

A CONCEPTUAL FRAMEWORK FOR REPRODUCTIVE EMPOWERMENT: EMPOWERING INDIVIDUALS AND COUPLES TO IMPROVE THEIR HEALTH

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WHY REPRODUCTIVE EMPOWERMENT?

There are few events more consequential to the lives of men and women than those tied to reproduction. In virtually all societies, sexual behavior and the act of having children are important markers and determinants of social status, meaning that one's ability to shape those experiences is vitally important. The right of individuals to freely make decisions about their reproductive lives has been a cornerstone of sexual and reproductive health (SRH) programming since at least the 1994 United Nations Conference of Population and Development. By sexual and reproductive health, we mean that "people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so." This includes being informed of and having access to "safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services."¹

Over the past two decades, there has been increasing recognition that reproductive health is strongly related to one's overall empowerment. However, the evidence linking empowerment to reproductive outcomes has been inconsistent, partly reflecting a lack of a common understanding of what empowerment means conceptually, how to best measure it and how to integrate it into program design and policy.^{2,3} Furthermore, despite the importance of reproductive health decisions to the lives of men and women the world over, it is only recently that researchers have started to consider empowerment in the reproductive realm as a distinct dimension of overall empowerment. As a result, there is a lack of clarity about what might be considered reproductive empowerment, what its key components are and how best to measure it.

OUR GOALS AND APPROACH

With funding from USAID and in partnership with MEASURE Evaluation, the International Center for Research on Women (ICRW) has developed a conceptual framework for reproductive empowerment to help address these concerns. The goal of developing this framework is to provide conceptual clarity around what reproductive empowerment means, which will allow for the development of better ways to measure it. This, in turn, will provide the evidence needed to develop more effective programs that enhance reproductive empowerment and improve the lives of women, men and their families.

In this brief, we define reproductive empowerment and present a conceptual framework of reproductive empowerment, based on an extensive literature review and consultations with experts in the fields of sexual and

reproductive health, rights-based family planning and women's empowerment. As a part of this process, a more extensive **background white paper**⁴ was developed, including a review of existing empowerment measures in the reproductive realm, which this brief is based on.

DEFINING REPRODUCTIVE EMPOWERMENT

Our definition (**Box 1**) and corresponding conceptual framework (**Figure 1**) draw heavily from decades of in-depth thought about empowerment as a concept across a range of fields as diverse as economics, sociology, anthropology, demography and public health. Our framework relies particularly on the women's empowerment and reproductive rights literature, reflecting both women's disproportionate share of disempowerment in reproductive decisions compared to men and the centrality of rights to any discussion of empowerment. Despite this, our definition and framework are intentionally designed to be applicable to any individual or group for whom reproductive behavior is of importance, regardless of gender or sex.

BOX 1 REPRODUCTIVE EMPOWERMENT: A DEFINITION

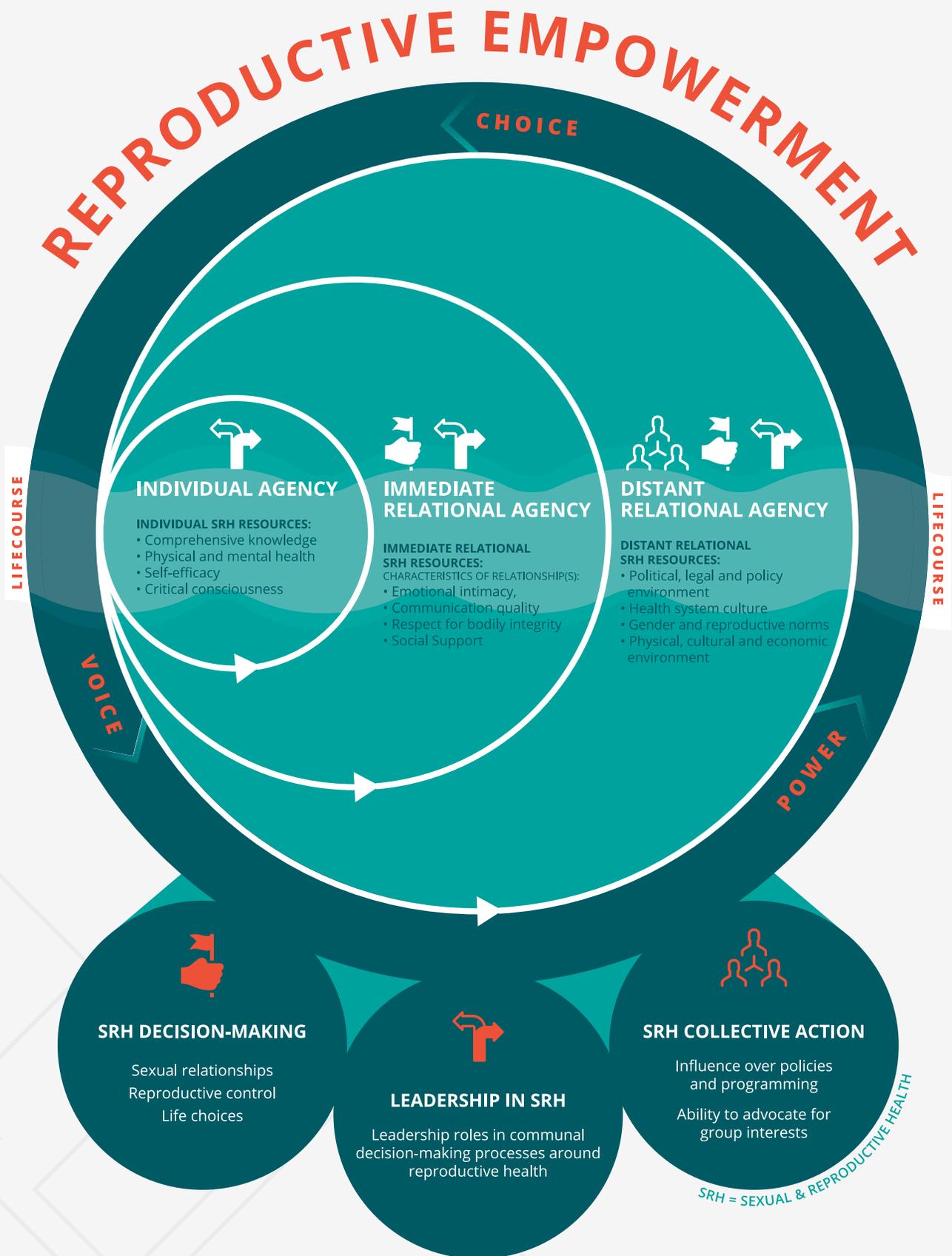
"Both a transformative process and an outcome, whereby individuals expand their capacity to make informed decisions about their reproductive lives, amplify their ability to participate meaningfully in public and private discussions related to sexuality, reproductive health and fertility, and act on their preferences to achieve desired reproductive outcomes, free from violence, retribution or fear."

