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The Role of Family Planning in Women's Economic Empowerment in Uganda

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Global Development Studies

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Declaration

I, Byara Kana Karen, declare that this thesis is a result of my research investigations and findings. Sources of information other than my own have been acknowledged and a reference list has been appended. This work has not been previously submitted to any other university for the award of any type of academic degree.

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Abstract

The purpose of this study is to analyse the role of access to family planning information and services in women's economic empowerment for women aged 18-35 in Uganda from ten different regions. The main research question answered in this thesis is: What role does access to family planning information and family planning services play in women's economic empowerment in Uganda? To answer the research question, the study employed a mixed methods design, using both qualitative and quantitative methods to collect and analyse data. The study participants included Peer educators (n=7)who participated in interviews and an online survey and women who participated in the survey (n=1707) carried out by PMA through the Challenge Initiative. The qualitative data was analysed using thematic analysis, while the quantitative data was analysed using descriptive statistics through STATA. Nalia Kabeer's framework) of empowerment was used as a lens to analyse the study findings.

Findings from the quantitative study reveal that women do not discuss their decisions about family planning with their husbands and partners and education levels of women do not play a role in women's decision making about their family planning methods. Besides, the survey responses indicate that access to family planning information and services does play a role in women's economic empowerment. Girls and women are eager to receive this information and services, however, there are still gaps in the Comprehensive Sexuality Education that could play a key role in meeting these needs. The Peer educators revealed that making family planning information and services available does impact economic empowerment by educating girls and women about their reproductive rights. The most popular family methods include male condoms, IUD and injectables. Peer educators reported that when more young women are knowledgeable and understand how to use family planning methods, they are more likely to make decisions that suit their well-being.

Overall, this study showed that access to family planning information and services plays a vital role in the process leading to economic empowerment. For instance, Peer educators have access to family planning information, are able to discuss and make decisions about the family planning methods they use and as a result understand their future goals and plans. The study has important implications to policy makers and other development agencies in terms of emphasising the power of family planning as a way to achieve women's empowerment and subsequently, the realisation of Sustainable Development Goal 5, which aims at promoting gender equality and empowerment of women and girls.

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List of Abbreviations

CSE Comprehensive Sexuality Education

CEHURD Center For Health Rights and Development

EAs Enumeration Areas

FP Family Planning

ITGSE International Technical Guidance on Sexuality Education

LAM Lactational Amenorrhea Method

MDGs Millennium Development Goals

PMA Performance Monitoring and Accountability

RAHU Reach A Hand Uganda

SDGs Sustainable Development Goals

SRH Sexual Reproductive Health

SHEP School Health Education Program

STDs Sexually Transmitted Diseases

TCI The Challenge Initiative

UNFPA United Nations Population Fund

USAID U.S Agency for International Development

UDHS Uganda Demographic and Health Survey

WHO World Health Organisation

WAD Women and Development

WID Women in Development

Chapter 1

Introduction

As a priority in the Sustainable Development Goals (SDGs), specific references to promote gender equality and empowerment of women and girls are made in Goal 5. Specifically, SDG 5 (5.6) targets to "ensure universal access to sexual and reproductive health and reproductive rights", and to "ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life" (5.5) (United Nations, 2016).

In 2012, the London Summit on Family Planning led to 70 commitments made toward increasing access to family planning for an additional 120 million women and girls, including pledges amounting to US$2.6 billion and commitments by more than 20 governments. This partnership gave rise to the G20's W20 engagement group for gender inclusiveness and women's economic empowerment and the UN's High Level Panel on Women's Economic Empowerment (FP-Initiative, 2013).

Silverman et al. (2016) note that the two goals (reproductive rights for women and women's economic empowerment) have risen on the international agenda and that some theory and empirical evidence show their connection in strengthening women's economic power. Their note investigates this relationship and states that important questions need to be considered when studying this relationship in low and middle-income countries. These questions include; 1) How do we define convenient access to contraception in societies where cultural, legal, and financial barriers affect women's use of contraception or where their partner (fully or partially) controls their health care? 2) What are the mechanisms through which access to contraception affects women's life choices? Use of contraception is knowledge or access enough, or general societal diffusion; that changes society's expectations on girls and women? 3) Does the most widely available type of modern contraception matter; are girls and women's reactions different to long-lasting contraception? What are the implications

for family planning programs offering contraception? 4) How does access to increased contraception affect generations; does lack of sexuality education or the mechanics of contraception impact how young girls respond to childbearing behaviour patterns of their mothers and other female role models?.

By addressing the above questions, we not only begin to understand the link between women's economic empowerment and reproductive rights for women, but design suitable family planning projects and interventions that provide access to family planning information and services.

1.1 Problem Statement

On 28th of October 2016, the Minister of Gender, Labor and Social development Ms. Janat Mukwaya, after a parliamentary resolution, issued a press release banning Comprehensive Sexuality Education (CSE) in schools until the National Sexuality Education Framework is formulated (Rutgers, 2016).

Despite this framework being under review the Ministry of Gender, Labor and Social Development revised the National Guidelines and Standards for Sexual and Reproductive Health and Rights in 2017. Center For Health Rights and Development (crhd, 2020).

In countries like Uganda with dominant conservative groups in power, there is strong opposition towards sexuality education from conservative political parties and conservative religious leaders who prefer the abstinence-only approach, because they believe CSE causes youth to become sexually active at an early age. According to Uganda's Minister of Gender, comprehensive sexuality education "poisons the minds of our young people" (crhd, 2020, p.15).

United Nations Population Fund (UNFPA) defines Comprehensive Sexuality Education as curriculum- based and aims to equip young people with knowledge, skills, attitudes, and values that empower them to realize their health, well-being and dignity, develop respectful social and sexual relationships; consider the well-being of others that are affected by their choices (UNFPA, 2020, p.9).

With one of the youngest populations in the world, it is important for young Ugandan girls to receive Sexual Reproductive Health (SRH) information. Not just for their health to prevent Sexually Transmitted Diseases (STDs) but to avoid unwanted teenage pregnancies. The Ministry of Education still advocates that abstaining from sex is one of the major methods of family planning and has been sued by CEHURD for it's delay to issue a new policy on Comprehensive Sexuality Education (see Boyd

and Burrill (2020, p.118) & URN (2017)).

Women and girls in this study are defined as those aged 18-35 years old. When a Ugandan girl aged 15-18 years old is able to access information about family planning and sexual reproductive health in time, she is able to make better decisions about her body and future, thus gaining status in society and expanding their economic choices (Birdsall and Chester, 1987).

In rural areas in Uganda, women are unable to access family planning services and information. The Challenge Initiative (TCI) works with pharmacies and health centers in some of these areas to provide women and girls access to different family planning methods and has carried out surveys in collaboration with Performance Monitoring and Accountability (PMA), who have collected data on key family planning indicators in different regions in Uganda.

This research aims to understand the impact of two family planning interventions on women's empowerment outcomes for at least three years (2018 - 2020) in Uganda by measuring indicators of women's empowerment. It aims to examine how access to family planning information and services can contribute to the economic outcomes of Ugandan women, drawing on existing concepts of power and economic empowerment.

1.2 Background of the Study

This section presents an overview of the status of family planning information and services in Uganda and describes the role of national policies, plans, and programs in ensuring that these services meet the needs and rights of girls and women.

1.2.1 Family Planning in Uganda

The ideal family size from 2001 to 2016 in Uganda remained between 4.8 and 5.0 children among women and between 5.4 and 5.7 among men. While family size norms vary across, women in Kampala region want 4.1 children, while women in Karamoja region want 7.2 children. Ideal number of children decreases more dramatically with increasing education than with increasing wealth. Women with no education want 6.3 children and those with more than secondary education want 4.0 children (UBS, 2016, p.101). "Uganda is dependent on external donor financing for health care, with the United States(U.S) as the country's single largest provider of global health assistance. In 2016, the U.S obligated over USD 227 million to Uganda for health programs through the U.S. Agency for International Development (USAID). Seventy

percent of that was funding for HIV/AIDS, family planning, as well as maternal and child health. The U.S. government has partnered closely with the Ugandan Ministry of Health, other international bilateral and multilateral donors, and the private sector to help Ugandan families access a range of comprehensive health care services which include sexual and reproductive health care." (pai.org, 2018, p.2).

Family planning in Uganda is offered by both private and public service providers. A Uganda Demographic and Health Survey (UDHS) survey carried out by Uganda Bureau of Statistics (UBOS) in 2016 found that injectables and implants were the most commonly used method and 35% of married women used modern contraceptives. The total demand for family planning among women was at 67% and the public sector was the main source of contraceptives (see UNFPA (2019, p.4) & UBS (2016, p.113-115)). The Family Planning 2020 plan has listed access to family planning as a fundamental human right that links to the attainment of economic stability for women, once they have the right to make decisions on the number of children they have. This right extends to the methods of family planning offered by health facilities, that users have a right to know about and decide on based on their needs and preferences (FP20, 2020, p.2).

According to the World Health Organisation (WHO), women, as the main deciders of their reproductive lives, can make these decisions through access to contraceptive information, services, and supplies. "Uganda's goal of reaching 50 percent of women who are married or in union with modern contraceptive methods is ambitious and must be matched with commensurate support in the areas of human resources, financing, and political commitment from national to community levels throughout the country" (Lipsky et al., 2016, p.14).

National and subnational family planning plans and programs should ensure contraceptive use or non–use as a right that contributes to empowerment and gender equity, not simply a high–impact health intervention or a contributor to other development goals (FP20, 2020, p.1).

