

# EMPOWERING WOMEN THROUGH REPRODUCTIVE HEALTH CARE: IMPLICATIONS FOR SUSTAINABLE DEVELOPMENT

*Grace O. Okafor*

## **Abstract**

This study was designed to examine women empowerment through reproductive health care in Jere area, implication for sustainable development. Two research questions and a hypothesis was formulated for the study. A total of 200 women of childbearing age were the respondents selected by random sampling. Questionnaire was used to collect data and data was analyzed using mean rating and t-test at 0.05 level of significance. The findings include that some factors as husband's dominance, traditional and cultural beliefs, ignorance, lack of knowledge among others which discriminate against women's health would not allow the women to achieve a sustainable health. It was revealed that there is no difference in the discrimination against women. Finally, the study highlights some suggestions which if implemented, will help women to achieve reproductive health and participate actively in the development of the nation.

According to the Chambers Dictionary (New Edition), to empower means to authorize, the giving of power to individuals to take decisions in matters relating to them, especially in an organisation. Generally speaking, women empowerment involves giving authority or power to women to enable them participate in decision-making in government as well as in the community. Okeke (1995), observed that women became empowered to take control of their own lives, to gain the ability to do things that affect them.

In recent times, women empowerment has become a big issue globally. Development experts have stressed that meaningful development cannot occur in any society where half of its population remain unempowered and thus unable to contribute to the process. The World Bank Report (2007) stressed that "health programmes that recognize and address the health needs of women have the effect of empowering them. Empowerment within the context of health, according to Hahn and Payne (1994) is the process in which individuals or groups of people gain increasing measures of control over their health. Huston (1990) in Achunine (2009) observed that if sustainable development is indeed the challenge of international and national communities, the women and their health should be at the centre of all action strategies.

Empowerment therefore can be in the form of education, political, and economic enhancement of women. Education helps in creating awareness in individuals and increases individuals' literacy levels and skills that lead to enhanced capacity. On the other hand, political empowerment promotes effective leadership skills, involvement in decision-making processes and other political activities, while economic empowerment leads to enhanced capacity to involve in money-yielding ventures. It is this realization of the need to have women run their own lives participate in socio-economic and political agenda in their countries, that the United Nations devoted a decade (1975-1985) to issues concerning women and development. The ultimate goal was to

empower women to develop their potentials, contribute to and benefit from development on equal basis as men (UN General Assembly Resolution, xx viii).

In 1990s, many agencies used the term women empowerment in association with a wide variety of strategies including those which focused on enlarging the choices and productivity of women (Bisnath, 2001). Many conferences had been held with the intention to advance the status of women and eliminate gender-based discrimination. Some of these conferences include Mexico conference of 1975, Copenhagen conference of 1980, Nairobi World conference of 1985, and the 1995 Beijing World conference. Nigeria is not left out in the global struggle for women empowerment and women's right. Many strategies had been put in place to empower women in Nigeria.

According to Okeke (1995), these strategies include widening women's access to education, encouraging their full participation in cash economy and reviewing laws on status of women. The centre is primarily in-charge of research studies on women issues (Women Aid Collective, 2008).

Despite all these efforts, it is true that certain conditions still encourage the gap in the political power wielded by the sexes. Predominant cultural practices determine the low status of women. Beginning from childhood, women are made to accept the superiority of men in all aspects of socio-cultural life. Women have less access to education at all levels. Due to lack of gender mainstreaming and lack of women's participation in public decision-making, the annual health budgets fail to show sensitivity to the plight of women and especially in the areas relating to reproductive health. This is where most cases of death in women occur.

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and process International Conference on Population Development (ICPD, 2002). This reproductive health has been neglected in the family particularly among women. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when, and how often to do so. Reproductive health affects the lives of women and men from conception to birth, through adolescence to old age and includes the attainment and maintenance of good health as well as the prevention and treatment of ill-health.

The reproductive health focuses exclusively on family planning, maternal and child health and safe motherhood programmes. WHO (2000), ICPD (2000), and Population report (1996) stated that components of reproductive health among others are:

- Counselling, information, education, communication and clinical services in family planning.
- Safe motherhood including antenatal care, safe delivery etc.
- Gynecological care including prevention of abortion, treatment of complications of abortion etc.
- Prevention and treatment of sexually transmitted diseases (including HIV/AIDS) etc.

Udipi and Varghase (2004), noted that women's health needs are given less attention within the structure of health service provisions than the health needs of children. . This study identified that legitimizing women's right in all issues affecting their lives will enhance their reproductive health status and sustain development.

*Empowering Women through Reproductive Health Care: Implications for Sustainable Development*

It has been observed that pregnancy and child-birth constitute the major causes of mortality and morbidity of women in their reproductive and childbearing age. Statistical report revealed that the reproductive health problems and complications are pronounced in most developing countries like Nigeria United Nation and World Population Monitoring (UN, 1997, and WPM, 1996). The Population Reference Bureau (PRB) (1997) reported that above 585,000 women die every year from complications of pregnancy, childbirth and related causes.