In the context of family planning, this implies that individuals should be able to express their childbearing desires to their partners, providers, and others; meaningfully participate in communication and decision-making with partners, with providers, and within their communities; and shape desired outcomes related to marriage, the conditions of sexual intercourse and the use of contraception.

There are six key components of the framework (**Figure 1**) that comprise reproductive empowerment and together distinguish it from other models of empowerment. These components entail an understanding of:

- ◆ Agency, including the critical elements of voice, choice and power;
- ◆ Individuals as embedded in a wide-range of social structures, including friends, family and the state;
- ◆ Agency and empowerment as inherently relational concepts, experienced and expressed in relationships at

Figure 1: A Conceptual Model of Reproductive Empowerment



different social levels;

- ◆ Empowerment as a process that fluctuates over the lifecourse, as individuals pass through various life stages;
- ◆ Resources as 'enabling factors' that act as catalysts for empowerment within specific relationships; and
- ◆ The expression of reproductive agency in three key ways: SRH decision-making, leadership and collective action.

AGENCY: A CRITICAL FOUNDATION OF REPRODUCTIVE EMPOWERMENT

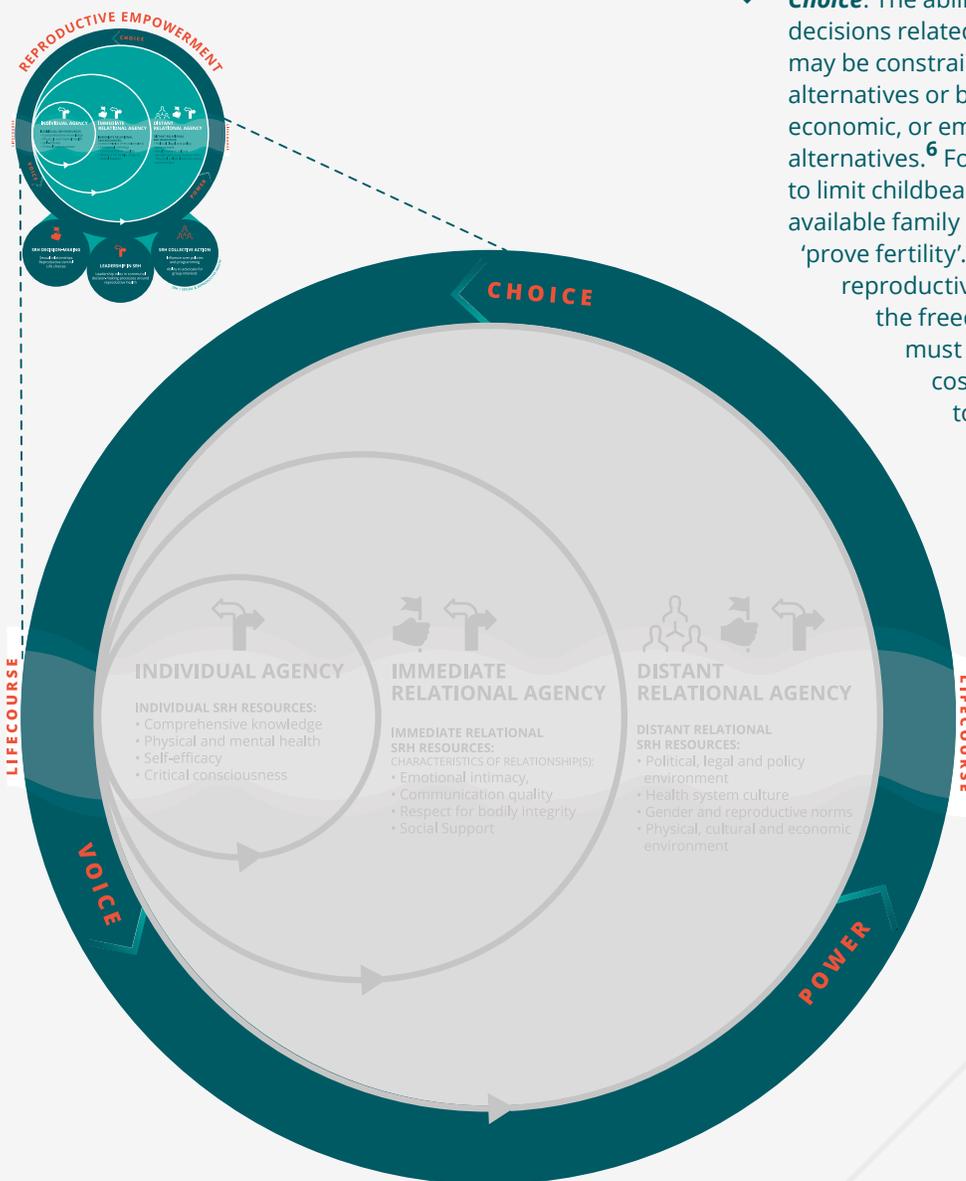
At the core of our definition and framework is agency, or the capacity of individuals to take deliberate actions to achieve their reproductive desires and preferences (Figure 2). As with many frameworks of empowerment, agency here acts as a key 'mediator' between what individuals want for their

reproductive lives and the achievement of those desires. However, we view agency in the context of specific decisions, as shaped primarily by the characteristics of individual relationships or interactions that an individual is engaged in, varying according to the characteristics of that relationship. As a result, a person may have more or less agency depending on with whom or (in the case of institutions like the medical system) what they are engaging.