These policies, plans, and programs should also acknowledge and prioritize appropriate interventions beyond the health sector that enable women to exercise reproductive decision–making (e.g., life skills, comprehensive sexuality education, girls' education, creation of employment opportunities for women) (FP20, 2020, p.2).

A peer educator is a person of equal standing with another that belongs to the same social group (age, status) that is trained and supported to effect a positive change on others of that same group. This study highlights the impact of family planning information; in the form of CSE, through peer educators, workshops,

panel discussions alongside provision of services (different types of family planning) (UNFPA, 2020).

There are several service providers in Uganda offering family planning, but there is still a gap in the provision of information about how to access the services, why it is important, and how often. This creates a considerable lag behind in the efforts of service providers, continually stocking and offering family planning services.

1.2.2 Comprehensive Sexuality Education in Uganda and Barriers in Reproductive Right

UNAIDs found that more than 300,000 teenagers that get pregnant account for the bulk of unwanted pregnancies that end up categorised as unintended births or abortions. In addition, the population secretariat indicates that of the 1.2 million pregnancies in Uganda, 25% are teenage pregnancies (Boyd and Burrill, 2020, p.101).

According to the Uganda Bureau of Statistics, one in every four teenage girls between fifteen and nineteen has got pregnant. The ability to achieve sexual and reproductive health and rights, including the ability to decide when and whether to have children, is critical for the health and wellbeing of all women (a Hand, 2017; Daily-Monitor, 2017).

Pregnant adolescents usually face an increased risk of pregnancy complications like eclampsia, premature labour, prolonged labour, obstructed labour, fistula, anaemia, and death. For babies, there is an increased risk of premature birth, low birthweight, health problems, and death and most girls end up dropping out of school. In some cases, they are married off and sexual activities as well as giving birth start as early as 14 years (a Hand, 2017, p.1).

Previously, sexuality education in Uganda was provided by parents and relatives of the children within their cultural setting and community, which was supported by their religious affiliation. Later, the government started including sexuality education in school programmes, like the School Health Education Program (SHEP), the Health Education Network (HEN), Safeguard Youth from AIDS (SYFA), and the "Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY) launched in 2015 (Uganda Ministry of Education and Sports, p.2). The lack of an agreed national framework to guide the delivery of sexuality education in schools led the Ugandan Ministry of Education and Sports with involvement of stakeholders and partners to develop a draft national framework in 2018. This framework commits to teaching "premarital abstinence and marital faithfulness" and "skills that will enable

one to avoid any form of premarital sexual activity" highlighting abstinence as the only healthy sexual behavior which one should adopt (a Hand, 2017).

Research shows that an abstinence-only approach is not effective in delaying or reducing teen pregnancies. According to Reach A Hand Uganda (RAHU), progressive sexuality education will equip children, adolescents, and young people in and out of school with SRH information to make informed life choices. Strong evidence also supports the efficacy of specific interventions that would help young people enjoy their SRH rights and the International Conference on Population and international bodies have continuously called for the Uganda government to provide adolescents and young people with CSE (a Hand, 2017).

The UNFPA recommends that children receive in-school CSE as part of the curriculum or within the regular school timetable. The International Technical Guidance on Sexuality Education (ITGSE) describes how CSE delivered in schools provides "an important opportunity to reach large numbers of young people with sexuality education before they become sexually active, as well as offering a structured environment of learning within which to do so" CSE which is delivered outside the school curriculum is known as Out-of-school CSE. Out-of-school CSE is vital in providing CSE to children and young people in situations where CSE is not included in the school curriculum as well as to children and young people who are not in school (UNFPA, 2020, p.9).

According to UNFPA, in Gender-transformative education, participants should be guided to analyze every topic to think about gender issues critically and how they impact their lives. CSE has been highlighted as a critical evidence- based approach, alongside policies like expansion of quality SRH services and creation of youth-friendly health facilities would help curb the spread of STDs and address the needs of adolescents in Eastern and Sub-saharan Africa. Delivering CSE to children and young people in gender-specific groups is imperative, where this is the only culturally acceptable way to provide it. This is especially true in countries with a high prevalence of gender violence and imbalances between men, women, girls, and boys (UNFPA, 2020, p.20-21).

RAHU evaluation found a reduction in risky behavior by two-thirds, showing that CSE does not lead to earlier or risk of sexual activity, but rather reduces it. In addition, about 60 percent of the programs led to positive behavior outcomes like increased condom use (a Hand, 2017).

1.3 Objectives, Hypothesis and Research Questions

My research is motivated by interest in the role of family planning in women's economic empowerment and adding to the debates and discussions on empowerment. I identify two groups of girls and women in different settings and how they use family planning services versus information. I explore the different ways that women engage with family planning and the factors that surround their decisions in the use of different methods. The main objective of this thesis is to explore the role of family planning in women's economic empowerment in Uganda, by comparing the role of access to information versus simply receiving services. The main research question in this thesis asks; What role does access to family planning information and family planning services play in women's economic empowerment in Uganda? Hypothesis:

1. Informed/educated women are more likely to discuss their family planning decisions with their partners and husbands.

2. Women who have no education do not to make decisions about their family planning method with their husband.

3. Women who have heard about many family planning methods discuss their family planning methods with their husband.

The sub-research question is:

> How does access to family planning information and services through programs and projects improve women's economic empowerment for women aged 18-35yrs?

1.4 Positionality Statement

As a Ugandan woman that grew up in a middle class family in Uganda, I am aware that my views are framed by my upbringing and current thoughts on the issue. In High school, we had information sessions about SRH, mainly focused on the spread of STDs and how to prevent them. These sessions were often held once or twice a month and were compulsory for every student to attend. They focused mainly on abstinence as the main method of family planning, encouraging us not to venture into sexual activity and were structured as lectures by speakers selected by the school. In these

sessions of over fifty students, it was extremely difficult to understand the messages and most students usually chatted over the speaker.

These sessions were more of a "Warning Never To have Sex" that the school offered to some classes to prevent sex between students at school. The main method advocated by teachers and leaders was abstain from sex. I am aware that the methods and ways that I view SRH may differ from how youth in Uganda today view it. I am also aware that as a development studies student with views from a western country from Norway, my opinions have changed especially as a Ugandan Christian. Speaking about sex at an early age amongst my family and friends was stigmatized. Sex as I was taught is meant for two married adults.

Generally, I hardly learned about the different FP methods or discussed issues on SRH with my peers. FP methods for me were mainly discussed while at university, living on campus as an adult. My belief that this information should be shared with girls at an earlier age stems from the alarming rates of teenage pregnancies in Uganda. Girls that got pregnant during highschool were often heavily rebuked and ended up dropping out of school.

Reflecting on this topic, I strongly believe that rather than focussing SRH and CSE on the spread of STDSs (which is of course vital), information about family planning could be sensitive in understanding where girls and women are from any social cultural factors around them. An example is the approach that Peer educators use in creating safe spaces and including skits, plays, and music when sharing SRH information.

1.5 Thesis Structure and Outline

This thesis is organized as follows:

Chapter I includes the introduction, problem statement, background and study's objectives, hypotheses, and research questions.

Chapter II highlights the literature and conceptual frameworks.This chapter also discusses Naila Kabeer's framework of empowerment

Chapter III is the methodology chapter, which presents the research design and methods, study participants, analysis, and ethical considerations

Chapter IV is the results chapter, where the results of the study are presented,responding to the research questions set in Chapter 1.

Chapter V is the discussion chapter and discusses the results which compares them with relevant literature.

Chapter VI is the conclusion which includes a summary of the study's findings and suggestions for future studies.

Chapter 2

Literature Review and Theoretical Framework

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This chapter uses theoretical frameworks and concepts to build a foundation for the main ideas presented during the research. It will analyse and define feminist theory and power theories; specifically, the concept of "power-within", related to empowerment and describe the connection of these to economic empowerment and family planning. In this chapter, I will clarify the concept of "power" and "powerlessness" to assess and understand how one becomes empowered or disempowered. I also aim to conceptualise women's economic empowerment in two main areas developed in the study. The first is agency which involves decision-making (the power to discuss, choose and make) which family planning services to use. The second area is achievements, which is defined as the level of education a woman has had. This conceptual

framework does not intend to provide a general overview of all existing literature but rather use a selected framework from Naila Kabeer to create a measurement model that tests hypotheses to measure the role of family planning information and services.

It starts with describing the relationship between family planning and economic empowerment, giving a brief history on maternal health strategies and their impact on access to women's reproductive health information and how women's rights came to be established. It then introduces the concepts of power, it's definition, and how power is expressed. It then delves further into empowerment definitions and describes Kabeer's empowerment model in relation to the study and addresses the various criticisms on empowerment.

2.1 Family Planning and Economic Empowerment

This section starts by describing the history of maternal and reproductive health strategies and gender approaches, to introduce the concept of power and expressions of power. Furthermore, it explains how family planning approaches shape women's decision-making and further describes the concept of women's empowerment, introducing and relating Naila Kabeer's framework of empowerment to the study (Kabeer, 2005).

2.1.1 Maternal and Reproductive Health Strategies

Eight thousand women die from preventable pregnancy and childbirth causes; 99 percent of those deaths are in developing countries. Starting in 2000, strategies were set that were specified under MDG 5 to reduce maternal mortality and increase access to reproductive health services. Access to maternal death is linked to effective contraception. WHO (2015) Maternal deaths will decrease by a third by meeting family planning needs through safe and effective contraception (Haslam et al., 2009, p.87).

