



Measuring Empowerment: A methodological approach¹

BINA PRADHAN

ABSTRACT Bina Pradhan synthesizes the feminist and socio-economic institutional perspectives embedded in the policy and programmes that use empowerment as a way to address gender inequality and the power dynamics between women and men in their day-to-day interaction. She highlights the inadequacy of the conventional approach and measures of empowerment and suggests the techniques of data gathering of measurement variables based on lessons learned from empirical application of the framework for programming empowerment.

KEYWORDS gender equality; ICPD; reproductive health

Introduction

Feminist issues of gender equality and women's power and empowerment have emerged at the forefront of social consciousness and theoretical conceptualization. Such conceptualization comes from the recognition of the importance of gender as a socio-cultural system based on unequal power relations between women and men. The notion of 'empowerment' comes from the need to enable women to overcome those systemic sources of subordination and its implications on intervention strategies to enhance those powers of women and its sources to affect change. This notion of power and empowerment is a major shift from the conventional socio-economic perspective of viewing subordination of women as a lack of socio-economic measures of power indicated by education, income or access to resources.

Influenced by feminist thinking, women's empowerment has been widely recognized as an important factor in affecting social, economic and demographic change, as well as in bringing about gender equality. The reproductive health approach to population adopted in Cairo (at the ICPD in September 1994), for example, has brought about a new thinking in the basic design of population policy and programmes to focus on the improvement of reproductive health through 'women's empowerment' for achieving stable population,

lower fertility and mortality, and improving the health of children. However, operationalization of the concept and its measures has not changed significantly to address the deeply entrenched gender inequalities and the power dynamics involved.

Policies and programmes continue to address gender issues and women's empowerment from a socio-economic institutional perspective, which assumes that individual socio-economic characteristics such as women's education, labour force participation and income and access to resources will determine a woman's ability to exercise control over the forces of adversity in improving her power relations with men. However, empirical evidence shows that despite improvements in education, income and access to resources and credit in the last 10 to 15 years, women's position in the areas of health, decision-making power, employment, and freedom of rights (including human, reproductive and women's rights) have not improved significantly, as indicated by human and gender development indicators (Sen, 1999; UNDP, 2002; UNFPA, 2002). This clearly points out the inadequacy of conventional measures of empowerment.

Measuring empowerment

Empowerment is the process by which the powerless gain greater control over the circumstances of their lives. It includes both control over resources (physical, human, intellectual, financial) and over ideology (beliefs, values, and attitudes). It means greater self-confidence, and an inner transformation of one's consciousness that enables one to overcome external barriers to accessing resources or changing traditional ideology (Sen and Batliwala, 2000: 18).

The concept and measure of women's empowerment, power within social and gender relations – particularly under the conditions of the subordination of women – is difficult to measure using conventional measures of power collected purely through quantitative data methods.

Empowerment has traditionally been measured using socio-economic indicators such as education, income, and participation in the labour force. These indicators have been used

widely and indiscriminately in demographic, health, and development work as a means of promoting socio-demographic and developmental goals, but their appropriateness and accuracy as true indicators of empowerment must now be called into question.

What constitutes 'women's empowerment'?

The dictionary definition of 'empower' is to 'enable' or 'give power to'.

Most social scientists use it to mean 'power' as in 'the probability that one actor within a social relationship will be in a position to carry out his [sic] own will despite resistance, regardless of the basis on which this probability rests. (England, 2000)

In considering the measures of empowerment, it is important to consider the question of what constitutes 'women's empowerment' in order to bring out the kinds of sensitivity involved in gender issues and to focus on the female side of the gender equation. How do we decide how empowered a woman or a group of women are? What are its appropriate measures? Do frequently used socio-economic measures or indicators such as education, income, and labour force participation adequately describe or capture the concept of empowerment?

The definition of empowerment provided by social scientists and feminists provides a common understanding of the concept of empowerment, the main elements of which are:

- power to enable;
- ability to be in control (of tangible/physical resources or intangible/ideological constraints);
- self-confidence: the inner power to overcome external adversities involving a process of interaction.

These elements connote power relations within inequitable gender roles, and differential access to resources and power. From this perspective, CIDA's power framework (cited in Save the Children, 2000: 50) is a useful way to connote the unequal power relations between the genders, and can also be used to define empowerment and identify its indicators:

- *Power over* implies that power is a limited quantity and when one individual or group gets more, the other gets less.
- *Power to* refers to empowerment at the individual level. It connotes a power that enables the individual to control or manage a situation to his/her benefit.
- *Power with* expresses collective power and happens when a group tackles a problem together that converges into a greater force.
- *Power within* means that the individual has internal strength, self-esteem and confidence.

