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Empowerment of married women for social changes in a selected community of Kathmandu valley

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Abstract

Introductions: Empowerment of women is the process by which women gain power and control over their own lives and acquire the ability to make choices and decisions. It influences the direction of social change and create a healthy life of self as well as for family. This study aimed to assess the level of empowerment of married women and association with demographic variables.

Methods: A cross-sectional study was carried out among married women with children and living with husband, at Kumbhesor 'tole' (community) in ward number 11 of Lalitpur Metropolitan City in Kathmandu valley, Nepal, during Jul-Aug 2017. Purposive sampling technique was used. Data were collected through interview using structured questionnaire by door to door visit in community.

Results: Total 170 women were interviewed. High level empowerment (score >70%) was seen in 111 (64.5%) and low level empowerment (score ≤50%) in 9 (5.5%) women. Overall empowerment was 75.7±12.3, highest in the dimension of 'health care decision making' (82.3±10.5), lowest in 'educational decision making' 59.8±21.6. Family type, respondents' and husband's educational status had significant association with empowerment.

Conclusions: The finding showed that most of the married women in urban community had high empowerment with highest decision making power on health care dimension. Family type and educational status of women and husband were associated factors.

Keywords: decision making, empowerment, social change, women

Introductions

Women's empowerment encompasses women having a sense of self-worth, access to opportunities and resources, choices and the ability to exercise them, control over their own lives, and influence over the direction of social change.[1] Women's empowerment is a fundamental human right and critical to achieve developmental objectives, including health and for promoting sustainable development. Empowered women are more likely to access health services, have control over health resources and children are more likely to receive better childcare at home, and improved health outcomes of women can further help in strengthening their own agency and empowerment.[2] The study conducted in Kapilvastu district in western Nepal revealed that mean score for women's autonomy was low, 23.34± 8.06.[3]

The objective of this study was to identify the women's empowerment for social changes in the selected urban community of Lalitpur metropolitan city in Kathmandu valley, Nepal.

Methods

A quantitative cross-sectional design was adopted to identify empowerment among married women with children and living with husband at Kumbhesor 'tole' (community) in ward number 11 of Lalitpur Metropolitan City in Kathmandu valley, Nepal, during Jul-Aug 2017. Lalitpur is one of three (other two are Kathamnadu and Bhaktapur) metropolitan cities in Kathmandu valley. As per the data from ward office, the Lalitpur metropolitan city consists of 29 wards, ward no 11 consists of 17 'tole' (community) with a population of 13218, female 6815 and married women 4430, and Kumbhesor 'tole' (community) had 261 married women. Non-probability purposive sampling technique was used. Sample size was calculated by using Cochran's formula.

Data were collected from through interview by door to door visit using structured questionnaire. All married women aged up to 59 years, living with husband in Kumbhesor 'tole' (community) and have at least one child were included in the study.

The women's empowerment on educational, economical, health care, socio-cultural decision making; and association of empowerment with age, number of children, family income, family type, educational status, and occupation were analyzed.

The structured questionnaire consisted of two parts, the socio demographic characteristics and women's empowerment. Based on scores, it was measured on 3 levels: low empowerment (score ≤50%), moderately empowerment (score ≥50% to <70%), high empowerment (score ≥70%).[4] Content validity of the instrument was established by consultation with subject matter experts.

Ethical approval was taken from Institutional Review Board (IRB) of Institute of Medicine, Tribhuvan University. Permission was taken from officer of ward no 11 for data collection. Consent was obtained from respondents and objectives explained to collect data through face to face interview.

Data were analyzed by using SPSS 16. Fisher's exact test was used to examine the association between demographic variables and women's empowerment.

Results

The total of 172 respondents meeting inclusion criteria were interviewed. The mean age was 39.9±9.0 years, 42 (41.9 %) in 35-44 years age group. Mean age at marriage was 20.1±2.9 years, 95 (55.9%) at 20-24 years, 88 (51.1%) had two children. Nuclear families were 112 (65.1%), family income of 64 (37.2%) were NPR 10,000 to 20,000 per month, 128 (74.4%) were living with husband and 161 (93.6%) were literate.

Total mean empowerment score was 75.7±12.3, (Table 1). Among dimensions of empowerment, health decision making was

(82.3%). Overall high empowerment was seen in 111 (64.5%) respondents, (Table 2). Family type, respondents and husband's educational status had significant association with women's empowerment, (Table 3).

