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Association between Women Empowerment and Social Support in the Reproductive Decision-Making of the Women Referring to the Health Centers in Sari, Iran (2017)

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Abstract

Background: Empowerment of women is considered to be a critical developmental strategy. Today, empowerment of women is not only a priority, but it also is an urgent need of women as a one of the most important populations considering their roles in the family and community. Social support and empowerment of women are regarded as an investment for future generations, which will result in sustainable development.
Objectives: The present study aimed to explore the association between the social support and empowerment of women with their reproductive decisions in the health centers in Sari, Iran.
Methods: This descriptive-correlational study was conducted on 400 women referring to the health centers in Sari, Iran in 2017. The subjects who met the inclusion criteria were selected via multistage cluster sampling. Data were collected using a demographic and reproductive characteristics questionnaire, multidimensional scale of perceived social support, and the questionnaire of women empowerment and reproductive behavior. Data analysis was performed in SPSS version 16.
Results: The subjects had a moderate level of empowerment in their reproductive decisions. On the other hand, favorable and poor empowerment levels were observed in the dimensions of cultural background and family planning, respectively. Furthermore, social support had a direct, significant correlation with the empowerment of women in reproductive decisions (P=0.001; r=0.34).
Conclusion: According to the results, the empowerment and social support of women are imperative issues that require special attention and investment considering the key role of women in promoting community health.

Keywords: reproductive, social support, decision-making power

Introduction

Empowerment of women refers to the capabilities of women in decision-making regarding the most important life issues [1]. In the modern era, women are constantly present in the community, and their key roles in the family and society are indisputable. Women constitute half the entire population of the human community [2], and their presence in various sectors of the society is considered to be a prerequisite for the development of the community. Therefore, women's power has been highlighted in every country as a means to achieve progress. In national and international development programs, women have received significant attention, and there are attempts for women empowerment across the world [3].

The United Nations (UN) has proposed various indices to measure the development of human communities and determine the status of women

in every country; such examples are the gender development index and gender empowerment index, which are estimated based on the economic, social, and political factors involving women. In accordance with these indices, the findings of the UN population and development funds have emphasized on the inappropriate conditions of women in various countries [4].

From the perspective of Malhotra, the empowerment process disintegrates negative social structures, so that women could possess the capacity, ability, and right to act, which in turn influences their decision-making options. In his viewpoint, the empowerment process involves the modification of women's status and orientation toward a social, strategic cooperation, as well as increasing the social power of women [5].

According to the UN, the foremost influential factors in the empowerment of women are access to proper facilities and opportunities on social, economic, legal, and political levels, the right to control their life, and having the power to settle on and interpret social and economic issues on national and international levels. Women empowerment is an inherent element of sustainable development [6].

Although most of the studies in this regard have examined inadequate factors and solutions to reach the reproductive goals in healthcare system, these infrastructures must be of great concern in every social and cultural setting. Social and cultural norms are among the most prominent barriers to the empowerment of women [7]. The Cairo Conference agenda proposed specific steps toward enhancing autonomy in reproductive health, as well as increasing social support for women. Such planning must be incorporated into the agenda of every country in proportion to the social and cultural context. Therefore, further investigations are recommended in order to assess the status of the empowerment and social support of women [8].

In recent years, the association between social support and health and its beneficial effects on the physical and mental health of humans has been a major concern among researchers and scholars. In the viewpoint of women, social support is the foremost factor to restrict their ability for reproductive decision-making. In fact, the level of social support is determined by the community, and sociocultural norms have a major impact on the decision-making of women regarding their reproductive issues [9].

In the modern era, empowerment of women is not only a health priority, but it also is an urgent need of women as one of the most important populations in the community and their numerous roles in the family and society. Empowerment and social support of women is regarded as an investment for future generations, which in turn results in sustainable development .

The present study aimed to investigate the association between the empowerment and social support of women in their reproductive decision-making in the health centers in Sari, Iran.

Methods

This descriptive-correlational study was conducted on the women referring to the health centers in Sari, Iran in 2017. The subjects were selected via multistage cluster sampling. The selected health centers were affiliated to Mazandaran University of Medical Sciences (Sari, Iran), which were considered as clusters.

Initially, a list of the health centers in Sari was provided with codes, and eight health centers (total: 20) were selected via simple random sampling. Afterwards, the sample size in each health center was determined proportionally. Finally, convenience sampling was performed in the selected health centers. Due to the scarcity of the data regarding the empowerment of women in reproductive behaviors in Sari and according to a pilot study carried out on 40 individuals who met the inclusion criteria of the study, the samples size was calculated to be 400 .