According to Eerdewijk et al.,⁵ agency is composed of three interrelated processes:

- ◆ **Voice:** The ability of individuals to actively advocate for their reproductive interests, articulate their opinions and desires related to their reproductive lives, shape and share in discussions related to reproduction and demand change when not satisfied with the status quo. Voice can be expressed in both private spaces, such as interpersonal relationships, and in public spaces, such as in engagement in policy discussions related to reproduction at the community or national level.
- ◆ **Choice:** The ability of individuals to make and influence decisions related to their reproductive lives. Choice may be constrained by either a lack of real and viable alternatives or by "punishingly high costs" (social, economic, or emotional) associated with specific alternatives.⁶ For example, a person's ability to choose to limit childbearing may be limited both by a lack of available family planning methods and by pressure to 'prove fertility'. Therefore, people must have a range of reproductive options, be fully informed and have the freedom to make their decision. This decision must be free of fear of the social or economic costs associated with their decision in order to be thought of as having full choice in reproductive matters.
 - ◆ **Power:** The ability of individuals to be influenced by or to influence others through the application of social, economic or emotional influence or physical force. Power may reflect expressions of dominance and subordination in interactions with others ('power-over'), a recognition of one's self-worth and rights ('power-within'), an individual's realization that they can challenge and change their position in existing power hierarchies ('power-to') or the influence that individuals have when acting collectively ('power-with').⁷ Power may be visible and easily identified, or invisible (i.e. acting through internalized power structures like class or gender). Power is present in all social interactions and is therefore a crucial enabler of both voice and choice.

