



REPRODUCTIVE EMPOWERMENT OF WOMEN IN KERALA

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Abstract: Empowerment is a process whereby individuals gain control over their lives. Reproductive empowerment is expressed through decision-making, leadership and collective action in the reproductive sphere. Reproductive empowerment is a function of agency at the individual level, the immediate relational level, and the distant relational levels. The specific objective of the study is to assess the reproductive empowerment of women in Kerala. The research design is exploratory design. The sampling design adopted is simple random sampling. Two districts of Kerala and two panchayaths of each district are selected randomly. Women of reproductive age group 18 -49 years, who are members of self-help groups functioning in the panchayaths, are identified as samples for the study. 200 samples are taken from each district, and 100 samples from panchayath. The sample size is 400. Primary data is collected by an interview schedule. Data with respect to personal details and socio-economic details of respondents are collected. The scale on reproductive empowerment of women prepared by the researcher is used for assessing variables related to reproductive empowerment such as communication with spouse, decision-making, freedom from coercion, and social factors such as social norms and social support. The interrelationships between variables of reproductive empowerment and relationships of variables with reproductive empowerment are assessed. The study poses various implications for the field of reproductive health and the reproductive empowerment of women.

Key Words: Reproductive Empowerment, Women, Kerala.

1. INTRODUCTION

Empowering women in the reproductive sphere, is about issues such as the right to decide about their children's number, timing, and spacing and to decide freely about their reproductive activities (Kohan S, Simbar M, Taleghani F, 2012). Reproductive empowerment is “Both a transformative process and an outcome, whereby individuals expand their capacity to make informed decisions about their reproductive lives, amplify their ability to participate meaningfully in public and private discussions related to sexuality, reproductive health, and fertility, and act on their preferences to achieve desired reproductive outcomes, free from violence, retribution or fear (Edmeades, Hinson, Sebany, & Murithi, 2018)”. The specific objective of the research study is to assess the reproductive empowerment of women in Kerala. The variables of reproductive empowerment of women such as communication with spouse, decision-making, freedom from coercion, and social factors such as social support and social norms are analysed. The interrelationships between variables of reproductive empowerment and relationships of variables with reproductive empowerment are assessed.

11. REVIEW OF LITERATURE

Pulerwitz et al. (2002) attempted to measure power within sexual relationships among women aged 18 to 45 years. Sharan & Valente (2002) assessed the strength of spousal communication and negotiation in the family planning decision-making regions of Nepal. Study by Al Riyami & Afifi (2003) in Oman evaluated associations between women's empowerment and fertility. A study on unmet needs for modern contraception revealed that for half of the women, husbands were responsible for contraceptive decision-making (Al Riyami, Afifi, & Mabry, 2004). Only women who assert that they make their own decisions in three key areas are considered to have autonomy in reproductive health decision-making and empowered to exercise their reproductive rights.

McGuire & Barber (2010) assessed young adult sexual relations using a multifaceted, person-centred approach. The study analysed reproductive coercion. Sexual coercion and intimate partner violence are recognized as concepts related to an absence of reproductive empowerment, as their existence reflects an absence of power, voice and choice in intimate relationships (Edmeades, Hinson, Sebany, & Murithi, 2018). In a psychometric tool of reproductive empowerment of women, Mandal & Albert

(2020) validated communication, decision-making, social support, social norms, and critical consciousness as sub-variables of reproductive empowerment regarding decisions for family planning.

In the research study done by Auslander, Rosenthal & Short (2012), on reproductive health and reproductive decision-making in the United States, there is a strong focus on investigating self-efficacy to express, negotiate and carry out, sexual and reproductive desires and outcomes. Corroon et.al (2014) also gives due emphasis to self-efficacy in their study. Abada & Tenkorang (2012) found out that household and sexual decision-making of women is associated with decreased risk of unwanted births but not mistimed pregnancies. Upadhyay et al. (2014) measured the level of reproductive autonomy in women in 19 locations in the United States. This tool included 14 items measuring three sub-domains: decision-making, freedom from coercion, and communication. Women's autonomy was assessed by analysing three sub-indicators: reproductive care, contraceptive use and sexual relations. Analysis showed that 91 per cent of women are empowered in deciding to use contraception.