Women across the globe face the problem of lack of access to information about reproductive health, as a result of decisions and policies implemented by governments and political groups. An example of this is the "Global Gag Rule" that serves to "deny US family planning funds to foreign organisations if they use other non-US funds to provide legal abortion services or to participate in policy debates over abortion in their own countries." This demonstrated the power of one group of conservatives over access to critical information about family planning (Siitonen, 2003, p.143-145).

Uganda as a dependent and beneficiary of U.S funding (USD 6.7 million) annually that goes to reproductive health supplies, was affected by the "Global Gag Rule". An estimated gap of USD 9million was identified by the Ministry of Health in funding for family planning commodities (pai.org, 2018, p.5).

2.1.2 Women and Development and Women in Development Approach

Two approaches, Women and development (WAD) and Women in Development (WID) were widely used by development practitioners, which viewed family planning as the "focus of social control of fertility." "For example, in Indonesia, women were the targets for population control and were treated as walking wombs. The WID approach reduced women to biological functions of giving birth. It failed to address gender dynamics and social relations that prevent women from seeking support and services they need to; prevent and space pregnancies and have healthy pregnancies" (Haslam et al., 2009, p.86-87).

Gender and Development (GAD) There is a need to recognize social relations that shape women's decision-making power and access to reproductive services and resources. Limitations of the WAD and WID approach led to Gender and Development. It's role was to demonstrate the unequal relations (gender) hinder development and participation in economic and political arenas and show the need to transform structures of power to facilitate equal participation of genders (Haslam et al., 2009, p.88-89).

Power can be defined as the degree of control over material, human, intellectual and financial resources exercised by different sections of society. Access and control of different resources determines how much power groups and individuals sustain and control of these resources becomes a source of individual and social power. This unequal distribution is further maintained through divisions of people into social groups like ethnicity, religion, gender race (Vene Klasen, 2002, p.41). People therefore gain positions of power through access to resources influenced by social, cultural and psychological factors. It is important to understand how access to power shapes and determines relationships on an individual or community when addressing power and powerlessness (Vene Klasen, 2002, p.41-47).

Power and ideology are closely linked; ideologies are a complex structure of beliefs, values, attitudes and ways of perceiving and analyzing society. Ideology influences power because it is enforced through social, economic, political and religious institu-

tions and through structures like family, education, media and education and education system. Economic, political, legal and judicial structures set up by the state are reinforced by the ideology and power of dominant groups (Vene Klasen, 2002, p.41).

2.2 Defining Empowerment

To address the negative forms of Power Over, empowerment is used as a strategy to enable people to fight for their rights. Empowerment has different contested meanings, due it's growing popularity. Empowerment is the process of acquisition of the ability to make strategic life choices, by those that have been denied it (Kabeer, 2005).

Save the children defines empowerment as "people can make choices and take actions on their own behalf with self-confidence from a position of economic, political, and social strength" (Vene Klasen, 2002, p.53). Rowlands (1997) "Empowerment is more than participation in decision-making; it must also include the processes that lead people to perceive themselves as able and entitled to make decisions." Asian activists define women's empowerment as the process and result of processes of challenging male domination and allowing women to gain equal access to and control of resources, transformation of systems, structures and institutions where subordination is reinforced.

To understand and address problems faced by women like gender inequality and poverty, the empowerment framework was designed. It specifically looks at basic needs, rights, participation, and control (Vene Klasen, 2002, p.55).

2.3 Expressions of Power

To better understand how power is used, different expressions of power can be identified in positive and negative ways, namely; Power Over, Power with, Power to and Power Within. "Power over" is a win- lose relationship and is associated with negative forms like force, corruption, repression and discrimination. It involves forcefully taking power from others and continuously preventing them from getting it and using it to control them. For example, in politics when people are continuously denied access to land rights, employment and health care increased inequalities lead to poverty. Such patterns in power over are also replicable in personal relationships and how institutions are run. As an alternative on how to use power, scholars came up with power with, power to and power within:

- Power-with focuses on people's mutual support,collective effort, strengths and finding a common ground in their interests.

- Power-to is about every person's ability to make their own world and life, even when faced with opposition, they have the ability to define their own choices.

- Power-within, has to do with hope and the capacity to see one's self worth and knowledge, while respecting others and their differences. Stories and reflections from people's experiences are used to affirm people's worth and this is referred to as agency; the ability to change the world.

Power is seen as a social concept, used to explore the public and private spheres of life. How individuals gain access to resources should therefore be considered. Power relations between individuals and groups can be exercised through social, political and economic realms(Vene Klasen, 2002, p.41-47)

Political power takes on many levels and can be hidden or visible. In understanding gender theory, this adds another perspective when analysing women's empowerment challenges. All women experience power and powerlessness in different ways, depending on their age, race, and class. Additionally,political power takes shape in three levels of a woman's life(Vene Klasen, 2002, p.47-51).

1. Public Realm of power (which is visible and affects both men and womens' job, legal rights and public life).

2. Private Realm of power, which refers to private relationships and roles in families.

3. Intimate realm of power which involves personal confidence, self worth and relationship to body and health.

2.4 Measuring Economic Empowerment

This study used the definition of Empowerment as the ability to choose from several choices and is a combination of processes where women gain ownership and control of their lives. This ability to choose from several choices and having ownership and control over both contribute to human development (Ibrahim and Alkire, 2007).

Definitions of agency and empowerment from Amartya Sen and Rowlands Typology identify indicators like; control over personal decisions, domain-specific autonomy,

household decision-making and ability to change aspects in one's life at an individual and communal level (Ibrahim and Alkire, 2007, p.382).

Rowland's typology proposes four possible exercises of agency that could lead to empowerment; choice, change, control, and communal belonging; Control (Power Over)- Control over personal decisions, Choice (Power to)- domain specific autonomy and household decision making, Community (Power With)- changing aspects in an in one's life (individual), Change (Power Within)- changing aspects in one's life (communal) (Ibrahim and Alkire, 2007, p.388-389).

One way of looking at power is in one's ability to make choices. Thus, being empowered means having the ability to make choices where one was once denied and to be disempowered is being denied choice. She defines real choice based on the following conditions;

1. There should be alternatives and no poverty or lack of one's basic needs as this causes there to be dependency on more powerful people. This lack of alternatives prevents them from making meaningful choices.

2. One must be aware of these choices and internalize them, however, not all choices frame how powerful someone is. They must also have the ability to question authority and reflect on the most relevant choices in their lives for example where they live, whom to marry, how many children to have and their ability to travel, which help frame one's day to day life (Kabeer, 2005,p.14).

According to Kabeer (2005), there are three interlinked dimensions that frame the concept of empowerment, namely; agency, resources and empowerment. Agency is central to the concept of empowerment because it represents the processes through which choices are made. Resources enable agency to be carried out. Achievements are the result of agency. Agency takes on positive and negative forms; in the positive form, through "Power to" and the negative through "Power Over." It is important to note that other forms of power like institutional bias, cultural or ideological norms influence agency by impacting their ability to make strategic choices and enhancing inequalities. Agency therefore allows for questioning of authority, when people are able to constantly make choices. Empowerment stems from how people view themselves and reflects on how they are viewed by their society and those around them. Empowerment processes often start from within and include decision making, motivation, meaning and their overall sense of agency. Beliefs and values play a role in creating inequalities.

Resources enable agency to be carried out, through distribution of different institutions and relationships in society. The ways in which certain rules and norms are defined is decided by powerful actors in privileged positions. For example, some women may have limited strategic choices because their main form of access to resources is reliant on family members. People in positions like chiefs, managers, household heads and elites hold authority in decision making and decide how resources are made available and how they're distributed. Achievements are made of resources and agency (people's capabilities) and the extent to which their potential to live the life they desire is met. In terms of empowerment, they are an outcome of agency. When women work at jobs that fulfill their passion and independence rather than provide for their basic needs, this is considered more of an achievement.

Kabeer (2005) notes the importance of viewing gender relations as multi-dimensional, as they incorporate ideas, values and identities which determine distribution of resources and allocate authority, agency and decision making power. It questions the extent to which the international community is willing to support women at the local level to achieve their potential. Each of the three indicators in MDG3 can make a difference because a change in one aspect of social relations can create a shift of events in other aspects. Similarly, there is potential for changes that expands women's choices and policies that set out to increase women's access to resources. It argues that this potential is not, however, attainable if women are unable to participate, oversee and keep policy makers accountable for their actions. The role of women's education should be to provide them with motivation to question injustices and think critically in order to maximize its potential.If women have jobs that hinder their health or are exploitative, in spite of giving them a greater sense of self and higher purchasing power, this would overrule the benefits.