Table 1. Dimensions of empowerment of married women (N=172) for social changes in selected community of Lalitpur Metropolitan City of Kathmandu valley, Nepal

Dimension of empowerment	Mean	SD
Educational Decision Making	59.8	21.6
Economic Decision Making	69.0	18.6
Health-Care Decision Making	82.3	10.5
Socio-Culture Decision Making	70.9	26.4
Total Overall Empowerment	75.7	12.3

Table 2. Level of empowerment of married women (N=172) for social changes in selected community of Lalitpur Metropolitan City of Kathmandu valley, Nepal

Level of Empowerment	N	%
Low Empowerment (score **≤50%**)	9	5.2
Moderate Empowerment (score **>50%-70%**)	52	30.2
High Empowerment (score **>70%**)	111	64.5

Table 3. Association of demographic variables with level of empowerment of married women (N=172) for social changes in selected community of Lalitpur Metropolitan City of Kathmandu valley Nepal

Characteristics	Level of Empowerment			p
	Low N (%)	Moderate N (%)	High N (%)	
Age of Respondent				
≤24	1 (25.0)	1 (25.0)	2 (50.0)	0.27
25-34	3 (6.8)	16 (36.4)	25 (56.8)	
35-44	2 (2.8)	20 (27.8)	50 (69.4)	
45-54	1 (2.6)	10 (26.3)	27 (71.1)	
≥55	2 (14.3)	5 (35.7)	7 (50.0)	
Number of Children				
One	3 (6.8)	12 (27.3)	29 (65.9)	0.91
Two	4 (4.5)	26 (29.5)	58 (65.9)	
More than two	2 (5.0)	14 (35.0)	24 (60.0)	
Family Income				
< Rs. 20,000	6 (5.0)	42 (35.0)	72 (60.0)	0.11
≥ Rs.20,000	3 (5.8)	10 (19.2)	39 (75.0)	
Family Type				
Nuclear	3 (2.7)	27 (24.1)	82 (73.2)	0.00*
Joint/ extended	6 (10.0)	25 (41.7)	29 (48.3)	
Educational Status				
Literate	3 (2.3)	34 (26.6)	91 (71.1)	0.00*
Illiterate	6 (13.6)	18 (40.9)	20 (45.5)	
Occupation				
Not employed	5 (8.1)	23 (37.1)	34 (54.8)	0.10
Employed	4 (3.6)	29 (26.4)	77 (70.0)	
Husband Educational Status				
Literate	8 (5.0)	45 (28.0)	108 (67.1)	0.03*
Illiterate	1 (9.1)	7 (63.6)	3 (27.3)	
Husband Occupation				
Not employed	1 (7.1)	4 (28.6)	9 (64.3)	0.80
Employed	8 (5.1)	48 (30.4)	102 (64.6)	

*Significant

Discussions

Our findings suggest 111/170 (64.5%) married women with children and living with husband had overall high empowerment level (score >75%). The mean overall empowerment was 75.7±12.3, with highest (82.3±10.5) in health care decision making, followed by socio-culture (70.9±26.4), economic (69±18.5) and lowest in the domain of educational (59.8±21.6) decision making. The other study reports women's empowerment was highest in the economic domain with 32.7% of women taking decision independently and 41.2% as couple.[5] The findings from Nigeria revealed only 16.3% had high empowerment, lower than our study (showing 75.7% women having high empowerment).[6] Low score of 23.34± 8.06 for women's autonomy is also reported from the study conducted in Kapilvastu district in western Nepal.[3] The high level of empowerment in our study could be because of the study participants were from urban community in Lalitpur Metropolitan city in Kathmandu valley, the capital of Nepal.

This study reveals that age (<24 or >55 years) of women was not associated with levels (low to high) of empowerment. However, study from Bangladesh reveals that women's age had positive effect on empowerment, increasing with women's age.[7] And, similarly the study from Philippines reports that the percentage of women who participate in specific decisions (about their own health care, purchases for daily household needs, major household purchases, about visits to their family or relatives) increases with age.[8]

Regarding education, present study reveals a significant association between educational status and women's empowerment. The study from India reports empowerment of women was directly linked with education, with positive correlation between education, status and position of women in the society.[9] Similarly, significant difference has been reported between educational qualifications and different types of empowerments.[10]

Present study shows insignificant association between occupation and empowerment, against the findings from Kapilvastu district of western Nepal[3] which showed positive association between employment of husband and women's autonomy. Similarly, observation from Lahore of Pakistan[11] reports that working women have more power in decision making process. This difference could be due high 'socio-Culture decision making' empowerment among four dimensions (health care, socio-culture, economic and educational) decision making seen in our study, which may have influenced other dimensions.

The number of children had no significantly association in present study. However, study from Philippines shows the women's decisions increases with the number of living children.[8] Similarly, study conducted in Punjab, India revealed a positive association between women's empowerment and number of children.[5]

The present study shows that there is an association between husband's educational status and women's empowerment, similar to the findings of the study conducted in India[5,12] and Ethiopia[13] showing higher spousal educational status leads to women's participation in decision making.

Some of the limitations of this study may be inclusion of married woman with children and living with husband, and thus the findings may not be genialized to other women. Also, the 'political, legal' dimensions were not included. The ethnicity, and urban residence may further influence the empowerment.

Conclusions

More than half of the married women with children and living with husband reported high empowerment. Majority of respondents had decision making power on health care dimension. Women's empowerment was significantly associated with family type and educational status of women and their husband.

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