In summary, the review of the literature reveals that, gaps exist in studies on reproductive empowerment in relation to the theoretical framework of reproductive empowerment. There exists a substantial difference in the terminology used to define the concept of reproductive empowerment. It was observed that researchers use the terms reproductive autonomy, women's agency, reproductive rights, and reproductive control in various studies. It is uncertain whether the researchers are referring to the same or related concepts. The inconsistency in conceptualizing reproductive empowerment has resulted in the use of a wide range of tools and approaches for measurement. Adaptation of measures from one culture or region is often inappropriate, as empowerment is a process and outcome and also is context specific. The researcher had prepared a tool to measure the reproductive empowerment of women. The validity and reliability of the tool are established and the particular tool is used in this study.

111.THEORETICAL FRAMEWORK OF REPRODUCTIVE EMPOWERMENT IN THE STUDY

The theoretical framework of reproductive empowerment in the study based on the literature reviewed is shown in the following figure. The variables of communication with spouse, decision-making, freedom from coercion, and social factors such as social support and social norms are identified as variables of reproductive empowerment from the literature reviewed and consultation with experts in the field.

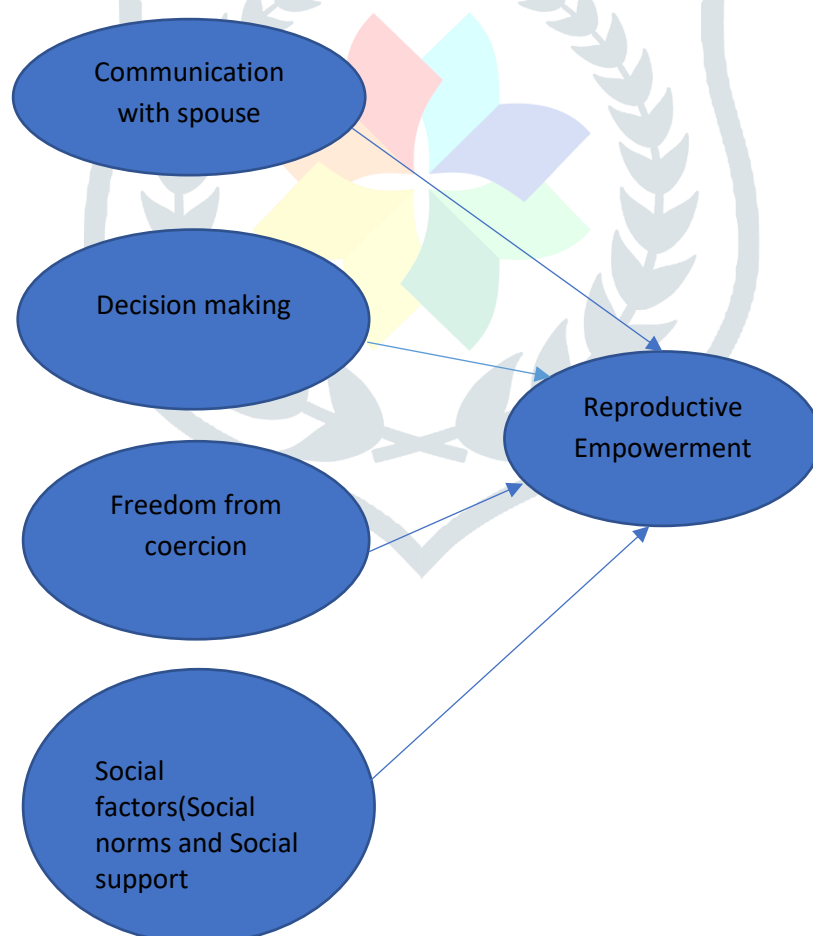


Fig.1.