Reproductive health care is defined as the constellation of methods, techniques and services that contribute to reduce reproductive health problems, (Oyekanmi, 1999). It also includes sexual health, the purpose of which is to enhance life and personal relations, and not merely counseling and are related to reproduction and sexually transmitted diseases (Oyekanmi, 1998). In a nutshell, reproductive health care encompasses safe sexual satisfaction without fear of having unwanted pregnancy. Irrag (1995) added that reproductive health involves one's reproductive right.

Reproductive health right is essentially the ability of individuals to lead a responsible, satisfying and safe sex including freedom to decide if, when and how often to have children.

Women especially the poor illiterate ones suffer complicated reproductive health cases. This is as a result of the nature of their reproductive role which is compounded by the various traditional practices and poor values found to be harmful, and which pose high risk to the life and well being of women during pregnancy, delivery and childbearing age. The high burden of illness associated with reproduction falls on women. They suffer health hazards of pregnancy, childbirth, abortion and sexually transmitted diseases/Acquired Immune Deficiency Syndrome (AIDS). All such cases have more serious implication for women. The social and psychological burdens related to infertility or high parity are borne more by women.

Traditional birth control, modern contraceptive use, are all directed at women with their attendant side effects. The social structure, government policies and programmes, cultural practices and beliefs of society are organized at the disfavor of women as most of the practices especially under the Nigerian patriarchal system encourages gender discrimination and lack of control by the women. The women are susceptible to high rate of morbidity and are predisposed to high rate of fertility and mortality.

The deteriorating state of women's sexuality and reproductive health status of 3<sup>rd</sup> world countries particularly in Nigeria which had been described as the most neglected tragedy of our time necessitated this study in line with various attempts made by agencies like UNICEF, WHO, NGOS to research, analyze and identify most central factors to the worsening state of women's reproductive health especially among the rural, poor communities. Initial planning and intervention strategies focused on empowering women with skills and loan to facilitate their ability to procure basic reproductive health care services. This has been faulted by research including this study as meeting the 'practical need' of welfare for the women. What we need is implementing programme that are women friendly. Thereby reducing the rate of death among women of child bearing age. Also increase in participation and control in decision on fertility and sexuality issues is very central to women's good reproductive health behavior. This is because, it was addressing the issue like most other similar studies have identified that men play dominant roles in deciding crucial reproductive health issues of their wives and concubines. Most men decide 'for' and not 'with' their wives reproductive health cases with their little knowledge of women's reproductive system.

Ahonsi, (1995), noted that as women know their rights, they are more able to negotiate better their gender relations. They are simultaneously weakening patriarchal control over sexuality and reproductively.

### **Why Empower Women?**

Women are an indispensable group and the nucleus of sustainable, social and economic development of any nation. As Clinton (1998) observed, women constitute 70% of people in the world. Against this backdrop, it would be unjust to leave them out of the scheme of things.

UNESCO, on the occasion of the 33<sup>rd</sup> session of its general conference in Paris in October, 2005, after a series of consultation with the national governments, NGOs civil society associations, launched the literacy initiative for Empowerment (Life) with a view to refocusing the attention of development partners and government alike, in addressing the issue identified and change the present trends. Literacy, especially for girls and women, contribute greatly to enhance well-being of families and communities. It is true as earlier said that “*when you educate a man, you educate an individual, but when you educate a women, you educate a nation*”. Empowering women academically and economically enhances sustainable development especially as education is indeed, the key to economic empowerment and sustainable development.

Women are better resource managers than men. Some schools of thought argued that women have a privileged relation with nature. This relation seems to stem from the caring, nurturing, sustaining and non-violent attributes which are said to be innate in women. Men, on the other hand, are seen as having a patriarchal attitude to nature, dominated by a mechanistic approach and a profit-driven pattern of resource exploitation (Shiva, 1989). Moreover, women, especially the academically and economically empowered have advanced from being just passive and recipients to active agents of change.

### **Challenges of Women Empowerment**

Attempts at empowering women have met with serious barriers and challenges. Such challenges include:

- Gender socialization
- Illiteracy and poverty
- Cultural and religious practices
- Lack of encouragement by men and women themselves
- Low level participation of women in decision making at all levels.

In line with these, United Nation (1997) identified some major factors such as cultural background, family life, nutrition, male dominance in reproductive health decision matters, traditional and religious norms, beliefs and values, which place the women at disadvantaged position in reproductive health issues.