The inclusion criteria of the study were as follows: 1) age of 15-49 years; 2) no history of mental disorders; 3) no pregnancy; 4) having at least one child; 5) having the spouse as the only marriage partner and living with the spouse; 6) basic literacy; 7) Iranian nationality and being a Muslim; 8) no history of infertility and 9) residence in Sari city for more than one year. The exclusion criteria were lack of consent to participate in the study and improper completion of the questionnaires.

Data were collected using a demographic and reproductive characteristics questionnaire, multidimensional scale of perceived social support, and the questionnaire of women empowerment and reproductive behavior. The researcher-made demographic and reproductive characteristics questionnaire was developed based on a literature review and the feedback provided by three faculty members of Mazandaran University of Medical Sciences [4,10]. The questionnaire consisted of 12 items on the variables of age, number of deliveries, number of abortions, age at marriage, age at the birth of the first child, gender and number of children, unintended pregnancy, income status, education level, and occupation status.

The multidimensional scale of perceived social support (MSPSS) [11] consisted of 12 items to evaluate the perceived social support from the family, friends, and significant other. MSPSS has been translated to Persian by Salimi and Bahrami (2009) [12]. The items in this scale were scored within a range of 1-7 (Strongly Disagree: 1, Disagree: 2, Partially Disagree: 3, Neutral: 4, Partially Agree: 5, Agree: 6, Strongly Agree: 7). In addition, the score ranges of 12-48, 49-68, and 69-84 represented low, moderate, and high social support, respectively.

In the present study, the validity of MSPSS was assessed based on content analysis and principal component analysis. Several studies have confirmed the reliability of the questionnaire at the Cronbach's alpha of 0.86-0.9 for the subscales and 0.86 for the entire questionnaire [13].

Questionnaire of Women Empowerment and Reproductive Behavior

The questionnaire of women empowerment and reproductive behavior [14] was applied to measure the empowerment status of women in reproductive decision-making. This scale consisted of 38 items in the cultural (11 items), individual-family (10 items), social (nine items), and family planning dimensions (eight items). In the cultural dimension, the items were focused on the positive attitude toward childbirth, belief in authority of women in reproductive decision-making, valuing boys over girls, and the attitude of the society toward the authority of women in reproductive decision-making .

The social dimension addressed the impact of the media on the status of women in reproductive decision-making, effects of schools on the establishment of empowerment foundations (i.e., practicing decision-making skills and training on the reproductive system), and dual role of employment in reproductive decision-making (i.e., independent decision-making by employed women or the constraints associated with their reproductive planning). Moreover, the items in the individual-family dimension were mainly focused on factors such as economic problems, mandatory pregnancy planning, the authority of men in reproductive decision-making, childbirth as a means to preserve marital life, and poor decision-making skills.

The areas covered by the family planning dimension included the negligence of men's participation in reproductive decision-making, not addressing the needs of men, lack of sexual health and couple counseling services, deficient free reproductive health services in health care centers, inadequate education and communication, and traditional service provision structures.

The mean total score and mean scores of each dimension in the women empowerment were calculated and expressed in percentages within five score ranges of 0-20 (very low), 21-40 (low), 41-60 (moderate), 61-80 (high), and 81-100 (very high), respectively.

The content validity of the empowerment questionnaire was confirmed using the content validity ratio (CVR) and content validity index (CVI), and its reliability was measured using test-retest reliability and internal consistency based on the Cronbach's alpha. The test-retest technique estimated the reliability of the scale at r=0.77, and the Cronbach's alpha coefficients were determined to be 0.76 for the cultural dimension, 0.71 for the social dimension, 0.73 for the individual-family dimension, 0.96 for the family planning dimension, and 0.72 for the entire questionnaire. In addition, the reliability of the empowerment questionnaire and its dimensions was confirmed at the the Cronbach's alpha coefficients of $\geq$0.70 [15].

Data analysis was performed in SPSS version 16 using descriptive statistics to describe the obtained data and tables and express the results in

percentages, mean, and standard deviation. Moreover, inferential statistics were applied to determine the correlations between the studied variables. The Kolmogorov-Smirnov test was also used to assess the distribution of the quantitative variables, and the results were indicative of the normal distribution of these variables. In addition, Pearson's correlation-coefficient was employed to verify the correlations between the normal quantitative variables.