Figure 2: Voice, Choice and Power

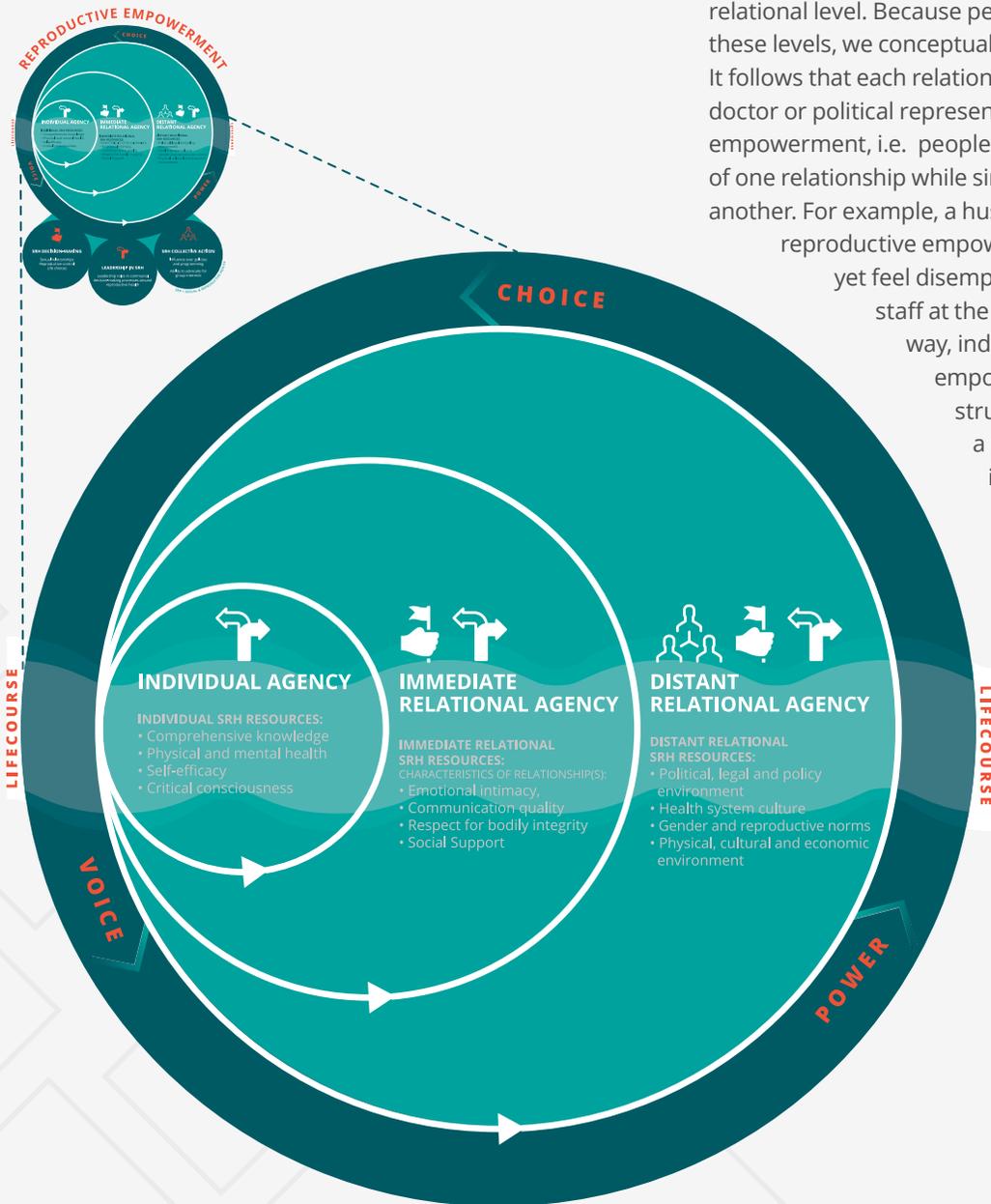


Reproductive empowerment is an inherently relational and multi-level process, experienced by individuals as they interact with other people, social groups or institutions.

As shown at the center of **Figure 1**, we view the empowered individual as having agency at three levels (**Figure 3**):

- ◆ **Individual-level agency** refers to the ability of individuals to conceptualize and define reproductive desires and goals; develop plans for utilizing available resources in pursuit of these goals; and confidently exercise voice to demand meaningful engagement in decision-making processes.
- ◆ **Immediate relational agency** refers to the ability of individuals to exercise choice and voice with regard to their reproductive desires and preferences in their interactions with actors in their most immediate environment. These actors include peers, family members and romantic/ marital partners.
- ◆ **Distant relational agency** is based on the ability of individuals to exert voice, choice and power in their interactions with people or actors outside of the realm of immediate relationships. These actors may be at the community, regional or national level, and may include health care providers, religious and political leaders or institutions (including the legal, political and health systems themselves).

Figure 3: Individual, Immediate Relational and Distant Relational Agency



A person's reproductive agency, therefore, is shaped by the interaction of voice, choice and power within the context of specific relationships, be they at the immediate or distant relational level. Because people's agency may vary at each of these levels, we conceptualize them as separate but interrelated. It follows that each relationship, be it with a sexual partner, doctor or political representative, may be different in terms of empowerment, i.e. people may be empowered in the context of one relationship while simultaneously disempowered in another. For example, a husband or wife may enjoy high levels of reproductive empowerment in their marital relationship yet feel disempowered in their interactions with staff at the family planning clinic. In a similar way, individuals may feel more or less empowered depending on the social and structural level of influence. For example, a man or woman may be empowered in their reproductive lives with close confidants, yet much less so when interfacing with the broader medical system.