The ability to choose is central to the concept of power. Further building on these empowerment concepts, Kabeer evaluates methods used to measure and quantify empowerment in a number of studies and argues that three dimensions of choice (resources, agency and achievements) are indivisible in determining the meaning of an indicator, hence their validity in measuring empowerment. This paper attempts to incorporate the structural dimensions of individual choice. The interdependence of individual and structural change in the processes of empowerment, are shaped and defined by individual resources, agency and achievements, which determine different categories of actors and whether they are able to enhance their voice and agency; pursuing their interests. In this paper, it is not possible to establish the meaning of an indicator, in any dimension it is meant to measure or evaluate, without reference

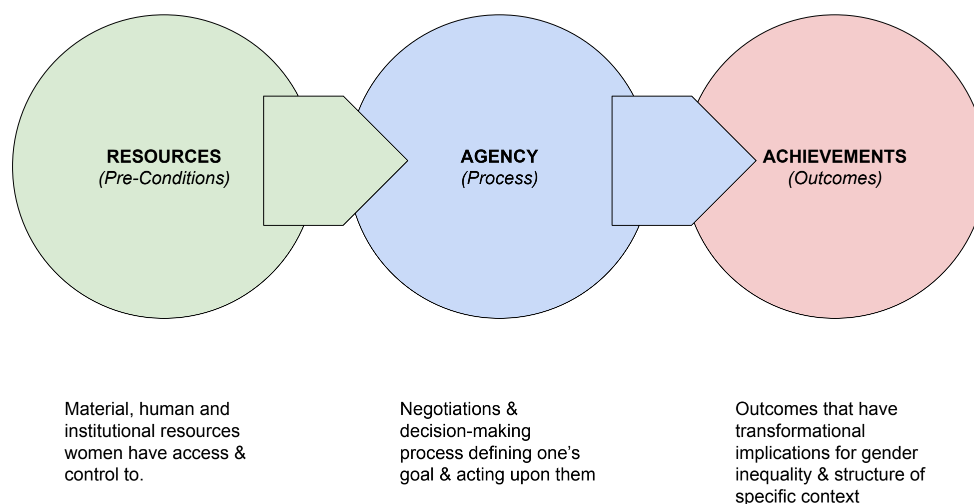

Figure 2-1: Illustration of the framework of Economic Empowerment presented by Martínez-Restrepo et al. (2017).

to other dimensions of empowerment. The validity of a resource measure as an indicator, highly depends on assumptions made about the potential agency, thus access to a resource depicts potential, rather than actual choice. Without evidence, validity of an achievement measure is also difficult, depending on the extent this achievement transformed inequalities without worsening them. More evidence is needed to support these assumptions and support the validity of different indicators. Indicators of empowerment can be inaccurate and misleading, due to their lack of accuracy and fail to provide accurate measurement of changes in women's ability to make choices. This is because they tend to have a variety of different contradictory meanings. Women's empowerment is a concept that takes on positive and negative biases and there is a tendency for researchers to opt for meanings that favor their own values (Kabeer, 1999, 435-461).

From now on, "Family planning access to services and information" will be equated to Power and Choice as the main indicators of economic empowerment. The indicators and variables used in the methodology will focus on understanding whether girls and women discuss and make the decisions about family planning methods and how these decisions affect their lives.

2.5 Criticisms of Empowerment

Kabeer critiques empowerment projects for assuming they could predict the nature and direction that change is going to assume.

Other scholars warn that empowerment approaches ignore the entrenched opposition to empowering marginal groups around the world. Cornwall views empowerment as a critical concept for achieving gender equality, but requires greater attention to the impact of cultural differences, economic and political power, colonial histories and gendered practices and relations, which expands the term in a very complex and patriarchal world (Haslam et al., 2009, p.90).

2.6 Feminist and Empowerment Theory

Feminist theory, gender analytical frameworks, international commitments and global campaigns are interlinked and shape each other. Feminist theory and gender and development thinking led to the UN commitments to gender equality for girls and women. In 1970, Ester Boserup argued for inclusion of women's needs and participation in economic contributions to development. In 1975, the first Women's Conference in Mexico was held and a global action plan was adopted for implementing objectives of the International Women's Year. Later the Security Council signed to promote women, peace and security and two Millenium Development Goals (MDGs) were dedicated to gender equality and women's empowerment and reproductive health for women. Feminist insights and gender and development analytical frameworks led to better understanding of the complexity of gender relations by; 1) understanding the role of structural processes and cultural practises in shaping and reinforcing unequal social relationships and organisational practices. 2) Persistence of masculinities to perpetuate gender inequality (Haslam et al., 2009, p.85).

Turner and Maschi (2015) demonstrates how power-within is fostered in feminist and empowerment approaches, by exploring the main concepts in both theories; collective action, mutuality and critical self-awareness. It uses the case study of Claudia, who had previously been sexually violated as a teenager, to illustrate how connecting with other women from a feminist empowerment approach can lead to more women claiming their power, build self-confidence and create mutual relationships. It demonstrates how power and powerlessness in society influence oppression and domination amongst some groups and why feminism and gender must be considered in social, political and economic structures.

Empowerment and feminist social theory, both focus on dominance and subordination. However, feminist theory is centered on the role of expectations, role and power differences related to gender while empowerment centers around the role of race, culture and class status to some extent, the way they shape individuals problems. Both approaches can give hope to minority groups that are susceptible to oppression, racism and poverty (Turner and Maschi, 2015, p.151-160).

In order to bring about broader social change, feminist analysis helps women to understand the ways they are oppressed and dominated and engage to make a change. For example, feminists fought for sexual and reproductive rights, equal pay in the workplace, better childcare and valued work done by women at home. It also established the connection and the power of mutual relationships, emphasized in feminist social work. This mutuality is defined as a relationship where both parties experience a sense of respect, interest, empathy and responsiveness. Empowerment is an essential part of feminist theory because it gives individuals that are oppressed and marginalized a sense of community to find solutions to their problems together. The concept of mutuality is vital in building resilience of one individual through another (Turner and Maschi, 2015, p.152-153).

Further building on the history and relevance of feminism, scholars like Gilligan and Miller, explain that women's sex role socialisation, causes of subordination and powerlessness of women and girls as they develop. Boys and girls develop differently and girls tend to lose their power by the time they are adolescents (Turner and Maschi, 2015, p.154).

This paper thus illustrates that one way to empower those that have been disempowered in one sphere of their lives, is as a group; where those affected by a problem discuss it thereby making it shared in order to find a common goal. For example, women that have been sexually violated, meeting in a group to share experiences is used to create a way between them and the trauma they faced. Claudia was able to gain some sense of hope and power, after she voiced her issues.

Women's decisions on childbearing affect their achievements and well-being later in life. A study found that women who bear children later show more gender equitable norms and patriarchal gender norms play a role in fertility decline. It also found that there is a lack of sufficient evaluation to determine the role of gender-integrated interventions in relation to family planning and maternal health. There are advantages to group antenatal care, as it fosters communication and learning among peer groups. There are no direct links found between disempowerment and premature births. Other programs that prevent Gender Based Violence can reduce prematurity.

Pregnant women who are more empowered with better coping skills before birth are less likely to suffer from postpartum depression. Women who are more empowered are also expected to use skilled birth attendants, which could lower maternal mortality. In African countries, if corrupt health systems remain, it may not lead to changes in mortality rates. There is a need for changes in public norms and reframing maternal mortality as discriminatory (Prata et al., 2017, p.2-4).

Literature as cited above, displays the role of access to family planning information and services has an impact on women's maternal health and well being. However, literature about the impact of family planning information and services on women's empowerment is quite limited. While some literature discusses this briefly, no literature I have encountered has analysed this specifically.

2.7 Conclusions and Considerations in Measurement of Economic Empowerment

In their book Martínez-Restrepo et al. (2017) use mixed methods to study case studies from Colombia, Peru, and Uruguay to explain the process of economic empowerment, using evidence from impact evaluations and their achievements and challenges in measuring women's economic empowerment using subjective measures.

First, the study highlights the synergy between resources and agency, which relates to Sen's definition of capabilities and people's freedom to live according to their values (Sen, 1999). "This definition of capability is closely associated with freedom, because the freedom to choose a specific kind of life, rather than attaining a particular achievement, is what distinguishes an active subject" (Kabeer, 1999; Martínez-Restrepo et al., 2017). Additionally, the study makes the following recommendations for studies that measure decision-making; 1) Agency should be considered as a process of setting goals, making strategic decisions, and acting upon them 2) Indicators and variables that measure women's decision making be considered as a proxy rather than part of the empowerment process 3) Consider that making several decisions about house-hold concerns can be disempowering; thus questionnaires should include questions that are relevant to a given context.

The study also defines subjective and objective measures of women's economic empowerment. Subjective questions are directly asked about individuals' feelings, for instance, they would ask about the ability to achieve their goals, life satisfaction, levels of stress, and their perceptions on their economic autonomy. Objective questions

would include an externally quantifiable phenomenon that can include indicators like productivity and asset ownership.

Chapter 3

Methodology

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3.1 Research Approach

Research processes may differ depending on the level or type of research and based on the type of research, it is then necessary to select specific research methods which are consistent with the theoretical framework, and with the methodology, that have been adopted (Sumner & Tribe, 2008,p.101). This research adopted a spiraling research approach, where each stage in the research process; idea, theory, design, data collection, analysis and dissemination is occasionally revisited and consistently refined. The research process in this approach is fluid with the idea and research question continuously shifting or changing (Lune and Berg, 2017, p.25). I decided to adjust my sub-research questions, as they did not answer my main research question and did not say anything about access to family planning information and services. In this study, a combination of qualitative and quantitative methods, (mixed method) were used. Bourguignon compares the use of mixed methods to two painters that view a mountain from different perspectives thereby painting two different pictures; referring to the breadth and depth this adds. Quantitative methods are best for description of relationships while qualitative are best in explaining and understanding relationships, however it is not guaranteed that mixing methods will be comparable or combinable. They might end up telling different stories about the same subject (Sumner and Tribe, 2008, p.107-110). Using a mixed method was beneficial to this study because data derived from the two methods provided more depth to the study, which would not have otherwise been possible. Using a mixed method allowed me to have interviews with participants from a small sample size, which then informed my data analysis with the secondary data. The qualitative survey enabled me to find patterns and themes in the role of access to family planning information and services which informed my data analysis in the quantitative survey. There was more information to analyse in the quantitative analysis, for example the participant's region and levels of education were comparable, which enriched the study.