Results

In total, 400 women completed the questionnaires in the selected health centers affiliated to Mazandaran University of Medical Sciences in Sari, Iran. Our findings indicated a significant, direct correlation between the social support and empowerment of women in terms of reproductive decision-making (P=0.001; r=0.34). With respect to the demographic characteristics, the mean age of the participants was 5.14±5.80 years, and the majority of the participants aged 18-28 years (65.5%) were married. In addition, most of these women (78.3%) had delivered their first child within the same age range.

In terms of the education level of the women and their spouses, the mean length of education was 10.58±2.37 and 11.46±3.52 in the women and their spouses, respectively. With regard to the occupation status of the subjects, the majority of the women in the study were housewives (82.56%).

Table 1: Demographic and Reproductive Characteristics of Women Referring to Health Centers in Sari, Iran

Demographic and Reproductive Characteristics		N	%
Age (year)	15-25	75	18.8
	26-35	244	61
	36-45	72	18
	>45	9	2.2
Marriage Age (year)	<18	100	29.2
	18-28	285	65.5
	29-39	15	5.3
Age at First Childbirth (year)	<18	40	10.4
	18-28	315	78.3
	29-39	45	11.3
Number of Deliveries	1	192	48
	2	157	39.2
	3	45	11.2
	≤4	6	1.6
Number of Children	1	195	48.8
	2	158	39.5
	3	40	10
	≤4	7	1.7
Number of Abortions	0	303	75.8
	1	84	21
	2	8	2
	3	4	1
	4	1	0.2
Gender of Children	Female	145	36.2
	Male	146	36.5
	Male and Female	109	27.2
Unintended Pregnancy	Yes	95	23.7
	No	305	76.3

According to the information in Table 2, the mean score of women empowerment in reproductive decision-making was 78.60±12.32 (total score: 152). In other words, the subjects achieved 51.7% of the total score of empowerment. Furthermore, the maximum and minimum scores of women

empowerment in reproductive decision-making were observed in the cultural (64.68%) and family planning dimensions (35.46%), respectively.

Table 2: Scores of Women Empowerment in Reproductive Decision-Making and Its Dimensions

Women Empowerment Dimensions	Mean	SD	Score (%)
Cultural Dimension (High)	28.46	4.69	64.68
Social Dimension (Moderate)	19.28	6.31	53.5
Individual-Family Dimension (Moderate)	21.93	5.80	54.82
Family Planning Dimension (Low)	11.35	4.71	35.46
Total Score (Moderate)	78.60	12.32	51.7

According to the information in tables 3 and 4, the mean scores of the social support received from the family, friends, and significant other were 20.74±4.36, 18.72±5.60, and 20.70±3.31, respectively. On the other hand, the majority of these women (54.5%) had a medium level of social support, with the mean score of 49-68.

According to the information in Table 5, there were significant correlations between social support and the dimensions of women empowerment in reproductive decision-making (P<0.001).

Table 3: Scores of Social Support and Its Dimensions

Social Support Dimensions	Mean	SD
Family	20.74	4.36
Friends	18.72	5.60
Significant Others	20.70	3.31
Total Score	60.46	12.48

Table 4: Frequency Distribution of Social Support Levels

Social Support Levels*	N	%
Low	65	16.3
Medium	218	54.5
High	117	29.2
Total	400	100

***Low, medium, and high social support levels were considered within score ranges of 12-48, 49-68, and 69-84 in the MSPSS, respectively**

According to the information in Table 5, all the dimensions of women empowerment were directly and significantly correlated with social support, and the most significant association was observed between social support and the individual-family dimension (P<0.001; r=0.0.37).

Table 5: Correlations between Social Support and Dimensions of Women Empowerment in Reproductive Decision-Making

Variable	Cultural Dimension	Social Dimension	Individual-Family Dimension	Family Planning Dimension	Women Empowerment (total)	Social Support
Cultural Dimension	1					
Social Dimension	0.23*	1				
Individual-Family Dimension	0.29*	0.33*	1			
Family Planning Dimension	0.24*	0.23*	0.23*	1		
Women Empowerment (total)	0.54*	0.63*	0.75*	0.52*	1	
Social Support	0.29*	0.26*	0.37*	0.21*	0.34*	1

***P< 0.001**

Discussion

This was the first study to evaluate the association between the social support and empowerment of women in reproductive decision-making in Sari, Iran. According to the findings, social support was correlated with the empowerment of women in reproductive decision-making. Proper social support and relationships remarkably influence the health of individuals. Furthermore, social support has health-protective effects, and supportive relationships could result in healthier behaviors [16].

In the present study, the subjects had a moderate level of empowerment, while the lowest empowerment level was observed in the dimension of family planning. In this regard, the findings of Froozanfar et al. in Tehran (Iran) also indicated a moderate level of empowerment in the reproductive behaviors of women [17].