Because of the interrelated way in which we view empowerment, when individuals gain or lose agency at one level, this may influence their agency at another level of social relationships. Reproductive empowerment at the individual level is influenced by actors at the immediate or distant relational level and certainly is impacted by the broader context at the distant relational level. Norms linking fertility to ideals of masculinity and femininity, for example, may restrict reproductive empowerment through direct influence on individuals and indirectly through people in their immediate relational network.

RESOURCES: THE ENABLING FACTORS THAT CATALYZE AN INDIVIDUAL'S REPRODUCTIVE EMPOWERMENT

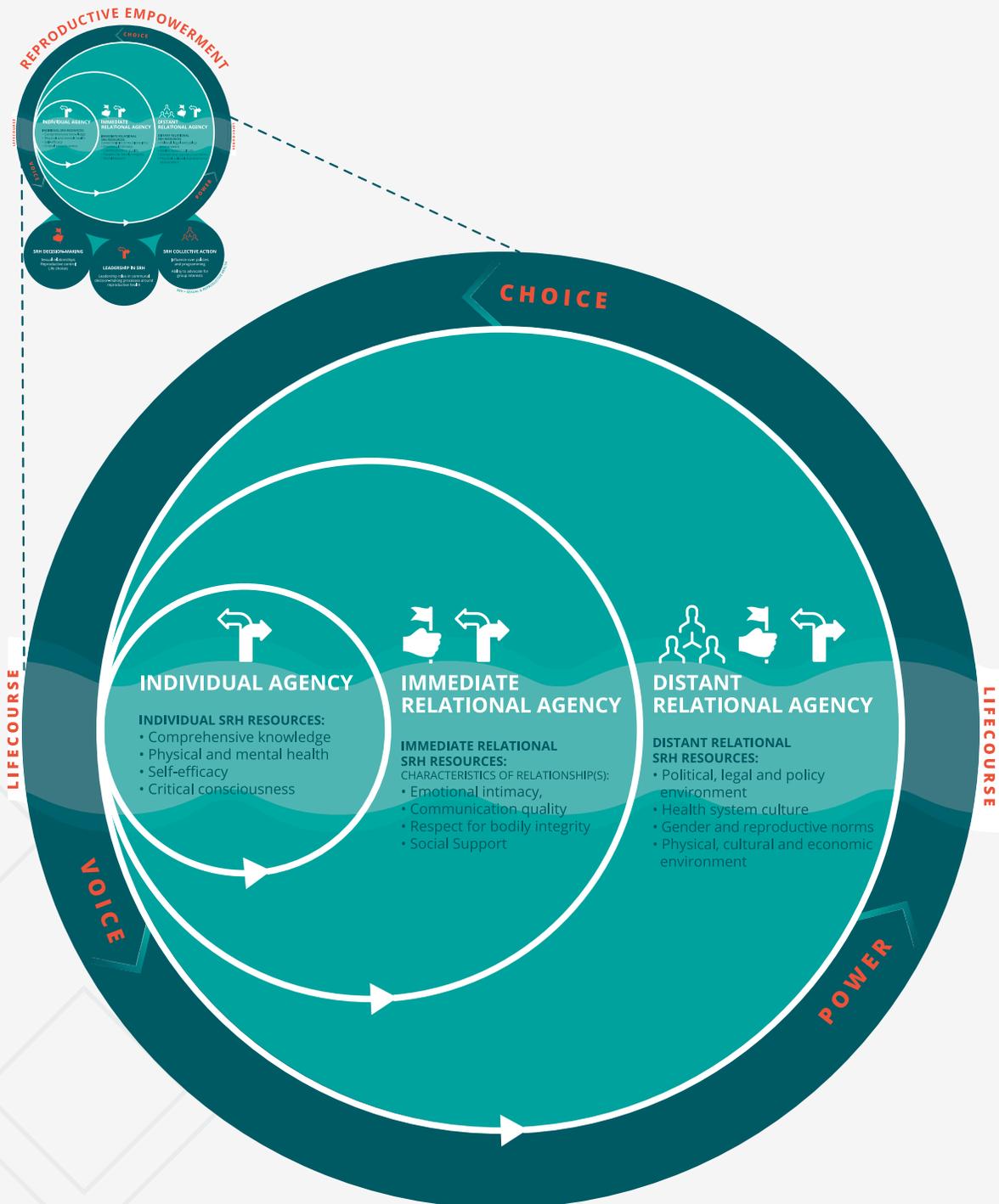
At each level, individuals draw on particular **resources** to enhance their agency within specific relationships. In keeping with Malhotra and Schuler,⁸ we view resources not as key components of empowerment itself, but rather as 'enabling factors' that may act as catalysts for empowerment within the context of specific relationships (Figure 4). An individual has resources at each level of agency, from the individual to the distant relational.