Theoretical framework of reproductive empowerment of women

The variables of communication with spouse, decision-making, freedom from coercion, and social factors such as social support and social norms have a significant influence on the reproductive empowerment of women.

IV. RESEARCH METHODOLOGY

The study throws light on the reproductive empowerment of women in Kerala. The research design is exploratory design. The sampling design adopted is simple random sampling. The area of the study is confined to two districts of central Kerala. Two panchayaths of each district are selected randomly. Women of reproductive age group 18 -49 years, who are members of various self-help groups functioning in the panchayaths, are identified as samples for the study. 200 samples are taken from each district, 100 samples are taken from each panchayath. The sample size is 400. According to Guadagnoli & Velicer (1988), the minimum number of participants required for the generalizability of the results is 300–450.

Primary data is collected by an interview schedule. Data with respect to personal details, socio-economic details of women and their outset towards reproductive empowerment is measured. Data with respect to reproductive empowerment of women in sub-domains of communication with spouse, decision-making, freedom from coercion, and social factors such as social norms and social support are assessed. The scale on reproductive empowerment of women prepared by the researcher is used for assessing variables of reproductive empowerment such as communication with spouse, decision-making, freedom from coercion, and social factors such as social norms and social support. The period of data collection is from August 2021 to November 2021. Quantitative data is analysed using SPSS 21.00 Version. Data is presented in tables.

V. RESULTS AND DISCUSSION

The personal details and socio-economic details of respondents are analysed. The variables related to reproductive empowerment such as communication with spouse, decision-making, freedom from coercion, and social factors such as social norms and social support are analysed.

5.1. Socio-economic details of respondents

The data regarding the age of respondents, family details such as type of family and marital status of respondents, education of respondents, occupation of respondents and income category of respondents is analysed and is mentioned below.

5.1.1. Age of the respondents: All the respondents belong to the reproductive age group of 18-49 years. Among the respondents, 0.8% of the respondents are between the 18-19 age group, 38.3% of the respondents are between the 20-29 age group, 36.8% of the respondents are between the 30-39 age group and 24.5% of respondents are between the 40-49 age group.

5.1.2. Family details of respondents: All the respondents are married and are staying with their husbands. Considering the type of family of respondents, 77.3% of respondents belong to the nuclear family, 21.5% of respondents belong to joint family and 1.3% of respondents belong to an extended family.

5.1.3. Religion of respondents: 86.8% belong to the Christian religion, 13.0% belong to the Hindu religion and 0.3% belong to the Muslim religion.

5.1.4. Education of the respondents: Considering the highest educational level attempted by the respondents, 1.8% of the respondents studied in Lower Primary school; 10.3% of the respondents studied in Upper Primary school; 45.0% of the respondents studied in High school; 26.0% of the respondents studied in Higher secondary school; 10.8% of the respondents studied for graduation; 2.0% of the respondents studied for post-graduation; 0.3% each of the respondents studied nursing and Diploma in Pharmacy. 1.0% of the respondents have done a Diploma course and 2.0% of the respondents have done Teachers Training Course (TTC). 0.5% of the respondents have Bachelor's degree in Education (B Ed).

5.1.5. Occupation of respondents: Among the respondents, 49.5% of respondents stated that they don't have a paid job and they manage their routine home affairs; 31.3% of the respondents participate in Employee Guarantee Programme (EGP) jobs; 4.8% of the respondents are engaged in Agriculture; 3.0% and 2.8% of the respondents do Govt. job and Govt. Contract jobs respectively; 0.5% of the respondents work with Private jobs; 3.3% of the respondents work on Daily wages; 1.3% of the respondents work as tailors; For 0.5% of the respondents, the livelihood is from rearing animals.

5.1.6. Income category of respondents: 95.0% of the respondents belong to Below Poverty Line (BPL) and 5.0% of the respondents belong to Above Poverty Line (APL).