In another study by Kohan et al., the findings demonstrated that women considered access to information resources on family planning, authority, and decision-making skills as the important factors involved in reproductive planning. Moreover, they believed that the current family planning services were not sufficient to meet their reproductive needs. In the mentioned research, the level of women empowerment was reported to be low [10]. The study by Kohan et al. was conducted in Isfahan (Iran), while our research was performed in Sari city. The discrepancies between the findings could be due to the differences in the subjects and sampling tools.

The provision of reproductive health services by the healthcare system should be tailored to the needs of the community members, and the pattern of family planning services should be developed in line with the empowerment of women in order to achieve reproductive preferences [18]. In numerous countries, women are denied the power to make reproductive decisions without restraint. Lack of supportive networks and religious barriers in the community hinders receiving proper health services by women, and the women receiving less social support are at a higher risk of depression and pregnancy issues compared to others. On the other hand, dysfunctional intimate relations could lead to poor mental and physical health in women [7].

In a research in this regard, D'Souza et al. claimed that social support influenced the reproductive and general health conditions of women, and poor social support was reported to decrease the quality of marital life and affect the decision-making power of women regarding marital life issues [19]. In the study by Kiani et al., social support was observed to have a significant association with the empowerment of women in reproductive decision-making [20]. By contrast, some studies have denoted no significant correlation between the social support and

empowerment of women [21,22]. This inconsistency could be due to the differences in the samples, research tools, and study settings.

According to the present study, social support had the most significant correlation with the individual-family dimension of women empowerment in reproductive decision-making. In the research by Wills et al., poor social support, male domination, and patriarchy were considered to be the major restrictions imposed on individual and family empowerment [23]. Reproduction is of utmost importance in terms of health care and should be considered based on the roles and responsibilities of women in marriage and family life. As such, reproductive health interventions should be planned in all the life stages of women in order to increase their quality of life [24].

The conversation between couples regarding reproduction and the number of children is a vital issue in women empowerment for reproductive decision-making [13]. In the present study, social support was correlated with the cultural dimension of women empowerment in reproductive decision-making. Cultural factors largely influence the decisions of individuals, while profoundly affecting social protection, marital relations, number of children, the birth time of children, and decision-making power of women [25].

The findings of the current research suggested that social support was also associated with the social dimension of women empowerment in reproductive decision-making. In a study by Mutambirwa et al., social status was reported to influence marital relations, as well as improving the perspectives of couples toward reproductive decisions [26].

Empowerment of women is a dynamic process, which encompasses their ability to change the structures and beliefs that restrict them to a subordinate position. This process helps women to obtain more resources to better control their life, while promoting their independence, self-confidence, and self-esteem. In other words, women empowerment remarkably improves the self-image of women [27].

Today, women empowerment is not only a necessity, but it also is an urgent need for women as one of the most influential groups in the family and society. Since women are a dynamic, active, and motivated population, they are able to make great contributions to the community, and their decisions have a noticeable impact on their personal life as well. Empowerment of women and prioritizing their activities in the community are a substantial investment for future generations, which in turn will result in sustainable development. Therefore, special attention must be paid to the issue of women empowerment and its various dimensions.

One the strengths of the present study was the use of a standardized questionnaire to measure the empowerment of Iranian women in reproductive decision-making and its association with social support. No previous studies in this regard have applied a similar standardized tool.

One of the limitations of the current research was the use of convenience sampling at the final stage. Due to the implementation of the family physician plan in Mazandaran province, the healthcare centers had no access to an accurate list of their covered individuals, and their information had not been updated for the past five years. Consequently, it was not possible to employ random sampling. It is recommended that further investigation be conducted in this regard in rural health centers for the comparison of the results with those of urban areas.

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References

1. Kiani Z, Simbar M, Dolatian M, Zayeri F. Women's Empowerment in Reproductive Decision-making Needs Attention among Iranian Women. Iran J Public Health. 2018; 47(3): 464-5.