Using a descriptive research design, this study describes the case of Uganda's family planning interventions and its role on women's economic empowerment. This study relied on data from household surveys carried out by researchers at Makerere University at the School of Public Health, in collaboration with John Hopkins University. Household surveys are characterized as involving statistical sampling, closed questions, numerical data and statistical analysis. An advantage of using household surveys is the aggregation and comparisons possible across time and with other datasets. Additionally, the reliability of their results is measurable. Their credibility

of national statistics with policymakers allows simulation of different policy options and correlations identify associations raising questions of causality. A weakness, however is that they miss what is not quantifiable; sampling frames may miss significant members of the population, fail to capture intrahousehold allocation and assume that numbers are objective and conclusive. They may also assume that the same question means the same thing in different cultural contexts (Sumner and Tribe, 2008, p.110-111). The quantitative method leads and informs the qualitative method in order to build on the data I collected in the online survey. The two complement each other because the TCI data is from women that have heard access to family planning services and it is not clear whether they have access to information about the services they received, while the RAHU data interview is with participants that focus on providing information about family planning to youth and women around Uganda and which informs their decisions on which FP methods to use.

3.2 Description of the Studies the Research Process

This study took shape in three phases, which enabled me to have a holistic approach and handle different tasks. It also allowed me to address any obstacles in each phase, which were then reflected in planning for the next phase to foster the data analysis process and completion of this study within the given timeframe. The first phase involved conducting a review of existing literature in order to understand concepts of power and empowerment and they relate to family planning for women in Uganda. This literature review informed my understanding of the definitions of empowerment, studies that have been carried out on empowerment, an understanding of economic empowerment and the challenges in creating a measurement model and how to select the most relevant indicators for my study. After reviewing my main research question, I then designed a questionnaire for an online survey. The second phase was to select a population for the sampling, to conduct an online survey. The aim of this online survey was to assess the role of family planning information on economic empowerment and participants were asked which they found most important; access to information vs access to family planning services.

RAHU is a local youth-led NGO focussed on youth empowerment programs with an emphasis on livelihoods & skills development, behaviour change communication and Sexual Reproductive Health and HIV/AIDS awareness and prevention for Ugandan youth in schools and communities. After introducing my study objectives and interests with the communication manager, I was introduced to the program manager

of the Peer Educators Academy. 15 Peer Educators working with RAHU were selected for the study by the program manager, based on their knowledge on current issues on Sexual and Reproductive Health for Ugandan youth in a Ugandan context. Their roles as peer educators involve giving training, workshops and presentations to youth in different districts around Uganda. All 15 participants were contacted via email to take part in an online study. Within my sample of 15 participants, 7 individuals fully participated in the online survey within the data-collection period.

The third phase was to review secondary data from household surveys carried out about women who have received access to family planning services from different service providers through The Challenge Initiative (TCI). TCI is a project funded by the Bill & Melinda Gates' Institute for Population and Reproductive Health and focuses on scaling up Family Planning in Kenya, Uganda, and Tanzania by applying their technical assistance model. Secondary data from 2014- 2018 studies carried out by PMA was made electronically accessible. After conducting the online survey, I analysed the responses and found common variables that I could link to the TCI data. These were education, types of methods used, how frequently and their partners influence on their family planning decisions.

3.3 Survey and Measurement Indicators

Inspired by Naila Kabeer and Rowlands Typology, where the focus on empowerment as expansion of agency, Control (power over) and Change (power-within) are adopted as the criteria to create three main indicators; domestic decision-making, access to resources and paid participation in employment, to measure economic empowerment of participants aged 18-35 years. These three indicators are by no means the only way to measure economic empowerment, but rather a model designed and adapted from Rowlands Typology' the concept of power.

Indicator I: Domestic Decision-Making

Based on "The moving out of poverty" survey done in ten to fifteen countries by the World Bank. These questions are aimed at understanding how much control individuals feel they have in making personal decisions that affect their everyday activities. When a woman is empowered, she is able to make decisions with her partner/husband or independently about the way the household is run. These questions highlight who makes decisions like; minor household expenditures, what to do when you have a

serious health problem, what kind of tasks you will do, whether and how to express religious faith.

Indicator II: Access to Resources

These questions are about autonomy and the extent to which individuals feel their actions are motivated by fear or punishment. They also explore the degree to which respondents actions, values and interests are motivated by fear or hope for reward. When a woman has access to resources, she is able to buy assets like land, without help from her male counterparts, owns a house on her own or with her husband, as well has access to other economic resources like labour, technology and capital when she needs them.

Indicator III: Participation in Paid Employment

Here questions asked involve the ability to change and address power from within and enhance one's own self-acceptance and their willingness to change different aspects in their life. They ask whether the individual would like to change anything in their life and as an agent in their own life; which three things they would like to change. They also explore who they think will contribute most to change in their lives, for example, their families, state, themselves or the community. When a woman is empowered, she is able to work in all jobs and can compete for higher paid positions, without bias or having to offer sexual favors because she is a woman to get a better position. Her decisions and contributions are valued in the workplace by her superiors and colleagues.

3.4 Data Collection

This section describes how data was collected for both qualitative and quantitative studies. It elaborates on how the interviews were conducted with respondents and the steps taken in the data analysis.

3.4.1 Interviews

The online survey employed subjective questions and was filled by 7 participants, both male and female. All participants are peer educators from RAHU, who were selected to take part in the survey. Individuals' ages range between 21-26 years.

Majority identify as single (not sexually active and none of the individuals are married. Majority of individuals are from the western region in Uganda and three are from the eastern region. Some individuals also reside in central Uganda, within Kampala city and identified residences like (Mukono, Namugongo, Ntinda and Namasuba). Two individuals reside outside Kampala, in Mayuge district and Tanzania.

After participants filled the form, they were invited to have a follow-up call to discuss their responses and ask questions or make comments about the form. Through these conversations my intention was to discuss each question, to record further information shared by participants. It was also an opportunity to engage with them on a more personal level. When the survey was first published, I realised after discussion with some of the participants that there were additional questions I wanted to use and decided to divide them based on the indicators.

Participants could choose from any options they found most convenient; Google-Meet, Zoom or WhatsApp. This enabled me to discuss the questions in detail and listen to their opinions on economic empowerment and what it means to them. Additional details from the follow-up conversations were recorded and later transcribed and saved with the individual's name. Responses on the form were saved in my private google drive account. Below is a description of the kinds of questions used that I used to determine what counted as data from the RAHU participants' questionnaire responses and from the followup conversation; In response to RQ1, the three main indicators used as metrics to define economic empowerment were; decision making, access to resources and participation in paid employment. These indicators were used in the questionnaire which was divided into three sections. Individuals identify the following decisions; where they get their family planning information, how often they are able to access family planning services, which methods they are currently using, whether their partner agrees with the methods they are using, whether they have discussed the number of children they would like to have with their friends and family, whether they believe that a married couple should talk about events at work, whether they believe that a married couple should plan how to run the home together, whether they believe that a married couple should talk about money matters, whether they believe that a married couple should talk about community matters, who in their family makes decisions about the children's well being, who they believe in the family should make decisions about the children's well being, whether their family has conflicts with their family planning methods and if they discussed their current family planning methods with their family members (before and after) they started using it.

To understand individuals access to resources, the following questions are considered; what freedom means in their language and a description in two to three sentences, if they earn money or have a source of income, whether they think a husband should give a wife money for domestic use, who manages money in their household, whether they are saving money in a separate savings account, what they are hoping to buy and save, who decides how their money is spent, the top three areas they spend money on, the basic needs they are unable to afford, whether they agree or disagree to the statements about "access to family planning services Vs access to family planning information" being the most vital for youth in Uganda, what being financially stable means to them, whether or not they believe their close female friends are financially stable and who they believe will contribute most to any change in their lives.

The following questions aimed to understand individuals' participation in paid employment; if they would like to change anything in their lives, whether they think their lives a year from now will be different, what their dreams are, the best three statements that describe economic empowerment, whether or not they believe they can make a change in their community, who they believe will be a major source of financial support in old age and which cultural, religious and marital expectations and practices prevent them from reaching their goals.

3.4.2 Questionnaire

Using household and female survey data from 2019. The design is a selection of variables that were used to measure empowerment. Below are the labels and questions from the selected variables;

1. **Age** Variable label- (age) How old were you at your last birthday?

2. **Education** Variable label (school_cc) What is the highest level of school you attended? Response: Never attended/ pre-school, Primary(1-4), Primary (5-7), Secondary (1-4), Secondary (5-6), Tertiary/vocational, University/technical, no response. This variable is related to women's achievements.

3. **Region** Variable label (Region): central 1, central 2, east_central, eastern, kampala, karamoja, north, south-west, westnile, western

4. **Heard about FP methods** Variable label (heard_method) Have you ever heard about... female sterilization, male sterilization, contraceptive implants, IUD, injectables, gel, birth control pill, emergency contraception, male condoms,

female condoms, diaphragm, days or beads, LAM, rhythm, withdrawal and other methods. Response: *Yes* or *No*

5. **Overall decision** Variable label (partner_over_mr) Would you say that using contraception is mainly your decision, mainly your husband/partner's decision or did you both decide together? Variable label. Response: Mainly respondent, mainly husband/partner, joint decision, other, no response. This variable describes who makes the family planning decision and is related to women's agency.