5.2. Reproductive Empowerment Variable 1-Communication with Spouse

The respondents are asked 8 statements on a five-point Likert scale. The responses are scored as 5 for 'Strongly Agree', 4 for 'Agree', 3 for 'Neutral', 2 for 'Disagree' and 1 for 'Strongly disagree'. The total score of the 8 statements for all the respondents is found. The total score of Reproductive Empowerment Variable 1- Communication with spouse is analysed.

5.2.1. Total score of Reproductive Empowerment Variable 1-Communication with Spouse

The level of total score of variable 1, Communication with spouse is shown in the following table.

Table5.1. Total score of Reproductive Empowerment Variable 1 -Communication with spouse

Variable	Score of variable	Frequency	Per cent
Communication with spouse	High score	79	19.8
	Average score	212	53.0
	Low score	109	27.3
	Total	400	100

The total score of the variable communication with spouse ranges from 8 to 40. Respondents with a score above 29.17 (Mean +Standard Deviation) is considered as having a high score in the variable communication with spouse. Respondents with a score between 29.17 to 10.51 is considered as having an average score in the variable communication with spouse. Respondents with a score below 10.51 (Mean-Standard Deviation) is considered as low score. Among the respondents, 19.8% have a high score, 53.0 % have an average score, and 27.3% have a low score, in the variable communication with spouse.

5.2.2. Mean and Standard Deviation of Reproductive Empowerment Variable 1-Communication with Spouse

Table5.2. Mean and Standard Deviation of Reproductive Empowerment Variable 1-Communication with spouse

Variable	Mean	Standard Deviation	Minimum	Maximum
Communication with spouse	19.84	9.32	8	40

The maximum score of Reproductive Empowerment Variable 1-Communication with spouse is forty and the minimum score is 8. As shown in Table 5.2., the mean score is 19.84 and the standard deviation is 9.32.

5.3. Reproductive Empowerment Variable 2-Decision -making

The respondents are asked 5 statements on a five-point Likert scale. The responses are scored as 5 for 'Strongly Agree', 4 for 'Agree', 3 for 'Neutral', 2 for 'Disagree' and 1 for 'Strongly disagree'. The total score of the 5 statements for all the respondents is found out. The total score of Reproductive Empowerment Variable 2-Decision making is analysed.

5.3.1. Total score of Reproductive Empowerment Variable 2-Decision- making

The level of total score of variable 2, decision-making is shown in the following table.

Table5.3. Total score of Reproductive Empowerment Variable 2-Decision- making

Variable	Score of variable	Frequency	Per cent
Decision-making	High score	68	17.0
	Average score	238	59.5
	Low score	94	23.5
	Total	400	100

The total score of variable 2, decision-making ranges from 5 to 25. Respondents with a score above 18.43 (Mean +Standard Deviation) is considered as having a high score in the variable decision-making. Respondents with a score of 18.43 to 6.97 is considered as having an average score in the variable decision-making. Respondents with a score below 6.97 (Mean-Standard Deviation) is considered low score. As per table 5.3., among the respondents, 17.0% have a high score, 59.5 % have an average score, and 23.5 % have a low score, in the reproductive empowerment variable 2- decision-making

5.3.2. Mean and Standard Deviation of Reproductive Empowerment Variable2-Decision -making

The mean and Standard Deviation of Reproductive Empowerment Variable2-Decision -making is shown in the following table.

Table 5.4. Mean and Standard Deviation of Reproductive Empowerment Variable 2-Decision -making

Variable	Mean	Standard Deviation	Minimum	Maximum
Decision- making	12.71	5.73	5	25

The maximum score of Reproductive Empowerment Variable 2-Decision-making is twenty-five and the minimum score is five. As shown in Table 5.4., the mean score is 12.71 and the standard deviation is 5.73.

5.4. Reproductive Empowerment Variable 3-Freedom from Coercion

The respondents are asked 3 statements on a five-point Likert scale. The scores of responses are reverse-coded. The responses are scored as 5 for 'Strongly disagree', 4 for 'Disagree', 3 for 'Neutral', 2 for 'Agree' and 1 for 'Strongly agree'. The total score of the 3 statements for all the respondents is found out. The total score of Reproductive Empowerment Variable 3-Freedom from coercion is analysed.

