

Reproductive Empowerment Scale



MEASURE Evaluation has adopted the following definition of reproductive empowerment from a recently developed framework:

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 of violence, retribution, or fear.¹ In the context of family planning, this definition implies that individuals should be able to express their childbearing desires to their partners, healthcare providers, and others; meaningfully participate in communication and decision making with partners, with healthcare providers, and in their communities; and shape desired outcomes about marriage, the condition of sexual intercourse, and the use of contraception.

¹ Edmeades, J., Hinson, L., Sebany, M., & Muriithi, L. (2018). *A conceptual framework for reproductive empowerment: Empowering individuals and couples to improve their health*. Washington, DC, USA: International Center for Research on Women. Retrieved from <https://www.icrw.org/publications/framework-for-reproductive-empowerment-brief/>.

To strengthen and standardize a measurement of reproductive empowerment among women in sub-Saharan Africa, MEASURE Evaluation—a project funded by the United States Agency for International Development—recently developed and validated a multidimensional scale that can be incorporated in survey instruments. The Reproductive Empowerment Scale consists of five short subscales that measure women's communication with healthcare providers; communication with partners; decision-making; social support; and social norms on issues related to women's reproductive health and fertility.

Method

We developed the Reproductive Empowerment Scale using results of a literature review that identified domains and subdomains of reproductive empowerment documented in studies in sub-Saharan Africa. The scale was also informed by focus group discussions with women and men in Zambia to explore in-depth the meanings of the identified domains and subdomains and to explore new domains and subdomains. A draft scale was developed and then tested and refined through cognitive interviews with women in Kenya. The scale was quantitatively validated within a broader family planning and reproductive health survey in Nigeria administered to women ages 18 to 35 years. Psychometric properties of the scale were analyzed using confirmatory factor analysis and internal reliability analysis, and the scale was further refined and finalized. The construct validity of the final 20-item scale was examined using logistic regressions to assess the extent to which the scale was associated with key family planning and reproductive health outcomes.

For more information on the development and validation of the scale, please see the following documents:

Developing Measures of Reproductive Empowerment: A Qualitative Study in Zambia, available at <https://www.measureevaluation.org/resources/publications/tr-17-185/>

Validating Measures of Reproductive Empowerment in Kenya, available at <https://www.measureevaluation.org/resources/publications/tr-19-340>

Reproductive Empowerment Scale: Psychometric Validation in Nigeria, available at <https://www.measureevaluation.org/resources/publications/tr-20-393>

Reproductive Empowerment Scale

Respondents are females ages 15–49 years who currently have a spouse/partner.

Reproductive Health (RH) Healthcare Provider Communication

For each statement, please state if you “strongly disagree,” “disagree,” “agree,” or “strongly agree.”

1. You and your healthcare provider talk about using contraception.
2. You can initiate conversations about using contraception with your healthcare provider.
3. You can ask your healthcare provider questions about using contraception.
4. You can share your opinions about using contraception with your healthcare provider.
5. When discussing contraception with your healthcare provider, s/he pays attention to what you have to say.

RH Partner Communication

For each statement, please say if you “strongly disagree,” “disagree,” “agree,” or “strongly agree.”

6. You can initiate conversations about using contraception with your partner.
7. You can share your opinions about using contraception with your partner.
8. You can share your opinions about how many children you want to have with your partner.
9. You can tell your partner that you don’t feel like having sex without him getting angry, violent, or threatening to leave.
10. When having conversations about sex and sexual reproductive health with your partner, he pays attention to what you have to say.

RH Decision Making

For each statement, please say if you “strongly disagree,” “disagree,” “agree,” or “strongly agree.”

11. You can use contraception even if your partner doesn’t want you to.
12. You can refuse sex with your partner if you don’t want to have sex.

Please answer with one of the following options:

“Myself”
 “My partner”
 “My partner and myself jointly”
 “My parents”
 “My partner’s parents”
 “Another family member”
 “Healthcare provider”
 “Other (specify)”
 “Don’t know”

13. Who makes the final decision about whether or not you use contraception?
14. Who do you want to make the final decision about whether or not you use contraception?

RH Social Support

For each statement, please say if you “strongly disagree,” “disagree,” “agree,” or “strongly agree.”

15. If your partner did not want you to use contraception, you have a friend or family member who could help you convince your partner that you should use contraception.
16. If your partner did not want you to use contraception, you could go to people in your community who know about contraception and could help you convince your partner that you should use contraception.
17. If your partner did not want you to use contraception, you have friends or family who would support you getting contraception anyway.

RH Social Norms

For each statement, please say if you “strongly disagree,” “disagree,” “agree,” or “strongly agree.”

18. Friends or family members you are close to can decide when they want to use contraception.
19. Friends or family members you are close to use contraception even when their partner does not want them to.
20. Friends or family members you are close to think you should be able to decide when to use contraception.

Scoring the Reproductive Empowerment Scale

Most items in the reproductive empowerment scale have four-level Likert response options (strongly disagree, disagree, agree, and strongly agree). We recommend that the scale, and/or each subscale, be scored by summing the numerical responses to each scale item (whole numbers from one to four) and then dividing the total score by the number of items in the subscale(s). To ensure that all higher scored items represent greater empowerment, the following scoring rubric should be used for all items except item numbers 13 and 14: 1=strongly disagree; 2=disagree; 3=agree; 4=strongly agree.

The scoring of item numbers 13 and 14 depends on the culture and context where the scale will be implemented. In contexts where joint decision making is considered most empowering and decision making by non partners is considered least empowering, one option for scoring is 4=My partner and myself jointly; 3=Myself; 2=My partner; 1=All other options.

It should be noted, however, that quantitative measures of decision making cannot fully determine the level of empowerment that women may experience from joint decision making, given that the quality of the decision-making process is not being measured by the subscale. Moreover, joint decision making may be empowering for some couples but disempowering for other couples, depending on the history of the individual and the couple and the social environment in which they interact.



A nurse in Jos, Nigeria, explaining contraceptive options to a mother who wants to space her pregnancies further apart. Photo: © 2001 Liz Gilbert, courtesy of Photoshare.



A group of community members in Zambia. Photo: Carolina Mejia, MEASURE Evaluation.