6. **Discuss FP decision** Variable label (discuss_fm_mr) Before you started using $most_recent_mtd2, had you discussed the decision to delay or avoid pregnancy with your husband/partner? (Current Method) Response: Yes or No. This variable is related to agency and best describes the women's decision-making process to determine the family planning method they will use.

Analysis

2017, 2018 and 2019 were selected for analysis in this survey. Questionnaires and code books from these years were carefully analysed to identify which variables would best answer the research questions. Using STATA 17, 2019 was the only year used in the final analysis due to time constraints. An excel sheet was created and saved for each year, where I could place each variable I felt was relevant for the analysis. Age selected for the survey analysis was set for those between 18 and 35 years and this was the main basis for the number of respondents used in the analysis from a dataset of 4,559 households and 4,288 de facto females. General information in all three years, was derived from general variables like; education, wealth quintile, region, eligibility, and consent obtained.

3.5 Data Sampling

3.5.1 The Challenge Initiative Data

PMA 2017-2019 data collection in Uganda uses a two-stage cluster design with urban-rural and region as strata. The project used the same set of 110 Enumeration Areas (EAs) as those that were selected in the previous round and drawn by the Uganda Bureau of Statistics from its master sampling frame. In each EA and households

were listed and mapped, with 44 households randomly selected. Households were surveyed and occupants enumerated. All eligible females age 15 to 49 were contacted and consented for interviews. The final sample included 4,559 households and 4,288 de facto females (?).

3.5.2 Pma 2020 Analytic Sample

PMA2020 analyses include only observations from completed household interviews. The female sample includes only completed female interviews from completed households. The majority of indicators include only de facto women (women who slept in the household the night before). All observations however, are included in the dataset to allow end users to calculate response rates.

3.6 Data Analysis

3.6.1 Tci Data

To analyse access to information using stata, responses from "have you heard about different methods of family planning" were compared with levels of education and which regions participants lived. Images were displayed on a screen for some methods to determine the various ways that a couple can use to delay or avoid a pregnancy. Methods investigated were; female sterilization, male sterilization, implant, IUD, injectables, pill, emergency contraception, male condom, female condom, diaphragm, foam/jelly, standard days/cycle beads, LAM, rhythm method and withdrawal. If the respondent said that she had not heard of the method or if she hesitated to answer, probe questions were asked out loud to identify which method with an image (if available).

The empowerment variable used here was discuss_fp_mr; "Before you started using (most recent) had you discussed the decision to delay or avoid getting pregnant with your husband/partner?"

3.6.2 Sample Design 2019

PMA2019/Uganda Round 6 follow-up returned to the same set of 110 enumeration areas (EAs) as those that were selected in the previous round. The design is a mix of panel and cross-sectional. For the panel, females who completed Round 6 survey and consented for follow-up were contacted in Round 6 Follow-up. If they are still

between Round 6 and Round 6 Follow-up). For the cross-section, each household structure that was originally selected for the PMA2018/Uganda Round 6 survey was contacted and enumerated. All women aged 15-49 were eligible for the survey. If a woman aged 15-49 had participated in the PMA2018/Uganda Round 6, her responses contribute to both the cross-section and panel estimates. If a woman was not enrolled in the panel, but resided in a selected household for the PMA2019/Uganda survey, her observations were included only in the cross-section. If a woman who participated in the 2018/Uganda survey still resided in the EA, but no longer lived in a household selected for the cross-section, her observations were only included in the panel. Data collection was conducted between May to July 2019.

3.7 Consideration of the Research Settings

In the first and second phase of the study a collaboration was established with RAHU and TCI. Both suggested and preferred that interviews be carried out with participants in person. Due to travel restrictions during the COVID pandemic in Norway and Uganda, field interviews were not possible and the study was re-designed to be carried out purely through online communication. This presented a challenge in receiving feedback with the given study timeline.

15 RAHU peer educators were emailed after their details were provided by the program coordinator. Their participation was voluntary and with the rise of COVID cases in Uganda, a second lockdown has been implemented and yet to be determined when the country will open again. These events make it difficult to reach the participants. I strongly believe that interacting with RAHU peer educators in-person would have enriched this study, due to additional difficulties in communication (poor connectivity) during the followup calls. After building a good rapport with one of the peer educators who assisted me to reach out to those that did not respond to the email. I stored details of those that participated in a google drive folder, labelled "RAHU Peer Educators" and saved folders from the TCI data as household and service delivery data sets. I also saved copies of these folders in my University Onedrive as a backup.

I was also given access to the PMA web portal, where the latest data and information about Uganda was updated. TCI data access was delayed, which slowed the analysis stage of the study. Upon request to receive data from TCI, it took more than a month before the approval for the data access and later more than two weeks to receive data that would be valuable for the data analysis in the quantitative analy-

sis. Additionally, after analysing the initial data shared by TCI, I realised that some information was missing and made another request for data that was granted. I was then able to start the analysis, which caused some delays in completion of the thesis.

3.8 Ethical Considerations

This study obtained approval from the Norwegian Centre for Research Data (NSD). The study complies with the Ethical guidelines of the Norwegian University of Life Sciences (NMBU).

Ethics should be considered at all stages of the research process, starting with the question of what "deserves" to be researched, moving on to the conduct of research and then on to the utilization of research findings. Ethics need to be applied not just to the data collection stage, but the whole research process. Some questions for consideration include;Who decides on research priorities? Whose voice counts? Who controls the research process? Who owns the research output? Who benefits from the research? (Sutton et al., 2004).

In the online survey, a description of the scope of the study and how it would be used to the RAHU participants was added to the form. I informed all participants that filled the survey that an hour long follow up call was an option. In the follow up call, I explained the study and informed participants that this was purely for academic purposes. Participants were also free to refrain from answering any questions in the form. None of the participants' names, phone numbers or email were recorded. Details about participant's sex, relationship status, age and address were recorded. All participants signed a consent form that they were voluntarily taking part in this study and could at any time opt out.

Secondary data from TCI contained personal information; this information was received after gaining consent from participants. This study assumes that the empowerment indicators inform the extent to which women in Uganda are economically empowered. It uses personal information from surveys carried out on women in rural and urban areas in Uganda to make assumptions about their family planning choices and how they would influence their economic empowerment. Having been carried out in Norway, by a Ugandan master student, it is important to note that this does not fully reflect the situation from respondents, as secondary data was used based on assumptions and tailored to suit my study's needs.

3.9 Limitations

In this section, I describe the study's limitations to provide justification for the the methodological choices made.

3.9.1 Clarifying Economic Empowerment as a Process

One weakness to be highlighted is that not all questions clearly define the relationship to economic empowerment. The online survey questionnaire was divided into sections that identify three main indicators of economic empowerment, however, it is not clear which main question will help identify the overall economic empowerment. This is because the interview guide was made before the theoretical framework was finalised. However, there is still evidence in the data that points to agency and well-being illustrating that economic empowerment is a process.

3.9.2 Reach a Hand Uganda

RAHU was the right selection of organisation because of their expertise in SRH advocacy for over 5 years in Uganda and are youth-led. The following biases should however be considered;

- The sample size for the online survey was even smaller than expected
- Peer educators being the main focus of my interviews can create a bias in the responses, because this is a topic they're engaged in and would support my views and assumptions. This study would have been enriched by responses from other youth; for example, beneficiaries from the Peer Academy in different regions around Uganda.

3.9.3 The Challenge Initiative

Secondary data was used, because of the cost, time and practicability of collecting original data for my study. "However, this raises the issue of "rigour" on a number of grounds, including comparability between years and statistical series. The organisation and researchers assembling this data take efforts to resolve many of these issues, but processes involved can not all be published." Due to time constraints, I did not interview the researchers that carried these specific surveys, which would have added to my measurement. It is important to note that this would have contributed largely to my study.

My limited experience in quantitative analysis. I was inexperienced in handling large sets of data and spent longer than planned identifying what would be most relevant for my study. After identifying the data I would need from the TCI data, I made a request for additional data. After receiving the data it was quite heavy when downloaded and which caused there to be missing data in the files I downloaded. After speaking to the program director about these challenges, he made a request for the missing data. With help from my co-supervisor, we created an analysis model, related to my sub-research question and main research question and identified the most suitable variables and questions from the questionnaire. During analysis, I identified key questions and variables in the PMA questionnaire and code book that were beneficial to the analysis, however this data was not available and could possibly answer whether women have access to family planning and make the decision. Below are some of these questions and others are mentioned in Appendix B (section C) ;

1. *If I don't want to have sex, I could tell my husband/partner?*
2. *If I want to use contraception, I can tell my husband I am using it?*
3. *If I want to use contraception, I am capable of using it when I want it?*

3.10 Validity and Reliability

Out of 15 participants that were nominated to take part in the study, 7 respondents responded to the survey and there was no response from the others, despite repeated attempts to reach them, which creates a threat to internal validity.

At the beginning, the survey was edited twice with new questions after having been emailed to the participants already. To ensure there was no confusion, I called the participants that had submitted these responses and managed to receive new responses to the new questions. I also had the opportunity to get clear responses during follow-up calls and conversations.

During the follow-up calls on Zoom, WhatsApp and GoogleMeet it was challenging to hear some respondents' remarks to questions due to poor internet connectivity in Uganda. We also had to adjust to different options if one wasn't working. In the beginning, I also tried to schedule calls with more than 2 people to have a group discussion but this was not effective. Mainly because some participants opened up more on individual calls.

Participants' view of me as a researcher should be addressed, as they were referred to me from their program manager. Using data from TCI potentially allows me to have another perspective of unbiased views, based on data.