The WHO (1998) noted the male dominance in reproductive health decisions and apposition to fertility regulation are barrier to use of reproductive health care facilities, especially in Nigeria due to existing cultural background. Previous studies by Oladokun (2001) and Osia (2002) on the choice and use of family planning techniques between men and women revealed that women adherent to these devices out-weighted that of men. It has been observed that male dominate in making decision regarding family planning with little or no opportunity given to the women. Many women die during pregnancy and childbirth due to ignorance, lack of awareness and gender discriminations.

Jere Local Government Area is semi-urban with women of middle and low socio-economic status because of the status of women in this area i.e lack of education/knowledge about reproductive health, the men gains upper hand in the choice. To ICPD (2000), Women reserve the right to free decision regarding reproductive health care suitable and affordable to them. This gives the men upper hand in

## *Empowering Women through Reproductive Health Care: Implications for Sustainable Development*

the choice and use of the reproductive health care services available in the area. These women face full range of needs, discomfort and illnesses which, when neglected, can result to malnutrition and complications that threatens their lives and their children alike. Therefore, this paper examines women empowerment through reproductive health care in Jere area and its implication for sustainable development.

### **Objective of the Study**

The objective of the study was to examine women empowerment through reproductive health care in Jere Area. Specifically the study attempted to:

- (1) find out reasons for discriminations against women empowerment through reproductive health.
- (2) find out the effect of discrimination on women reproductive health.
- (3) determine the extent of discriminations against women through reproductive health for literate and illiterate women and
- (4) discuss the implication for sustainable development.

What I mean by discrimination against women empowerment through reproductive health is lack of women empowerment through reproductive health.

### **Research Questions**

The following research questions were posed to guide the study:

- (1) what are the reasons for discrimination against women in reproductive health issues?
- (2) what are the effects of discrimination on women reproductive health?

### **Null Hypothesis**

There is no significant difference between the effect of discrimination against women on literate and the illiterate women in Jere Area.

### **Methodology**

#### **Design of the Study**

The study adopted a descriptive survey design which sought to examine women empowerment through reproductive health care.

#### **Population of the Study**

The target population comprised all the women of childbearing age in Jere Local Government Area, Maiduguri, Borno State.

#### **Area of Study**

The area of study was Jere Local Government, Maiduguri.

#### **Sample and Sampling Technique**

The sample consisted of two hundred women – from the four wards in the area. They were evenly distributed 50 from each ward. This sample was randomly selected.

**Instrument**

Questionnaire was used for the collection of data, which was based on the research questions and hypothesis. The questionnaire was made up of two sections. Section A focused on the demographic information about the respondent while section B contains 21 items that addressed the research questions. Each item has a four (4) point likert-scale of Strongly Agreed (SA), Agreed (A) Disagreed (DA), and Strongly Disagreed (SD). The items were validated by Gender and health expert to see how well it represented the problems raised. A pilot study was done using 30 women not included in the sample. A coefficient of .89 was obtained using Cronbach Alpha formula.

**Data Analysis**

The research questions were answered using mean and standard deviation (SD). A mean of 2.50 and above indicated that the item is perceived as accepted (A) while a mean of 2.49 and below is considered not accepted (NA). The null hypothesis was tested at 0.05 level of significance with t-test.

**Results**

The following results were obtained as responses from the respondents

Reproductive health and rights forms a foundation for satisfying relationships and the dream of a better future. Such rights offer women greater control over their destinies and afford them opportunities to overcome poverty, and participate actively in the development of the nation.

**Research Question 1**

What are the reasons for discrimination against women empowerment through reproductive health?

**Table 1: Respondents Mean Rating on the Reasons for Discriminations against Women Empowerment through Reproductive Health**

S/NO	ITEMS	X	SD	DECISION
1.	My husband takes decision on my reproductive health care as the head of the family	2.50	1.68	SA
2.	Gender socialization	3.60	1.63	SA
3.	Illiteracy and poverty	2.50	1.80	SA
4.	Cultural and Religious practices	3.11	1.80	SA
5.	Lack of encouragement by men	4.11	1.89	SA
6.	Low level of participation of women in decision making	2.81	1.98	SA
7.	Beliefs and values	3.00	1.88	SA
8.	Nutrition	3.78	1.65	SA
9.	Ignorance	2.52	1.68	SA
10.	Lack of awareness	3.81	1.91	SA
11.	Inability to take decision in my reproductive health	1.80	1.12	SD

X̄ = Mean, SD= Strongly Disagreed, SA = Strongly Agree, A= Agreed, SD= Standard Deviation.

***Empowering Women through Reproductive Health Care: Implications for Sustainable Development***

Data in the table above shows that all the items have mean above 2.50 except item 11. This shows that husbands take decision as the head of the family, cultural, religious and traditional value and beliefs, poverty, ignorance, poor education, lack of information and freedom are reasons for discriminations.

**Research Question 2**

What are the effects of discrimination on women reproductive health?