5.4.1. Total score of Reproductive Empowerment Variable3-Freedom from coercion

The level of total score of Reproductive Empowerment Variable3-Freedom from coercion is shown in the following table.

Table 5.5. Total score of Reproductive Empowerment Variable3-Freedom from coercion

Variable	Score of variable	Frequency	Per cent
Freedom from coercion	High score	87	21.8
	Average score	223	55.8
	Low score	90	22.5
	Total	400	100

The total score of variable 3, freedom from coercion ranges from 3 to 15. Respondents with a score above 11.18 (Mean +Standard Deviation) is considered as having a high score in the variable freedom from coercion. Respondents with a score of 11.18 to 3.95 is considered as having an average score in the variable freedom from coercion. Respondents with a score below 3.95(Mean-Standard Deviation) is considered low score. As shown in Table 5.5. among the respondents, 21.8 % have a high score, 55.8 % have an average score, and 22.5 % have a low score, in the reproductive empowerment variable 3- freedom from coercion.

5.4.2. Mean and Standard Deviation of Reproductive Empowerment Variable3-Freedom from coercion

The mean and Standard Deviation of Reproductive Empowerment Variable 3-Freedom from coercion is shown in the following table.

Table 5.6. Mean and Standard Deviation of Reproductive Empowerment Variable3- Freedom from coercion

Variable	Mean	Standard Deviation	Minimum	Maximum
Freedom from coercion	7.57	3.62	3	15

The maximum score of Reproductive Empowerment Variable3- Freedom from coercion is fifteen and the minimum score is three. As shown in Table 5.6., the mean score is 7.56 and the standard deviation is 3.62.

5.5. Reproductive Empowerment Variable 4-Social factors

The respondents are asked 4 statements on a five-point Likert scale. The responses are scored as 5 for 'Strongly Agree', 4 for 'Agree', 3 for 'Neutral', 2 for 'Disagree' and 1 for 'Strongly disagree'. The total score of the 4 statements for all the respondents is analysed.

5.5.1. Total score of Reproductive Empowerment Variable 4-Social factors

The level of the total score of Reproductive Empowerment Variable 4 – Social factors is shown in the following table.

Table 5.7. Total score of Reproductive Empowerment Variable 4-Social factors

Variable	Score of variable	Frequency	Per cent
Social factors	High score	24	6.0
	Average score	262	65.5
	Low score	114	28.5
	Total	400	100

The total score of the reproductive empowerment variable 4 -social factors ranges from 4 to 20. Respondents with a score above 14.38 (Mean +Standard Deviation) is considered as having a high score in the variable social factors. Respondents with a score of 6.16 to 14.38 is considered as having an average score in the variable social factors. Respondents with a score below 6.16 (Mean-Standard Deviation) are considered low. As shown in Table.5.7., among the respondents, 6.0% have a high score, 69.2 % have an average score, and 3.8 % have a low score, in the reproductive empowerment variable 4-social factors.

5.5.2. Mean and Standard Deviation of Reproductive Empowerment Variable 4-Social factors (Social norms and Social support)

Mean and Standard Deviation of Reproductive Empowerment Variable 4-Social factors is shown in the following table.

Table.5.8. Mean and Standard Deviation of Reproductive Empowerment Variable4- Social factors
(Social norms and Social support)

Variable	Mean	Standard Deviation	Minimum	Maximum
Social factors	10.27	4.11	4	20

The maximum score of Reproductive Empowerment Variable 4- Social factors (Social norms and Social support) is twenty and the minimum score is four. As shown in Table 5.8., the mean score for Reproductive Empowerment Variable 4- Social factors is 10.27 and the standard deviation is 4.11.