Chapter 4

Results

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This chapter presents qualitative and quantitative data analysis and results, hereby we stick to the following structure:

1. Population Demographics
2. What role does access to family planning information and family planning services play in women's economic empowerment in Uganda?
3. How does access to family planning information and services through programs and projects improve women's economic empowerment for women aged 18-35yrs?
4. Awareness of Family Planning Methods Across Regions

4.1 Demographic Characteristics of Study Participants

The next two sections below describe characteristics of Interview participants(qualitative study) by religion, education and region and the PMA 2019 survey respondents (quantitative study) age and education.

4.1.1 Interview Participants

Below I present each peer educator with information from their responses about their age, education, relationship status and gender. As evident from the presentation, there are five males and two females, aged between 21-26. Most peer educators have University education levels and one has a tertiary education and one high school level. All peer educators have been assigned a case number, to anonymise them.

Table 4.1: shows the demographic characteristics of participating peer educators. *This table is constructed by the author based on the interview responses*

Cases	**Relationship Status**	**Age**	**Education**	**Gender**
1	Single (Not Sexually Active)	25	Tertiary	Male
2	Single(Not Sexually Active)	26	University	female
3	Single(Not Sexually Active)	26	University	male
4	In a relationship	25	University	female
5	Single(Not Sexually Active)	23	University	male
6	In a relationship	21	High School	male
7	Single (Sexually Active)	24	University	male

Religion Two individuals identified as Muslim, three as Protestant, one as Catholic and one as Lutheran.

Education Five individuals have (Bachelor and Master level) education, one individual has diploma level and one has highschool level education.

Tribe and Region Majority of individuals are from the western region in Uganda and identified tribes like (Mmunyankole or Mukiga) and three are from the eastern region of Uganda and identified tribes like (Musoga, Nubian and Chagga). Majority of individuals reside in central Uganda, within Kampala city and identified residences like (Mukono, Namugongo, Ntinda and Namasuba). Two individuals reside outside Kampala, in Mayuge district and Tanzania.

4.1.2 Survey Respondents

Below I present an overview of the respondents in the data analysed, with information from their responses about their age and education in percentages. In total 1752 respondents were analysed. Females aged 18-35 were selected for the analysis. As evident from the presentation (see Table 4.2), the highest percentage were aged 26 (7.3%) and the lowest were aged 35 (3.9%). The mean age is 26.2. Table 4.2 shows the percentage distributions of respondent's ages. The highest (University) and lowest levels of education (never attended) have the least numbers of respondents. Majority of respondents have attended at least Primary level (1-7) (see Table 4.3).

Table 4.2: shows the age distribution of respondents from the survey. *This table is constructed by the author based on PMA survey data 2019*

Age	**Percentage**	**Total Respondents**
18-25	45.1	
26-30	29.3	
31-35	24.7	
		1752

Table 4.3: shows the education characteristics of respondents from the survey. *This table is constructed by the author based on PMA survey data 2019*

Education Level	**Percentage %**	**Total respondents**
Never Attended	9	
Primary	56.2	
Secondary O-Level	25.4	
Secondary A-level	2.5	
Tertiary	3.6	
University	3.3	
		1707

4.2 Research Question I

The first research question is

> **What role does access to family planning information and family planning services play in women's economic empowerment in Uganda?**

Women's economic empowerment which can be divided into three main themes as already described in Section 2.7, namely the *Resource Theme*, the *Agency Theme* and the *Achievement Theme*. However, the priority in this study is to bring forward the aspects that point to decision making and give individuals a sense of agency and achievement.A selection of seven sub-categories is further used to describe the main themes, with statements from peer educators.I furthermore make an effort to clarify the relationship between themes and subcategories.

Decision Making

Decision making is the ability to make a family planning decision or to discuss it with relatives. Overall decision making is part of the agency process or theme. The following illustrates a case of *decision making*.
Case 5, a 23 year Protestant:

> *I would not talk to my mother about the family planning method I am using. If I was using a family planning method, I would not talk to my parents about it. I would talk to them if I was married. If my parents knew about the family planning method I was using, there would be conflicts because some of them believe that once a girl starts using family planning she will become barren. They have biases. For mothers that are educated there wouldn't be any conflict, but for my line, there would be full conflict. I am more comfortable with my partner and friends and maybe some cousins.*

Understanding future Goals and Dreams

Understanding future goals and dreams refers to the ability to understand, and, if possible, realise the path towards the realisation of goals and dreams. Understanding future goals and dreams is like decision making, part of the agency process or theme. The following statements demonstrate this.

Case 5, a 23 year Protestant:

To be a financially empowered,educated and stable woman who will inspire and create a transformational community especially for girls" Case 5, a 23 year Protestant

Case 6, a 21 -year-old Muslim:

To be a great advocate/sociologist in any NGO

Case 4, a 25 year old Lutheran:

To change my community to become a better place to live in

Case 7, a 24 year old Catholic:

Help my community members to achieve their goals

Meaning of Freedom

"Freedom" was described as the ability to make different decisions in an individual's lives and influence different areas of their life without restriction. We consider *meaning of freedom* as part of the agency process or theme. An analysis of most common words used with translated meanings from the individual languages were; "able" "make" "without" (see Figure 4-1). These are words that relate to individuals working towards agency, thus frame the idea of their understanding of what being empowered means.

Figure 4-1: Meaning of Freedom word cloud based on individual's responses intended to depict the individuals' ideas about freedom.

Case 1, a 25 year old muslim from ankole tribe, is quite clear when she states:

> *freedom means having autonomy over myself*

Case 2 a 26 year old who is University educated on the other hand alludes to the constitution, suggesting that freedom is granted as far as the state allows for it. He says:

> *Access to anything as per the Constitution*

Case 4 a 26 year old lutheran, freedom means having no fear or restrictions that limit her thoughts, actions and speech. she very clearly states:

> *Being able to do ,or say,or think the way I want without any restrictions or fear.*

Earn Income

Most of the individuals earn money or have a source of income, while a few sometimes earn money or have a source of income and own a separate savings account. Thus, *earning income* is clearly a part of the resource theme.

Spending Decisions

None of the individuals make decisions about how they spend their income jointly with their partner, nor does their partner make the decision for them.Majority of individuals mainly decide how their incomes are spent, while a few make the decisions with their parents and family members. /Spending decisions] is part of the agency process or theme.

View of Close Female Friends

Majority of individuals do not find their close female friends and family members financially stable, while a few do. The *view of close female friends* is part of the archivements theme.
Case 3, a 26 year old lutheran, states:

> *We also do not discuss business or future plans and what girls are doing to empower themselves. They always find ways to survive because they can ask some people for money (their basic needs are provided by someone else) . I sometimes also share internet data with some friends. They are aware about family planning and its role in their future and many use condoms and the emergency pills. They believe in long term family planning before marriage.*

Change in Individuals Lives

The top three main contributors that individuals believe will contribute to change in their lives were identified themselves, their family, and their group. All individuals expect that their lives will be better in a year, indicating their positive outlook on their future. *Change in individuals lives* is part of the achievement theme.

4.3 Research Question II

The second research question is

How does access to family planning information and services through programs and projects improve women's economic empowerment for women aged 18-35yrs?

In response to this question, I have highlighted interesting statements from the peer educators that responds to this question and and divided these into six themes:

Knowledge as Power

Case 7, a 24 -year-old Catholic:

> *Access to family planning information is key because I can not desire for a service that I don't know about. I think passing out information about family planning is empowering because you can go and seek the services. These services are sensitive and require information about how it is used and where to get it. For example if someone uses an IUD and decides to remove it and there are complications, this is part of the work that RAHU is doing to encourage people to embrace these services after understanding what exactly they are.*

Peer Influence

Case 3, a 26 -year-old Catholic:

> *In this case there are youth that have the information, but lack the services. So for now if they had access to these services, those with the information can invite their peers to pass on the knowledge. There are no services.*

Becoming youth Champions

Case 4, a 25 year old Lutheran:

> *After we leave, RAHU continues to work with local youth champions to continue education on the ground. RAHU also has programs coming up that use referrals, where the youth champions are stationed at various health centers to direct people where to find information. We also work with health centers (as this is the only place where they can find what they need) by informing them that youth will approach them for information and services should be available when they do.*

Communities using Family Planning are better off

Case 2, a 26 -year-old Protestant:

> *We have seen that communities where women are using family planning are more well-off than those that are not; have more time for themselves and work on themselves. It helps you plan your life. There are no programs in SRH and courses in high schools don't highlight FP or sex education.*

Married Women Plan How Many Children to Have

Case 4, a 25 -year-old Lutheran:

> *For married women, it helps them plan for the number of children they want to look after; for example when a mother uses an IUD it will allow her look after her children until she is ready to have others. For young girls it allows them to continue to have their independence and prevents STDs.*

How to Use the Services

Case 5, a 23 year Protestant:

> *Information is more vital, because you can't get services of something you have not understood. That is something I have noticed. Very many people do not have information, they are aware of the services, but they don't have information about these things.*

In addition to the six themes cited above, social and cultural factors were cited by most individuals in the interviews as a main hindrance to access to family planning information and services. The section below clarifies this using statements from individuals.

4.4 Clarifying Social Factors that hinder Empowerment, Cultural, Marital and Religious expectations

Cultural, marital and religious expectations play a role on one's future plans and goals, because these are expectations bestowed on individuals, based on their tribe and region, their sex male, marital status and how old they are.

