraceptive use were given importance in their decisions to buy clothes, as compared to 58.2% whose decisions were not given importance. The association was found to be non-significant (0.563) and positive (0.039). Similarly, among those women whose decision is given importance in buying or selling property, 67.2% preferred contraceptive use as compared to 61.4% who don't give importance in such decisions. The association between decisions in property buying and selling was found to be non-significant (0.206) but positive (= 0.075). Likewise, 65.4% of the women who preferred contraceptive use had an important role in decisions regarding small household expenditures (toothpaste, soap, etc.) as compared to 55.3% who didn't prefer contraceptive use. The relationship was found to be non-significant (0.223) but positive (= 0.063) between small household expenditures and the use of contraceptives. Moreover, among those women whose decisions were important in buying clothes for their children, 64.5% preferred contraceptive use as compared to almost 58% of those whose decisions were not important. The result was found to be non-significant (0.419) and positive (= 0.032). As indicated by the non-significant values, buying clothes, property, and minor household expenditures has no effect on contraceptive use. It means these factors were not observed in the study area to contribute towards contraceptive preference. It may be due to

the fact that the people in the study area do not value these things or do not include them in the category of financial autonomy. They are of the view that minor expenditures in the household can be decided by everyone in the home as there are a lot of activities to be done on a daily basis. Even children buy these things for themselves, which is merely a choice but not autonomy. These findings are consistent with those of research done in Zimbabwe, which found that women's greater household decision-making was not linked to contraception usage but was linked to decreased fertility (Hindin 2000).

Table 2. Association between financial autonomy and use of contraceptive among women

Your decision is important in financial matters like:	Attitude	Use of contraceptives			Statistics
		Not preferred	Preferred	Total	
To buy clothes for you and the family	Yes	114(35.3)	209(64.7)	323(100)	χ^2= 1.149 (0.563) T^c= 0.039
	No	33(41.8)	46(58.2)	79(100)	
	Don't Know	4(36.4)	7(63.7)	11(100)	
Buying or selling of property	Yes	58(32.8)	119(67.2)	177(100)	χ^2= 3.158 (0.206) T^c= 0.075
	No	86(38.6)	137(61.4)	223(100)	
	Don't Know	7(53.8)	6(46.2)	13(100)	
Major household expenditures (TV, refrigerator etc.)	Yes	77(31.4)	168(68.6)	245(100)	χ^2= 7.269 (0.026) T^c= 0.124
	No	69(43.4)	90(56.6)	159(100)	
	Don't Know	4(57.1)	3(42.9)	7(100)	
Small household expenditures (toothpaste, soap, crockery etc.)	Yes	111(34.6)	210(65.4)	321(100)	χ^2= 2.997 (0.223) T^c= 0.063
	No	38(44.7)	47(55.3)	85(100)	
	Don't Know	2(33.3)	4(66.7)	6(100)	
Purchase of medicines	Yes	82(29.7)	194(70.3)	276(100)	χ^2= 20.980 (0.000) T^c= 0.175
	No	68(52.3)	62(47.7)	130(100)	
	Don't Know	1(14.3)	6(85.7)	7(100)	
Children clothes	Yes	116(35.5)	211(64.5)	327(100)	χ^2= 1.738 (0.419) T^c= 0.032
	No	33(42.3)	45(57.9)	78(100)	
	Don't Know	2(25)	6(75)	8(100)	
Starting new business/ employment	Yes	51(29)	125(71)	176(100)	χ^2= 8.365 (0.015) T^c= 0.137
	No	94(41.6)	132(58.4)	226)(100)	
	Don't Know	6(54.5)	5(45.5)	11(100)	

(Percentages are given in parenthesis)

Conclusions & recommendations

Based on the above discussion, it can be concluded that financial autonomy is important for women liberation and decision making in matters related to their lives. Economic empowerment provides freedom to women and releases them from spousal dependency. It also enables them to make their decisions freely in all matters including their

future, health, marriages, pregnancies and more importantly of using contraceptives without external pressure. It was also concluded that those women who have more economic autonomy were using more family planning methods as compared to women who were economically dependent upon others i.e. their husbands, brothers and fathers. The study recommends that a range of interventions and activities are required for women empowerment. It is suggested that provision of modern education, jobs, and employment, is required that would make women economically independent and in turn would help in their selection and usage of contraceptives without any external pressure.

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