These resources may be financial assets or intangible assets, such as correct knowledge of which contraceptive methods are most effective, the awareness an individual has of the social structures influencing their situation (**critical consciousness**), the level of emotional intimacy and trust in the relationship or social position. The resources that are most relevant at the individual level (**such as comprehensive sexual and reproductive health knowledge or self-efficacy**) also are important at the distant relational level, though these are

augmented by relationship-specific resources (such as those related to the ‘character’ of the relationship itself, including **trust, emotional intimacy, level and type of communication or the presence of violence in the relationship**). In a similar vein, resources at the individual and immediate relational levels are relevant in interactions with actors at the distant relational level, as are **broader factors such as the policy and legal environment and gender norms**.

Figure 4: Resources at Each Level of Agency

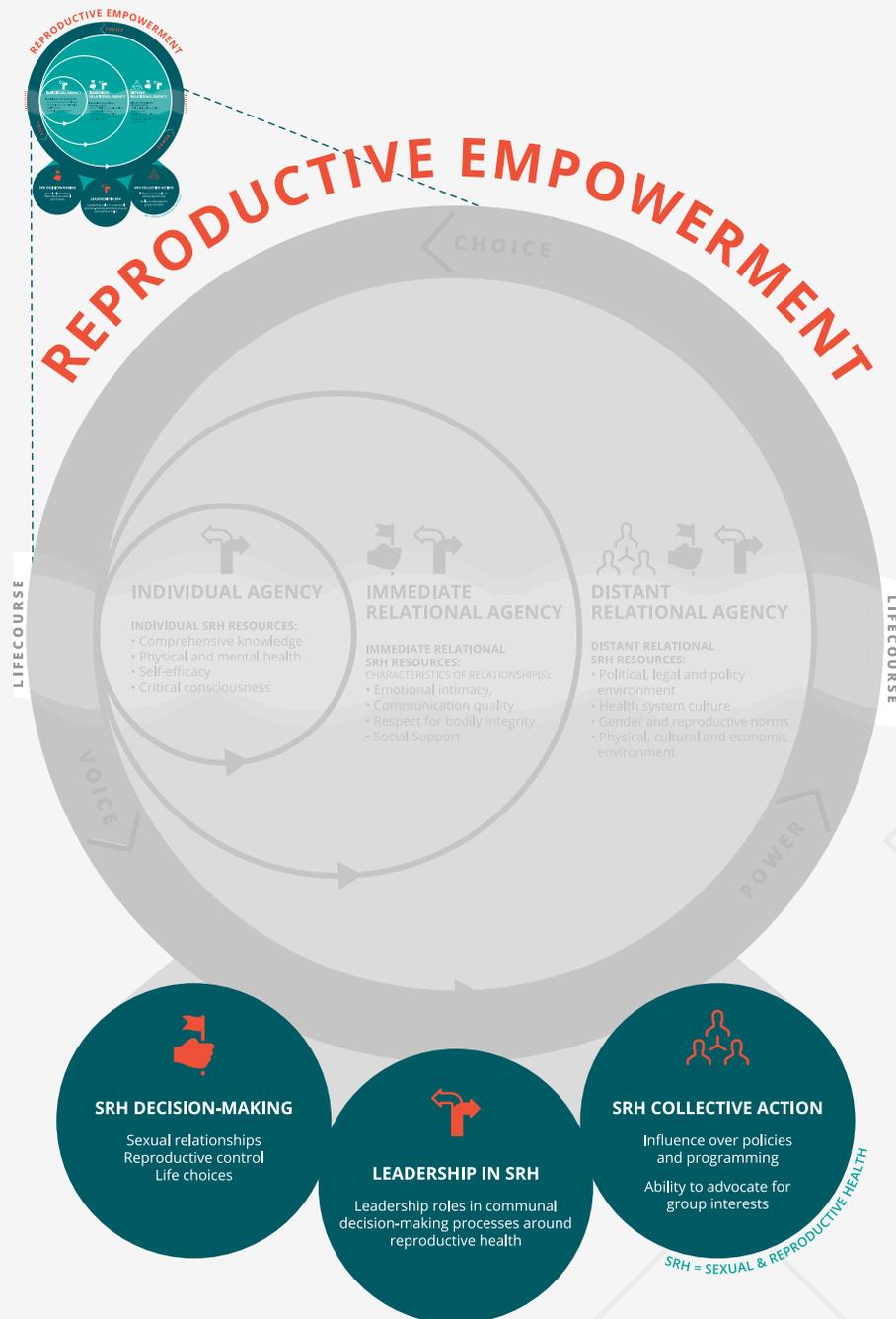


THE EXPRESSIONS OF AGENCY

In keeping with Eerdewijk et al.,⁵ our framework focuses on three expressions of agency that together help comprise our definition of reproductive empowerment (Figure 5):