Evolution of the concept of empowerment

The concept of 'empowerment' has evolved through its usage over time. During the initial years of the International Women's Decade, 'status of women' was the term in currency and was conceptualized as such in order to raise women's status in relation to men. The idea of status was used to designate the roles of women and the extent of the exercise of their influence on decision-making and control of resources in relation to men in the community or family. In feminist literature the concept of women's 'status', 'position', 'sex' and 'gender' evolved significantly to explain forms and sources of subordination and the powerlessness of women across cultures. Advocacy was, therefore, intended to raise women's status or position through improvement in socio-economic indicators such as income and employment, education, enhanced decision-making power, and access to resources or assets.

In feminist literature, the term 'status of women' was found to be inadequate when portraying women as agents of change. The term women's 'autonomy' came to be used interchangeably with 'status' to denote their enhanced capacity to undertake independent action and decisions concerning their well-being, particularly with relation to reproduction. Feminists employing the concept also used it to describe power of agency (power within) in terms of women strategizing ways to gain or benefit in their interpersonal interactions under a general condition of subordination. However, autonomy was still measured by

the same socio-economic indicators in the development literature because of a lack of qualitative data as well as a want of appropriate techniques of collecting such data.

Currently, the phrase 'empowerment of women' is in vogue. In common usage the concept describes women making independent choices, enabling them to emerge from a subordinate position and make claims on their share of the benefits of development interventions as their right, rather than being the passive recipients of welfare distribution. However, the measures used to describe empowerment are still the same socio-economic indicators.

Thus while the concept has evolved with a greater conceptual and theoretical understanding of the gender issues and the need to cover different dimensions of power, its measurement variables to reflect the realities of the experiences of women have remained unchanged. The main reasons for this are the complexity of the issue and the multi-dimensional nature of the concept that goes beyond the limits of the mainstream social science theories and methods and means of data gathering. This implies a need for alternative ways of conceptualization of the idea, taking into consideration different aspects of women's empowerment, and develop practical approaches and techniques of operationalization of the concept variable.

Is empowerment a key to improving reproductive health and achieving demographic and development goals?

Post-Cairo, the enhancement of women's position or empowerment has been viewed as a gateway for achieving a stable population and improved reproductive health (with lower fertility, mortality and morbidity). This is based on the assumption of a linear relationship between socio-economic indicators and demographic variables, meaning that an increase in education, labour force participation, and access to income or resources will lead to improved reproductive health and stabilization of the population.

Evidence reveals that even with increased education, income, and greater participation of

women in the labour market over the years, gender inequalities, health disadvantages and the feminization of poverty still persist. This raises the fundamental question of whether the attainment of education or income alone can empower women, given that there are inherent gender biases in the school system where girls and women are socialized to internalize their subordinate role in society, and in market structures where women are viewed as sources of cheap and flexible labour to keep the costs of production down.

Therefore, it is necessary to think about women's empowerment from a gender perspective, considering how women influence decision-making under the conditions of structural subordination. It is also important to delineate analytical, measurable categories that go beyond the conventional measures of women's empowerment or autonomy.

Methods of measuring empowerment

In order to identify and develop appropriate and realistic measurement variables to describe empowerment, conceptual clarity is needed as to what empowerment means given the realities of women's lives and how 'empowerment' influences the outcome that we want to measure. To illustrate the point, I provide an empirical example from the study conducted in Nepal on the relationship between women's autonomy and reproductive health (Pradhan, 1995).

In Figure 1 women's empowerment is conceived as having two aspects – the socio-economic aspect and the aspect of 'agency' – within the context of women's subordination in the social and cultural framework and gender systems which have a direct impact on women's health.

Socio-economic aspect

The socio-economic and institutional perspective assumes that women exhibit deterministic patterns of behaviour in that individual reproductive behaviour is shaped by social and cultural norms and practices; and that improved socio-economic variables such as education, income and labour force participation will result in a decline in fertility and improved health. This is the most commonly used concept of empowerment. In the

absence of better measures of autonomy, socio-economic variables are still used as indicators of autonomy/empowerment. Under this concept the power base is vested in the ownership and control of material resources or wealth.

These quantitative socio-economic measures of empowerment are useful indicators as a first approximation, but they are not sensitive enough to capture the nuances of gender power relations and the ways in which they govern women's reproductive behaviour.

Agency aspect

Women's empowerment is perceived from a gender perspective, which describes their agency behaviour, i.e. the extent of the ability of subordinate groups and individuals (women in our case) to act in a way that resists the social and cultural forces of adversity that expose them to health risks. Such resistance to oppression or adversities (which manifest in various forms, from open defiance to subtle and mild opposition) may be viewed as deviation from social and cultural norms and practices. Therefore, considered from the agency aspect we can find out how or in what ways women influence decisions even under conditions of structural subordination, as well as delineating analytical and measurable categories that go beyond the conventional measures of women's empowerment.