2. Ghyasvand A, Ammari H. Assess the Impact of Cultural and Social of Women (SH) on Women's Empowerment in Tehran. J Social Welfare Development Plan. 2012; 3(12): 147-68.
3. Kabir N. Women's economic empowerment and inclusive growth: labour markets and enterprise development[dissertation]. UK: School of Oriental and African Studies. 2016; 5(6): 6-8
4. Kiani Z, Simbar M, Dolatian M, Zaeri F. Relationship between structural social determinants of health and women's empowerment in reproductive health. J Sch Public Health Inst Public Health Res. 2015; 13(2): 1-15. [In Persian]
5. Bandrez Z, Niknami M. Identification of Social/Cultural Factors Affecting the Empowerment of Women's Rural Cooperatives Members in Ilam Province. Agricultural Extension and Education Research. 2013; 6(3): 63-77. [In Persian]
6. Kaldi A, Salahshouri P. The Investigation of Social Support's Effect on Women Empowerment. J Iran Social Development Studies. 2013; 4(4): 7-22. [In Persian]
7. Haile A, Enqueselassie F. Influence of women's autonomy on couple's contraception use in Jimma town, Ethiopia. Ethiop J Health Dev. 2006; 20(3): 50-62.
8. DeRose LF, Ezeh AC. Decision-making patterns and contraceptive use: evidence from Uganda. Popul Res Policy Rev. 2010; 29(3): 423-39.
9. Rubin A, Babbie ER. Empowerment series: Research methods for social work. 9th ed. United States: Cengage Learning; 2016.
10. Kohan S, Simbar M, Talaghani F. Reproductive age women`s experiences about empowerment in family planning: a qualitative study. J Urmia Nurs Midwifery Fac. 2013; 10(6).
11. Zimet GD, Dahlem NW, Zimet SG, Farley GK. The multidimensional scale of perceived social support. J Pers Assess. 1988; 52(1): 30-41.
12. SalimiAR, Bahrami J. Internet and Communication: Perceived social support and loneliness as antecedent variables. Psychological Studies. 2009; 5(3): 81-102. [In Persian]
13. Bruwer B, Emsley R, Kidd M, Lochner C, Seedat S. Psychometric properties of the Multidimensional Scale of Perceived Social Support in youth. Compr Psychiatry. 2008; 49(2): 195-201.
14. Kohan S, Simbar M, Taleghani F. Empowerment in family planning as viewed by Iranian women: A qualitative study. J Biosoc Sci. 2012; 44(2): 209-19.
15. Di Lorio C. Measurement in health behavior: methods for research and evaluation. 1st ed. San Francisco: Jossey-Bass; 2005.
16. Kiani Z, Simbar M, Dolatian M, Zayeri F. The relationship between self-esteem and empowerment of women in reproductive. J Mazandaran Univ Med Sci. 2017; 27(150): 187-91. [In Persian]
17. Froozanfar S, Majlessi F, Rahimi F. A, Pourreza A. Assesment of the relationship between empowerment and reproductive behavior. Daneshvar Medicine. 2012; 19(99): 93-46. [In Persian]
18. Creel LC, Sass JV, Yinger NV. Client-centered quality: clients' perspectives and barriers to receiving care. New Perspectives on Quality of Care. 2002; 2: 1-8.
19. D'Souza MS, Karkada SN, Somayaji G, Venkatesaperumal R. Women's well-being and reproductive health in Indian mining community: need for empowerment. Reprod Health. 2013; 10(1): 24.
20. Kiani Z, Simbar M, Dolatian M, Zayeri F. Correlation between Social Determinants of Health and Women's Empowerment in Reproductive Decision-Making among Iranian Women. Glob J Health Sci. 2016; 8(9):54913.
21. Dardas LA, Ahmad MM. For fathers raising children with autism, do coping strategies mediate or moderate the relationship between parenting stress and quality of life? Res Dev Disabil. 2015; 36: 620-29.
22. Rappaport J. In praise of paradox: A social policy of empowerment over prevention. Am J Community Psychol: Springer. 1981; 9(1): 1-25.
23. Wills TA, Weiss RL, Patterson GR. A behavioral analysis of the determinants of marital satisfaction. J Consult Clin Psychol. 1974; 42(6): 802-11.
24. Kaddour A, Hafez R, Zurayk H. Women's perceptions of reproductive health in three communities around Beirut, Lebanon. Reprod Health Matters. 2005; 13(25): 34-42.

25. Brezsnyak M, Whisman MA. Sexual desire and relationship functioning: The effects of marital satisfaction and power. J Sex Marital Ther. 2004; 30(3): 199-217.
26. Mutambirwa J, Utete V, Mutambirwa C, Maramba P. The Consequences of Family Planning on Women's Quality of Life in Zimbabwe'. Women and Development in Zimbabwe: The Role of Family Planning Harare: Weaver Press. 1998.
27. Barghi H, Ghanbari Y. A Review and Survey on Components of Empowering the Rural Women and Explanation of Their Effective Factors: A Case Study of Isfahan County. Village and Development. 2014; 17(1): 37-53. [In Persian].