5.6. Reproductive Empowerment

To find the level of reproductive empowerment among women in Kerala, the respondents are asked to assess the 20 statements on five point Likert scale. The statements are in the subdomains- communication with spouse, decision-making, freedom from coercion, and social factors. The responses are scored as 1 for 'Strongly disagree', 2 for 'Disagree', 3 for 'Neutral', 4 for 'Agree' and 5 for 'Strongly agree' for variables communication with spouse, decision-making and social factors such as social norms and social support. The score is reverse-coded for statements related to freedom from coercion

5.6.1. Total score of Reproductive Empowerment

The total score of the 20 statements related to Reproductive Empowerment in the subdomains, communication with spouse, decision-making, freedom from coercion, and social factors such as social norms and social support is analysed and is presented in the following table.

Table 5.9. Total score of Reproductive Empowerment

Variable	Score of variable	Frequency	Per cent
Reproductive Empowerment	High score	78	18.5
	Average score	236	59.0
	Low score	86	21.5
	Total	400	100

The total score for reproductive empowerment ranges from 20 to 100. Respondents with a score above 67.38 (Mean +Standard Deviation) is considered as having a high score in Reproductive Empowerment. Respondents with a score of 33.38

to 67.38 is considered as having an average score in the variable social factors. Respondents with a score below 33.38 (Mean-Standard Deviation) are considered low. As shown in Table .5.9., among the respondents, 18.5% have a high score, 59.0 % have an average score, and 21.5 % have a low score, in the total score of reproductive empowerment.

5.6.2. Mean and Standard Deviation of Reproductive Empowerment

The mean and Standard Deviation of Reproductive Empowerment is shown in the following table.

Table.5.10. Mean and Standard Deviation of Reproductive Empowerment

Variable	Mean	Standard Deviation	Minimum	Maximum
Reproductive Empowerment	50.38	17.00	20	100

The maximum score of Reproductive Empowerment is hundred and the minimum score is twenty. As shown in Table 5.10., the mean score for Reproductive Empowerment is 50.38 and the standard deviation is 17.0.

5.7. Relationship between the variables of reproductive empowerment

Pearson Correlation is appropriate to analyse the relationship between the two variables which are interval-scaled and ratio-scaled. The relationships between variables are assessed and are presented below.

5.7.1. Relationship between the variables of reproductive empowerment-Communication with spouse and

Decision-making

Pearson Correlation is used to identify the relationship between variables Communication with spouse and Decision-making -the two variables of reproductive empowerment of women. The result is presented in the following table.

Table 5.11. Correlation between variables of reproductive empowerment-Communication with spouse and Decision- making

Variables of Reproductive empowerment	Correlation (r)	p- value
Communication with spouse –Decision-making	0.935**	0.000

**Correlation is significant at the 0.01 level

From the Table 5.9. Pearson product correlation between Communication and Decision-making is strongly positive and statistically significant (r is 0.935, and the p-value is 0.000). The r value is more than 0.9 and the p-value less than 0.001, It is concluded that: There exists a significant relationship between the variables of reproductive empowerment-Communication with spouse and Decision -making.

5.7.2. Relationship between the variables of reproductive empowerment -Communication with spouse and Freedom from coercion.

Pearson Correlation is used to identify the relationship between variables Communication with spouse and Freedom from coercion-the two variables of reproductive empowerment of women

Table 5.12. Correlation between variables of reproductive empowerment-Communication with spouse and Freedom from Coercion

Variables of Reproductive empowerment	Correlation(r)	p- value
Communication with spouse- Freedom from coercion	-0.041	0.408

From Table 5.12., it is understood that the r value is -0.041 and the p-value is 0.408. The value of r is negative, and less than 0.1, which indicates that there exists a markedly low or negligible negative correlation between the variables of reproductive empowerment-Communication with spouse and Freedom from coercion. The p-value is more than 0.05, hence it is concluded that: There exists no significant relationship between the variables of reproductive empowerment Communication with spouse and Freedom from coercion.

5.7.3. Relationship between the variables of reproductive empowerment- Communication with spouse and social factors.

Pearson Correlation is done to identify the relationship between the variable of reproductive empowerment-Communication with spouse and social factors. The result is presented in the following table.