The other aspect that should be considered is the process of how empowerment influences reproductive behaviour. A comprehensive and integrated framework is needed to analyse how women's power and autonomy is transformed into behavioural action that affects women's health condition resulting from their reproductive role. Some of the manifestations of women's empowerment are reflected in biological and health factors that are most proximate to influencing health outcomes. The proximate or immediate factors are as follows:

- nutritional status of women and girls measured by BMI (body mass index);
- biology of women such as maternal factors – age at marriage, age at first pregnancy, birth intervals, parity; and non-maternal health conditions of women – chronic RH morbidities such as STI/STD and gynecological health disorders;

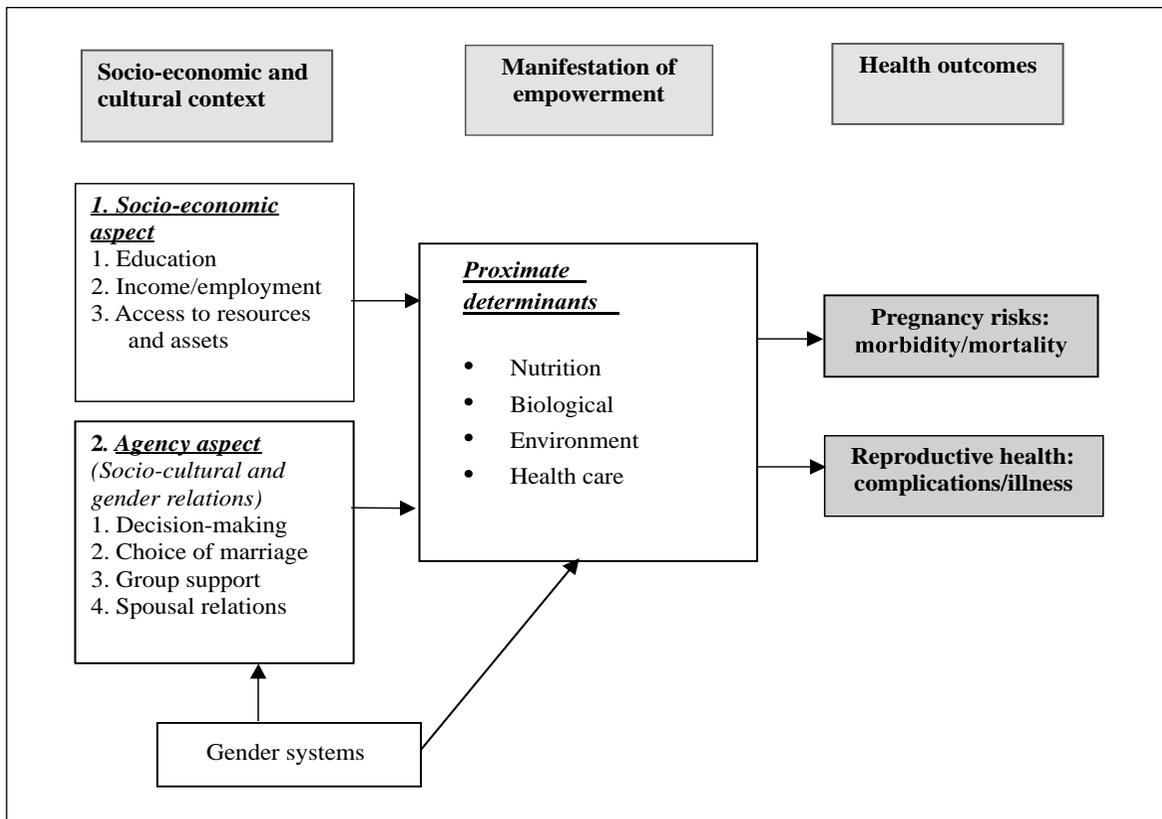


Figure 1. Aspects of empowerment as they relate to reproductive health

- environmental factors that have an influence on health such as hygiene, work and living conditions;
- access and use of health care for both pregnancy and non-pregnancy related complications.

These factors are most proximate to health outcomes in determining maternal and reproductive health conditions. These proximate variables may also be taken as indicators of empowerment. Thus, there are three sets of variables that can be used to measure the concept of 'empowerment' of women:

- conventional socio-economic measures;
- agency variables that measures self-efficacy; and
- proximate or intermediate variables through which the direct measures of empowerment are mediated in influencing health outcomes.