**Table 2: Respondent Mean Rating on the Effect of Discrimination on Women’s Reproductive Health?**

S/NO	ITEMS	X	SD	DECISION
1.	Unspaced pregnancy	3.58	1.82	SA
2.	Too many children/traditional solution	3.01	1.91	SA
3.	Poor knowledge of family planning strategies	2.58	1.81	SA
4.	Complication in pregnancy	3.61	1.67	SA
5.	Women morbidity	3.17	1.89	SA
6.	Poor nutritional status	3.21	1.88	SA
7.	Child mortality	3.11	1.78	SA
8.	Low birth weight in the child	3.00	1.90	SA
9.	High birth weight of the child	1.03	1.78	SD
10.	Lack of immediate solution	2.03	1.87	SD

Data in table 2 reveal that all the items have mean of above 2.50 except item 9 and 10. This shows that lack of knowledge of family planning resorting to Unspaced pregnancy and complication in pregnancy, low birth weight, child mortality and women morbidity are effect of discrimination on women’s reproductive health care. Lack of immediate solution is not part of the effect.

**Hypothesis**

There is no significant difference between the effect of discrimination against women on literate and illiterate women in Jere Area.

**Table 3: T-test on the Literate and Illiterate Women Reproductive Health Care.**

S/NO	ITEMS	X	SD	df	Calculated t-value	t-value
1.	Category of women literate	8.78	3.12	1.98	4.48	1.96
2.	Illiterate decision accepted.	5.69	3.61			

Data in table 3 shows that calculated t-value 4.48 is greater than table t-value 1.96. The hypothesis is therefore not rejected. In other words, there is no significant difference in the discrimination in reproductive health between the literate and illiterate in Jere Area.

## **Discussion**

Data in table 1 revealed that the husbands alone take decisions on reproductive health issues due to cultural and traditional socialization and beliefs, lack of education, poverty and ignorance and lack of rights and freedom on the part of the women. This is in line with WHO (2000) report that low status of women in society makes their decision subordinate to that of their husbands. WHO (1998) and UN (1997) noted male dominance in decision making in reproductive health issues Enemuoh, (2001) reported that custom, tradition and beliefs are obstacles to getting information about reproductive health.

Arkutu (1998) noted that the more literate a women is, the more likely she is to make right decisions concerning her health situation.

Data in table 2 showed that lack of knowledge of family planning, unspaced pregnancy and complication in pregnancy, child mortality and women morbidity are some of the effect of discrimination against women in reproductive health issues. This is in line with International Conference of Population Development (ICPD, 2000) report that, to ensure appropriate reproductive health for women, they should be given the rights to exercise their authority and to have access to safe, effective, affordable and acceptable methods of family planning of their choice. However, the reverse is the case since the women are not given such rights hence they have poor knowledge of family planning. Knowledge of family planning helps a woman to plan her pregnancy. Since this is not available women resort to tradition solution which is crude and unreliable. Also the un-spaced pregnancy places her on a very high risk which if care is not taken usually results in complications and women morbidity.

Data in table 3 revealed that there is no difference in the discrimination against women on the literate and illiterate women in Jere Area. This finding is different with Arkutu's (1998) who observed that the more literate a woman is the more likely she is to make right decisions concerning her health and the entire family. This must have been as a result of male dominance in decision making.

## **Conclusion**

The study showed the reasons for women discrimination in reproductive health issues in Jere area as lack of knowledge, husband dominance in decision making, ignorance, poverty and poor nutrition, cultural and traditional beliefs. Also lack of information and policy on women reproductive health discriminate against these women. Women should be given all support to ensure that they are educated.

## **Implication for Sustainable Development**

It could be recalled that two of the millennium Developmental goals to be achieve by the year 2015, promoting gender equity and improving maternal health. but husband's dominance, cultural and traditional beliefs, poverty, ignorance among others to which discriminate against and impede on women's health would not allow the women to achieve a sustainable health poor knowledge of family planning and reproductive health issues could lead to un-spaced pregnancy. Consequently, when the women cannot achieve a sustainable health, the family's health and that of the nation are in danger.

Reproductive health and rights forms a foundation for satisfying relationships and the dream of a better future. Such rights offer women greater control over their destinies and afford them opportunities to overcome poverty, and participate actively in the development of the nation.



**Empowering Women through Reproductive Health Care: Implications for Sustainable Development**

**Recommendation**

The following are recommendations made:

- (1) Women should be given opportunity to take decision concerning their reproductive health.
- (2) Women should be informed about their reproductive health care.
- (3) Women should avoid resorting to cultural and traditional solutions to modern care.
- (4) Government should make policies and laws governing women's right and freedom to their reproductive health care.
- (5) Women should be empowered economically, socially, psychologically educationally so as to contribute their own quota to national development

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