Table 5.13. Correlation between variables of reproductive empowerment-Communication with spouse and Social factors.

Variables of Reproductive empowerment	Correlation(r)	p- value
Communication with spouse-Social factors	0.314	0.000**

From Table 5.13., it is understood that the correlation between Communication with spouse and Social factors is 0.314. The r value is positive and is between 0.3 and 0.5, hence it is concluded that: The strength of association between variables of reproductive empowerment Communication with spouse and Social factors is low. The p-value is less than 0.05, hence it is concluded that: There exists a significant relationship between the variables of reproductive empowerment Communication with spouse and Freedom from coercion.

5.7.4. Relationship between the variables of reproductive empowerment- Decision-making and Freedom from Coercion

Table 5.14. Correlation between variables of reproductive empowerment- Decision- making and Freedom from Coercion

Variables of Reproductive empowerment	Correlation	p- value
Decision-making and Freedom from Coercion	0.078	0.120

From Table 5.14., the relation between Decision making and freedom from coercion is weakly positive and statistically insignificant (r- 0.078 and p-value is 0.120). The value of r is less than 0.5 and near to 0, and the p-value is more than 0.05, which indicates no significant relationship between the variables of reproductive empowerment- Decision-making and Freedom from Coercion. Hence it is concluded that: There exists no significant relationship between the variables of reproductive empowerment such as Decision-making and Freedom from Coercion.

5.7.5. Relationship between the variables of reproductive empowerment- Decision-making and Social factors

Pearson Correlation is done to identify the relationship between the variables of reproductive empowerment- Decision-making and Social factors. The result is presented in the following table.

Table 5.15. Correlation between variables of reproductive empowerment- Decision-making and Social factors.

Variables of Reproductive empowerment	Correlation(r)	p-value
Decision-making and Social factors	0.312**	0.000

**Correlation is significant at the 0.01 level

From Table 5.15., the results of Pearson correlation between Decision- making and Social factors, r- value is 0.312. The value of r is positive and is between 0.3 and 0.5 which denotes a low positive relationship between the variables. The p-value is less than 0.05, which indicates a significant relationship between the variables of reproductive empowerment- Decision- making and Social factors. Hence it is concluded that: There exists a significant relationship between the variables of reproductive empowerment such as Decision -making and Social factors.

5.7.6. Relationship between the variables of reproductive empowerment- Freedom from coercion and Social factors

Pearson Correlation is done to identify the relationship between the variables of reproductive empowerment- Freedom from coercion and social factors. The result is presented in the following table.

Table 5.16. Correlation between variables of reproductive empowerment- Freedom from coercion and Social factors.

Reproductive empowerment Variables	Correlation(r)	p-value
Freedom from coercion – Social factors	0.214**	0.000

**Correlation is significant at the 0.01 level

From Table 5.16., it is understood that the correlation between Freedom from coercion and Social factors is 0.214. The value of r is positive and is between 0.1 and 0.3, which indicates that the relationship between the variables is very low. The p-value is less than 0.05. Hence it is concluded that: There exists a significant relationship between the variables of reproductive empowerment such as Freedom from coercion and Social factors.

5.7.7. Relationship between the variables of reproductive empowerment and reproductive empowerment

Pearson Correlation is done to identify the relationship between the variables of reproductive empowerment and the total score of reproductive empowerment

Table 5.17. Correlation between variables of reproductive empowerment and reproductive empowerment.

Variables	Correlation (r)	p-value
Communication with Spouse- Reproductive empowerment	0.931**	0.00
Decision-making -Reproductive empowerment	0.909**	0.00
Freedom from coercion- Reproductive empowerment	0.215**	0.00
Social factors-Reproductive empowerment	0.565**	0.00

**Correlation is significant at the 0.01 level

From Table 5.17., The r value for Communication with spouse and total score of reproductive empowerment is 0.931, which is near to one, which indicates that, that there is a strong positive relationship between the variable of reproductive empowerment – Communication with spouse and the total score of reproductive empowerment. The p-value is 0.00, which is less than 0.05, which shows that there exists a significant association between the variable of reproductive empowerment - Communication with spouse and the total score of reproductive empowerment.

