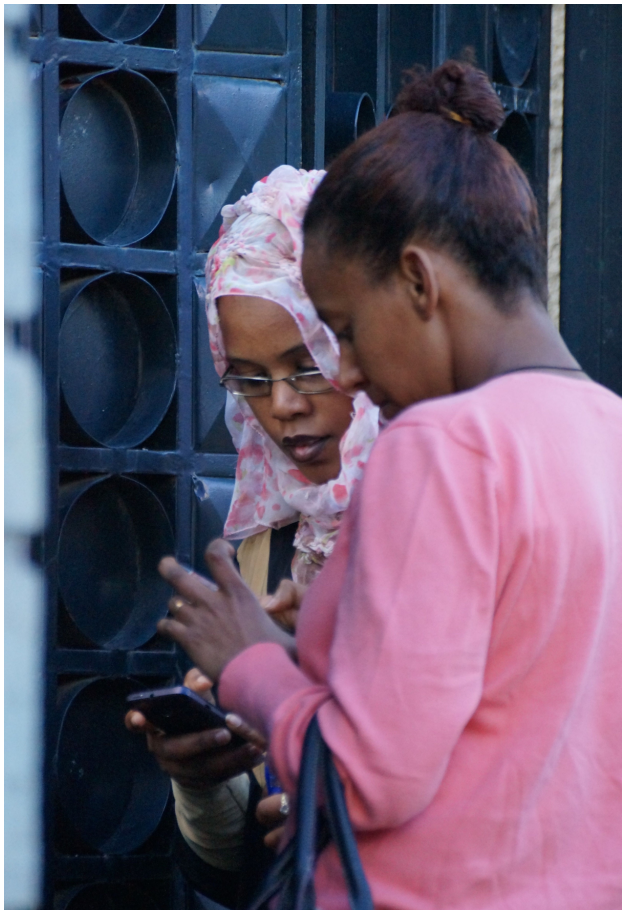

Women's and Girls' Empowerment in Sexual and Reproductive Health Index Study

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Women's and Girls' Empowerment in Sexual and Reproductive Health (WGE-SRH) Index Study

Executive Summary
List of Sub-scale Items

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EXECUTIVE SUMMARY

The Women's and Girls' Empowerment in Sexual and Reproductive Health (WGE-SRH) project is the product of a collaborative study involving research teams from Addis Ababa University in Ethiopia; Bayero University Kano and the Center for Research, Evaluation and Resource Development in Nigeria; Makerere University in Uganda; and the Bill & Melinda Gates Institute for Population and Reproductive Health at Johns Hopkins University in the United States. The project aimed to 1) develop a comprehensive WGE-SRH framework, building on existing literature and grounding our process in the voices of women from different geographies and cultural setting in sub-Saharan Africa, and 2) develop a quantitative WGE-SRH index reflecting the proposed framework. The resulting multidimensional WGE-SRH index captures a process including women's sexual and reproductive autonomy (existence of choice) and women's sexual and reproductive self-efficacy, decision-making, and negotiation (exercise of choice). The WGE-SRH index was developed and tested across three sub-Saharan African country settings (Ethiopia, Nigeria, and Uganda).

The study results **contribute to existing literature in three ways**. First, the multidimensional empowerment construct encompasses different aspects of women's sexual and reproductive lives, particularly their experiences with sex, contraception, and pregnancy. This strengthens the current body of research on sexual and reproductive health (SRH) empowerment, which has been limited by lack of emphasis on sex and pregnancy, by empirically and qualitatively assessing the constructs' relationships with these three SRH outcomes. Second, it distinguishes between concepts of autonomy and self-efficacy that are independently related to SRH behaviors. Contrary to the previous literature, this distinction between *existence of choice* and *exercise of choice* is important, as we find that the concepts relate to SRH outcomes in unique ways and must be examined as such. Third, sub-scale results and the overall index have been validated for measurement of empowerment related to volitional sex and contraceptive use across four diverse geo-cultural contexts (two in Nigeria), providing comparative value. By including women from urban and rural communities, polygamous and non-polygamous unions, and different sociocultural backgrounds, we aimed to capture the diverse contexts in which women make SRH decisions.

Drawing on the **qualitative results**, we developed and pilot-tested items reflecting the proposed WGE-SRH conceptual framework. Through this process, we uncovered common internal and external motivations and pressures influencing women's decisions to engage in sexual activity, use contraception, and have children. In all settings, stigma related to female sexuality, perceptions of male sexual entitlement, and fear of relational sanctions strongly influenced women's sexual motivations. These findings are reflective of broader gender inequalities at the societal and couple levels. Social expectations regarding childbearing and widespread fear of infertility also constrained women's childbearing and contraceptive autonomy. These constraints, captured in our cross-site autonomy sub-scales, were significantly associated with volitional sex and use of contraception in most sites.