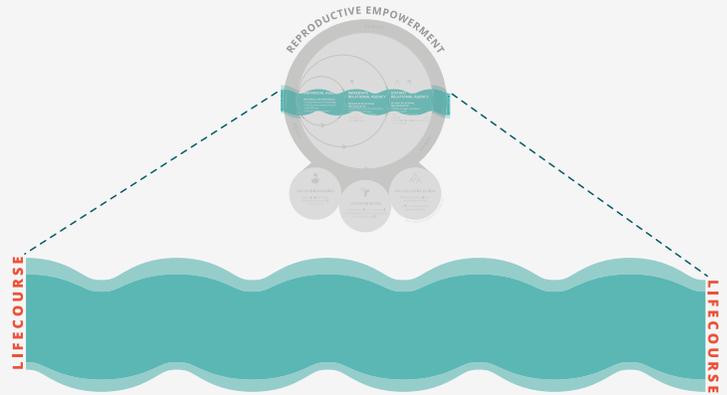
- ♦ **Decision-making** refers to the ability of the individual to engage meaningfully in the process through which decisions are made, both about themselves and others, in the context of a specific relationship. This includes being able to exercise voice, choice and power when influencing or making decisions and may take place in the private and public spheres, either individually or collectively.
- ♦ **Leadership** refers to the ability of individuals to take a prime role in shaping processes and structures that bear on their wellbeing and ability to exercise choice, voice and power. Leadership may be formal or informal, individual or collective, private or public, and it is critical to affirming voice in ways that create space to challenge power and expand choice.
- ♦ **Collective action** refers to the ability of groups to work together to improve their status, increase voice and challenge existing power structures to enhance and expand choice to a degree that is impossible through individual action alone.

Figure 5: Expressions of Agency



These expressions of agency can occur across all three levels. The ability of individuals to influence decisions applies not only to the immediate relational but also the distant relational level, including at community and policy forums. Leaders can promote change within their immediate relational sphere, although more commonly it is conceptualized at the distant relational context, such as participation in community meetings or participation in broader political movements. And finally, while individuals may act collectively to bring about change within the immediate relational sphere (such as when individuals appeal to others in their social network), collective action is most commonly thought of as being expressed at more aggregate levels, including the community, the nation or even globally.

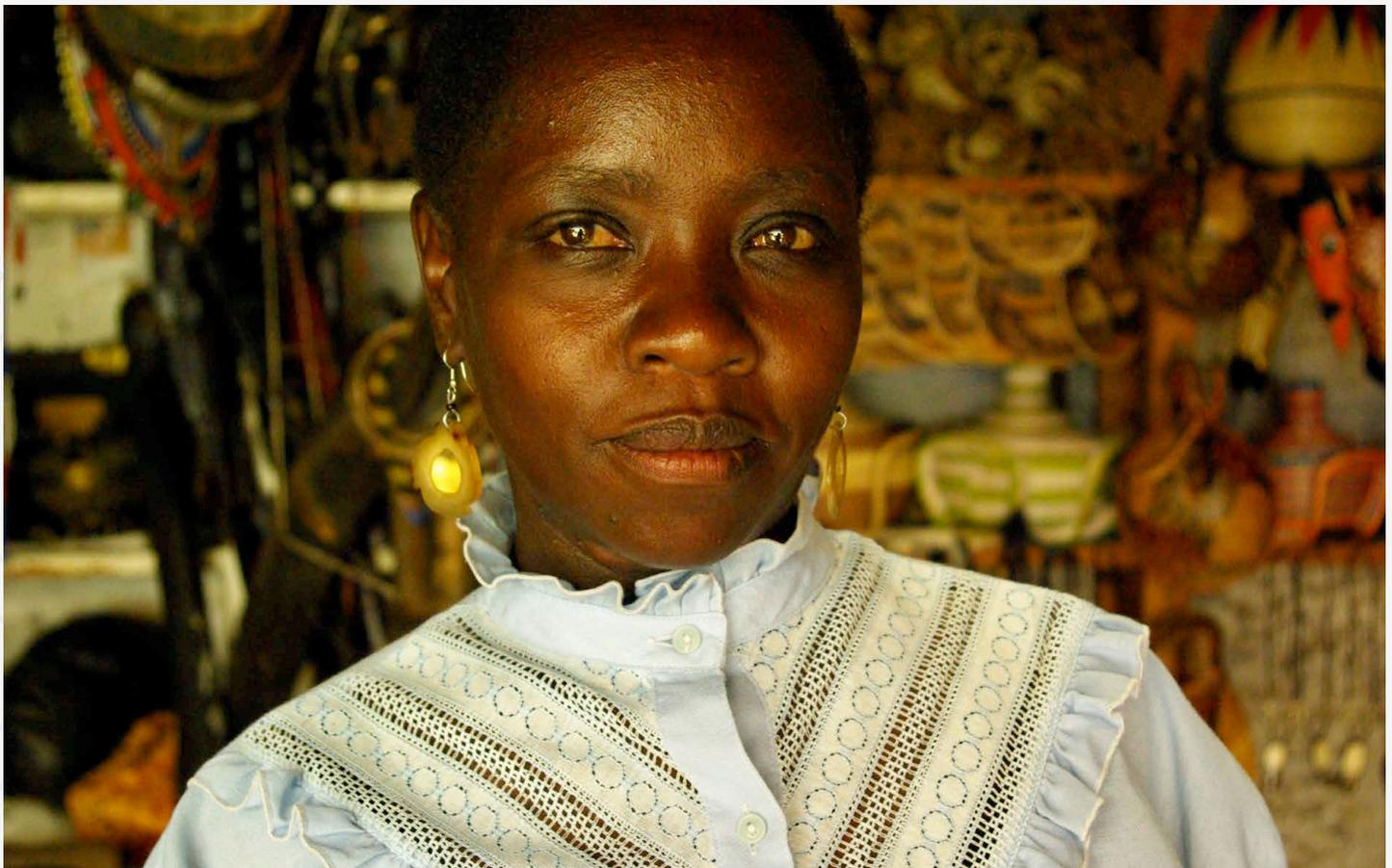
Figure 6: Life Course and Reproductive Empowerment