In Table 5.17., the correlation value between Decision- making and the total score of reproductive empowerment is shown. The r value is 0.909, which is near to one, which indicates that, that there is a strong positive relationship between the variable of reproductive empowerment – Decision-making and the total score of reproductive empowerment. The p-value is 0.00, which is less than 0.05, which shows that there exists a significant association between the variable of reproductive empowerment - Decision- making and the total score of reproductive empowerment.

In Table 5.17., the results of the Pearson correlation of variable Freedom from coercion and the total score of reproductive empowerment is given. The r value is 0.215 which indicates a weak positive relationship. The p-value is 0.00, which is less than 0.05, which shows that there exists a significant association between the variable of reproductive empowerment - Freedom from coercion and the total score of reproductive empowerment.

From Table 5.17., the correlation between Social factors and the total score of reproductive empowerment is understood. The r value is 0.565 which is more than 0.5, which indicates that, there is a moderately positive relationship between the variable of reproductive empowerment - Social factors and the total score of reproductive empowerment. The p-value is 0.00, which is less than 0.05, which shows that there exists a significant association between the variable of reproductive empowerment - Social factor and the total score of reproductive empowerment.

V1. SUGGESTIONS AND RECOMMENDATIONS

Programmes should be formulated for the improvement of the reproductive health of women to ensure their reproductive empowerment. Address as routine practice, the influences of psychosocial factors, environmental factors and wider lifestyle factors such as sedentary lifestyle, smoking, substance abuse and obesity, on reproductive health outcomes of women.

Different aspects of health care for women related to, antenatal, natal and postnatal period, menopause care and screening for reproductive system disorders need to be integrated. Consultations, routine care and/or specialised care to be provided related to infertility treatment, pregnancy, emergency contraception, abortion, screening for reproductive system disorders and menopause. Target prevention of reproductive health disorders for women, who are at greater risk of poor health outcomes.

Health programmes for women should provide an opportunity for improving the reproductive health of women, especially the reproductive health of all the vulnerable and marginalised women throughout their life course, by giving due emphasis to the biopsychosocial aspects of health. The target for user-centred outcomes should be set for health programmes, as they are essential for a comprehensive assessment of achievements in the arena of women's health and women's rights and women's empowerment.

Access to accurate, and up-to-date sexual and reproductive health information on aspects such as menstruation, safe sex practices, contraception, preparation for pregnancy, the importance of periodic medical and gynaecological consultations and how to access care when needed. self-care during the antenatal period and postnatal period, possible complications during pregnancy and labour, etc. should be provided to women for enhancing their reproductive empowerment.

Programmes should be formulated for the empowerment of women. Empowerment of women in general, would help in the empowerment of women in the reproductive sphere too. Programmes for enhancement of reproductive empowerment for

women should be designed. Women should be facilitated to be empowered to make decisions related to reproductive health such as contraception, number of children and spacing of the baby in their family, etc.

Support dissemination of the right information on reproductive health, reproductive rights and reproductive empowerment to women. Information can be disseminated by use of social networks also. Facilitate women with information on legal provisions to enjoy their reproductive rights and reproductive empowerment.

V11.CONCLUSION

An approach to ensure reproductive health and reproductive rights has the potential to empower individuals in their reproductive lives, primarily through increasing choice, voice and power in their reproductive sphere. Reproductive empowerment guarantees the decisions related to reproductive life at the immediate relational level, including those that determine whether and when people marry, how many children they desire, how they manage to space childbirths and whether, when, and how they interact with the health system (Edmeades, Hinson, Sebany, & Murithi, 2018). Reproductive empowerment also guarantees the decisions related to reproductive life at the individual relational level and the distant relational level. The reproductive rights of individuals and their reproductive health lie at the core of reproductive empowerment. Appropriate measures of reproductive empowerment ensure that individuals accomplish a harmony between their reproductive aspirations and outcomes.

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