This study builds on existing measures by elucidating social pressures that extend beyond dyadic power relations and including internal motivations, such as health or economic concerns, which inform women's sexual and reproductive decisions. In addition**, the results suggest that concepts of autonomy, self-efficacy, negotiation, and decision-making, which are often either conflated or combined in single indicators, should be considered separately as they are independently related to SRH behaviors**. Indeed, we found that ***women's SRH autonomy*** **and women's** ***SRH self-efficacy, decision-making, and negotiation*** **were independently associated with SRH behaviors in some sites, thereby supporting the conceptual distinction between** ***existence of choice*** **and** ***exercise of choice****.*

While our study identifies several cross-culturally relevant constructs of SRH empowerment, it also acknowledges the importance of individual cultural contexts, apparent in the differences in factor loading solutions in each site and in the absence of unique cross-site solutions for pregnancy empowerment measures. Reports of sexual and reproductive coercion seem more universally shared across sites, except one, than internal motivations for sex, contraception, and childbearing. This may explain the absence of a cross-site sub-scale for pregnancy autonomy, which mostly featured elements of reproductive constraints in sites experiencing rapid fertility declines, while elucidating more positive internal motivations for spacing births in sites where high levels of fertility still prevail. Subsequent research should distinguish women's internal and external motivations to avoid pregnancy versus their motivations to have more children.

Given our study's reliance on cross-sectional data, it was not possible to explore the process of empowerment moving from *existence of choice* (autonomy) to *exercise of choice* (self-efficacy, decision-making, and negotiation) to *achievement of choice*. **Since SRH empowerment is a dynamic process requiring growing self-awareness of choice, panel studies will be needed** to elucidate the stability of these sentiments over time and their stages of transitions.

The items comprising the SRH ***existence of choice*** **and** ***exercise of choice*** **sub-scales** are presented in the list that follows.

The collaborating study teams gratefully acknowledge support from the Bill & Melinda Gates Foundation through a PMA Plus grant to the PMA2020 project at the Bloomberg School of Public Health, Johns Hopkins University.

Women's and Girls' Sexual and Reproductive Health Empowerment Index and Sub-scale Items for Sex, Contraception and Pregnancy

Existence of choice (autonomy) sub-scales
Sexual autonomy (4 items)—Cross-site Cronbach's alpha=0.76
If I refuse sex with my husband/partner, he may physically hurt me.
If I refuse sex with my husband/partner, he may force me to have sex.
If I show my husband/partner that I want to have sex, he may consider me promiscuous.
If I refuse sex with my husband/partner, he may stop supporting me.
Contraceptive autonomy (5 items)—Cross-site Cronbach's alpha=0.78
If I use family planning, my husband/partner may seek another sexual partner.
If I use family planning, I may have trouble getting pregnant the next time I want to.
There could be/will be conflict in my relationship/marriage if I use family planning.
If I use family planning, my children may not be born normal.
If I use family planning, my body may experience side effects that will disrupt my relations with my husband/partner.
Pregnancy autonomy (2 items-no sub-scale)—0.79 factor loading for each item
I wanted to complete my education before I have/had a child
If I rest between pregnancies, I can take care of my family.
Exercise of choice (self-efficacy (SE), decision-making (DM), negotiation (NG)) sub-scales
Sexual SE/DM/NG sub-scale (4 items)—Cross-site Cronbach's alpha=0.65
I am confident I can tell my husband/partner when I want to have sex.
I am able to decide when to have sex.
If I do not want to have sex, I can tell my husband.
If I do not want to have sex, I am capable of avoiding it with my husband.
Contraceptive SE/DM/NG sub-scale (3 items)—Cross-site Cronbach's alpha=0.77
I would feel/feel confident discussing family planning with my husband/partner.
I can decide to switch from one family planning method to another if I want to.
I feel confident telling my provider what is important for me when selecting a family planning method.
Pregnancy SE/DM/NG sub-scale (3 items)—Cross-site Cronbach's alpha=0.66
I could/can decide when I wanted to start/stop having children
I can decide when to start having/ have another child
I can negotiate with my husband/partner when to stop having children

*All items are scored as follows: 1 (Strongly Disagree) to 10 (Strongly Agree).