REPRODUCTIVE EMPOWERMENT AS A PROCESS ACROSS THE LIFE COURSE

Our framework views empowerment as a dynamic, changing process experienced across the reproductive life course (Figure 6). Across time, as power and voice are negotiated and renegotiated, choice is shaped in different ways that reflect greater or lesser levels of empowerment. In this way, empowerment can be viewed as an outcome of a process of change when measured at a single point in time.

In addition to the variation in empowerment experienced in different relationships, an individual's reproductive empowerment is influenced by life course factors such as age and family formation stage, varying as individuals pass through specific life stages.⁹ Reproductive events, particularly having children, are important factors in many settings, often fundamentally changing one's social position and increasing the social resources that can be drawn on in social relationships. For example, becoming a parent in many societies signifies the start of a new life stage as an established adult member of society, changing the way peers and others view and interact with that person.



MOVING FROM THEORY TO PRACTICE

The importance of reproduction to the lives of individuals suggests that it merits consideration as a distinct component of overall empowerment, especially for women. Our framework describes how reproduction both complements and differs from other models of empowerment, focusing on agency within and across **individual relational, immediate relational and distant relational spheres**. Within the context of specific social interactions at each of these levels, men and women express varying degrees of **voice, choice and power**, drawing on **resources** to enhance their agency, all of which are influenced by where they are in their **reproductive life course**. In the reproductive realm, this is expressed through the processes of **decision-making, leadership and collective action**.

Conceptualizing reproductive empowerment in this way suggests several key considerations for both researchers and programmers exploring issues related to, or influenced by, reproductive empowerment.

FOR RESEARCHERS:

- ♦ **Reconsider which reproductive health outcomes are of most importance.** This may mean stepping back from traditional outcomes of interest, such as contraceptive use, and reframing in terms of enhancing reproductive empowerment and meeting reproductive goals. In the long run, this will help us achieve broader goals such as reducing unplanned pregnancies and the unmet need for family planning.
- ♦ **Develop measures that capture the core components of empowerment more directly.** Measures of reproductive empowerment must consider the ways that voice, choice and power influence reproductive behaviors, and directly measure these alongside the key expressions of reproductive empowerment (SRH decision-making, leadership and collective action). Too often, researchers have relied on proxy measures of empowerment, such as education or employment, which our model views

as important resources that may enhance agency, but not true measures of agency. More research is critically needed on how to best capture the key expressions of empowerment, including the complexity of decision-making processes, leadership and collective action.

- ♦ **Understand reproductive empowerment as a dynamic process.** Agency and empowerment are not static. People's empowerment may vary depending on the specific relationships they are in, their social context or stage in their reproductive life course. Measures of reproductive empowerment must take this dynamism into account, both by aiming to capture change over time rather than at single points in time and by making sure to separately capture resources and contextual factors that shape empowerment at specific points in time (including the characteristics of their relationships at multiple levels).

FOR PROGRAM IMPLEMENTERS:

- ♦ **Programmers should focus on empowering people to achieve their reproductive goals, as they define them.** Rather than focusing on externally determined goals exclusively, programmers should aim to provide people with the resources that allow them to define and achieve their reproductive goals, whatever these may be. In some cases, this may mean choosing not to use family planning. Instead, programming aimed at achieving specific reproductive goals should focus on enhancing empowerment and changing norms around specific behaviors. This will result in more sustainable and profound change.
- ♦ **Aim to enhance empowerment through shaping relationships.** Because agency and empowerment are both experienced through interactions with others, changing the character of relationships is key to creating environments that enhance empowerment. This can include focusing on couple communication, facilitating dialogue between individuals and institutions, enhancing public voice of women or finding ways to build the resources that help achieve greater agency (e.g., building self-efficacy) within relationships.



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