Operationalization of concepts and measures of empowerment

Collecting information on socio-cultural and gender dimensions of empowerment has been a challenge because of the illusive nature of the relational variables to reflect on the negotiated outcome from the inter-personal interaction between women and men as well as the difficulty of identifying measurable variables/indicators. By contrast, the socio-economic dimension of empowerment can be measured with great ease through use of questionnaire survey methods.

Similarly, as the processes of empowerment manifest in proximate determinants of nutritional, bio-physical, medical and environmental factors, the information may also be easily collected through quantitative methods of data gathering.

As these variables are the most proximate and

Aspects of women’s empowerment and their indicators	
1. Socio-economic	2. Socio-cultural and gender relations (human agency)
<ul style="list-style-type: none"> • Ownership of property (land, house, animals, jewellery, machines, etc.) • Employment/income • Education level 	<ul style="list-style-type: none"> • Participation in decision-making • Spouse age difference • Husband/wife communication • Age at first marriage and choice of life partner • Formal/informal association with support groups or kin

Figure 2. Measures of empowerment

are a function of women’s interactive processes when influencing their health outcomes, they can be effectively collected through quantitative methods and instruments and can be taken as measures of empowerment. However, one would have to resort to qualitative methods to analyse and understand the interactive processes and behaviour through which a woman secures herself better nutritional status, raises her age at marriage and her maternal age, has fewer children, accesses health resources, health services and better living conditions, and reduces her work burden.

Limits of quantitative research

When using empowerment as an effective strategy for achieving demographic or reproductive health improvements, we have to bear in mind the need to move beyond the conventional socio-economic variables of women’s empowerment and progress in their status. Presser and Sen (2000) ask us to ‘think hard and creatively about women’s empowerment’ and demographic processes because of the limited data available for various countries and the difficulty of collecting it. The study of women’s empowerment is a complex task since factors influencing behaviour are numerous and tend to change under different conditions and circumstances. Statistical analysis based on infor-

mation generated through quantitative methods alone is inadequate for understanding gender relationships and the interactive processes through which the weaker strategize ways of gaining from the unequal relationship, that is, even from their disadvantaged position. Using quantitative methods alone it is difficult to understand the links between empowerment as an independent variable and the specific forces that we want to understand.

Therefore in order to understand the social-cultural context within which women’s behaviour in social interaction and gender relationships takes place, an in-depth anthropological method is essential. There is increasing recognition of the limitations of relying on quantitative methods alone.

Lessons learned from the use of integrated research

Women’s reproductive health is related not only to their biological reproductive performance but also to the social, cultural and economic conditions of their lives. Of the two aspects of women’s autonomy or empowerment, it is the agency of women which had greater impact on women’s reproductive health compared to the conventional socio-economic aspect of autonomy characterized by income, and access to resources.

Among the socio-economic measures, education was the only factor that contributed to women's better reproductive health. More egalitarian relationship between spouses (measured by age difference between husband and wife and higher age at marriage) and greater group or kinship support resulted in better reproductive health for women. The influences of women's

autonomy on health outcomes are mediated through proximate determinants, such as workload and nutritional status measured by BMI. Variations in aggregate and individual behaviour were found to be significant – revealing that women's agency behaviour is a deviation from the culturally controlled system, which determined their reproductive health.

Note

1 This article is based on a detail study conducted in 1995 for my doctoral dissertation on women's autonomy and reproductive health in Nepal, using quantitative survey methods and anthropological techniques for data gathering. The study examined the relationship between women's autonomy and reproductive health and the processes through which the relationship takes place.

References

England, P. (2000) 'Conceptualizing Women's Empowerment in

Countries of the North', in Harriet B. Presser and G. Sen (eds) *Women's Empowerment and Demographic Processes*. New York: Oxford University Press.
Pradhan, B. (1995) *Women's Autonomy and Reproductive Health*, PhD thesis, Ithaca, New York, Cornell University.
Presser, Harriet B. and G. Sen (eds) (2000) *Women's Empowerment and Demographic Processes: Moving Beyond Cairo*. New York: Oxford University Press.
Save the Children (2000) *Gender Mainstreaming: A Resource Guide*. Washington, DC: USAID Bureau of Humanitarian Response.
Sen, A. (1999) *Development as*

Freedom. Oxford: Oxford University Press.
Sen, G. and S. Batliwala (2000) 'Empowering Women for Reproductive Rights', in Harriet B. Presser and G. Sen (eds) *Women's Empowerment and Demographic Processes*. New York: Oxford University Press.
UNDP (2002) *Human Development Report 2002*. New York: Oxford University Press.
UNFPA (2002) *The State of the World Population 2002: People, Poverty, and Possibilities*. New York: UNFPA.