Women in some places in Uganda are not assertive about when and whether they want to have sex. Additionally, the women are expected to deal with their reproductive health and any issues that may arise from sex, as this does not consern the men.
Case 5, a 23 year old University graduate explained that more assertive about sex and women tend to play a passive role;

> *Cultural beliefs believe that family planning and reproductive health are perceived to be a woman's business and have nothing to do with the man because women produce kids. Men's assertion lead men to make the decision about sex and relationships.*

Another cultural and religious factor is the lack of information from leaders about the consequences/charges of having sex with girls under 18, even with the existing laws. If leaders, who are respected by the community do not criminalise sex with under-age girls, this will continue to happen.
Case 4, a 25 year old university graduate from Eastern region highlights the main problem as the law (against sex with girls under 18) is under applied and there is no information from the cultural leaders;

> *...the law is not being applied and youth are additionally lacking information from their cultural settings. For example, according to the law, when a boy is over 18 and impregnates a girl under 18years, he must be imprisoned. However this is not the case for example in my village in Rukungiri, there are few cases of arrests after a teenage girl is impregnated, unless the parents of the girl have enough money to go to the police and follow up the case themselves. Due to this, many boys and men continue to take advantage of this because they think there are no repercussions.*

Cultural leaders condemn the use of family planning and we as peer educators are undermined by married people.
Case 2, a 26 year old University graduate says:

> *Marital expectations have hindered my goals in spreading messages about SRHR because they feel that this is a message that is their responsibility and they are the only ones that can talk about such topics to the young people. They say that we should not interfere and stop spreading these messages that they are meant to hear from them.*

As a muslim, there are expectations to marry early. Women are seen as responsible for Family planning, because they do the child bearing.
Case 1, a 25 year old Diploma graduate from Eastern region states:

> *Though some Muslim men believe that children are a sign of wealth, there are many Muslim men struggling with many children they cannot maintain.*

Muslims don't accept family planning.
Case 1, a 25 year old Diploma graduate adds that:

> *Due to lack of education, there are very few educated women and girls. Traditional methods for example where the wife drinks warm water before they have sex and it has worked for a while. Muslims don't accept family planning. Children are a gift from God- every child comes with their own fate and blessing. In Uganda, some Muslim girls are married off early and their husbands influence everything because the girls have no power.*

The role of religious leaders in sharing SRH information. RAHU works with religious leaders, who have been instrumental in spreading FP messages, which was highlighted by **Case 2**:

> *I feel that religious leaders (Muslim, catholic, protestant) have played a huge role in preaching a message to people to use condoms, pills and I commend them for this. RAHU has been working with religious leaders in different religions to take part in their work, so all religions have done this and they have made a big impact on their congregations.*

There are still cultural biases towards family planning methods even among educated youth as stated by **Case 5** a 23 year old University graduate:

> *My own peers that have gone to school and studied Biology, have those Baise about family planning*

4.5 Awareness of Family Planning Methods Across Regions

Before testing my hypothesis, I compared women's levels of awareness of family planning methods across the 10 regions.

Table 4.4 shows respondents' awareness about different family planning methods in different regions. As evident from Table 4.4, the most statistically significant method is male condoms, meaning that the majority of women in all regions have heard about this method. Implants and injectables are also statistically significant. For other methods of family planning, in all regions, there is no evidence of statistical difference.

4.6 Hypotheses

Below are results from the hypothesis tested.

4.6.1 Hypothesis I

Table 4.5 presents whether women who have heard about family planning methods discuss their decisions with their husband. From the table below, there is evidence that respondents who use LAM and discuss the decision with their husband are statistically different from those who do not discuss the decision with their husband. For the other methods of family planning, there is no evidence of statistical difference. Whatever difference exists, could have been by chance. This disproves the hypothesis that women who know or have heard about many family planning methods and discuss them with their husband are empowered.

4.6.2 Hypothesis II

Table 4.6 presents respondent's education levels and whether they discuss their family planning decisions with their partners and husbands. From the table below there is evidence that education levels do not influence women's decision making on what family planning method they use.

4.6.3 Hypothesis III

Table 4.7 represents education levels and whether they make the decision about family planning methods. Women with the highest levels of education do not make decisions about their family planning methods and neither do they make these decisions with their husbands. As evident in the presentation, their husbands make these decisions.

Women who have never attended school either make the decision with their husband, or take the decision with other people. 15.7% is the largest number of women

with no education, who make the decision about their family planning methods. Additionally, the number of women who make joint decisions with their husbands is highest amongst those who have never attended school (5.2). This indicates that levels of education of women have no impact on whether they make family planning decisions and disapproves my hypothesis.

Table 4.4: Family planning Information Across different regions. *This table summerized PMA 2019 survey data*

Method	Central		West		Central 2		East Central		East		Kampala		Karamoja		North		South West		West Nile	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Female sterilization	89	96.6	161	90	132	92.4	234	99.1	209	98	182	87.9	118	66.1	230	92.1	214	90.1	138	78.1
Male sterilization	89	80.9	161	84.4	132	80.3	234	82.4	209	87	182	74.7	118	55	230	69.5	214	93.9	138	55.8
Implants	89	95.5	161	97.5	132	95.4	234	95.7	209	97.6	182	92.3	118	92.3	230	98.1	214	97.6	138	99.2
IUD	89	97.7	161	93.1	132	96.9	234	94	209	89.4	182	93.4	118	56.7	230	95.6	214	90.1	138	89.8
Injectables	89	96.6	161	98.7	132	99.2	234	100	209	98	182	97.8	118	95.7	230	100	214	100	138	98.5
Pills	89	95.5	161	97.5	132	99.2	234	98.1	209	97.1	182	97.2	118	80.5	230	97.3	214	96.2	138	96.3
Emergency pill	89	61.8	161	50.3	132	43.9	234	47.4	209	52.6	182	71.4	118	50.8	230	54.3	214	48.6	138	42
Male Condoms	89	100	161	98.1	132	100	234	98.2	209	98.5	182	100	118	97.4	230	99.1	214	99.5	138	98.5
Diaphragm	89	19.1	161	52.8	132	28	234	28.2	209	38.2	182	31.3	118	11.8	230	19.1	214	28.5	138	34
Foam Jelly	89	20.2	161	24.2	132	21.2	234	18.3	209	19.1	182	24.1	118	11	230	13	214	14.4	138	32.6
Beads	89	56.1	161	73.2	132	53.7	234	52.1	209	61.2	182	57.6	118	64.4	230	77.3	214	59.3	138	50.7
LAM	89	71.9	161	15.5	132	65.9	234	14.5	209	17.7	182	71.9	118	17.8	230	16.9	214	22.4	138	45.6
Rhythm	89	93.2	161	88.8	132	83.3	234	65.8	209	86.6	182	87.3	118	71.7	230	65.6	214	79.4	138	78.2
Withdrawal	89	97.7	161	88.2	132	95.4	234	82.4	209	89.5	182	93.4	118	54.2	230	59.1	214	85.9	138	69.5
Other	89	16.8	161	13.6	132	12.8	234	38.4	209	19.1	182	15.9	118	39.8	230	8.2	214	8.4	138	6.5

Table 4.5: Illustrates whether women who have heard about family planning methods discuss their decisions with their husband. *This table is based on PMA service data 2019*

	Yes (%)	n	No (%)	n	p-value	# Respondents
Female sterilization	95	427	4.4	20	0.939	
Male sterilization	84.3	377	15	70	0.137	
Implants	50	439	50	8	0.113	
IUD	95	427	4.4	20	0.939	
Injectables	50	443	50	4	0.265	
Pills	99.1	443	0.8	4	0.237	
Emergency pill	58.6	262	41.3	185	0.896	
Male condoms	100	445	0	2	0.404	
Diaphragm	100	141	0	306	0.767	
Foam Jelly	19.2	86	19.2	361	0.81	
Beads	69.7	312	30.2	135	0.95	
LAM	35.5	159	64.4	288	0.04	
Rhythm	100	378	0	69	0.709	
Withdrawal	87.9	393	12	54	0.484	
Other	17.2	77	25.6	369	0.07	
						1707

Table 4.6: respondents education levels and discussion about family planning decisions. *This table is based on PMA service data 2019*

Education Level	Yes (%)	No (%)	n	p-value	# Respondents
Never Attended	36.8	63.1	19		
Primary	25.6	74.3	246		
Secondary O-Level	26.3	73.6	133		
Secondary A-level	25	75	12		
Tertiary	9.5	90.4	21		
University	31.2	68.7	16		
				0.49	447

Table 4.7: Respondents education levels and whether they make the decision about family planning methods. *This table is based on PMA service data 2019*

Education	**Who Makes Family Planning Decision**				**n**	**p-value**	**#**
	Respondent %	Husband %	Joint %	Other %			
Never Attended	15.7	31.5	5.2	47.3	19		
Primary	11.7	54.4	0	33.7	246		
Secondary O-Level	8.2	56.3	0.7	34.5	133		
Secondary A-level	0	50	0	50	12		
Tertiary	14.2	60.9	0	23.8	21		
University	0	62.5	0	37.5	16		
						0.132	447

Chapter 5

Discussion of Findings

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This section presents a discussion of the findings with reference to some key power and family planning literature, Niala Kabeer's empowerment framework (Kabeer, 1999) and feminist theory (Turner and Maschi, 2015) presented in Chapter Two.

5.1 Discussion

This study found that for nearly 1700 women aged 18-35years, who have heard about at least three family planning methods, they are likely to experience empowerment in some areas of their lives, more than others. Particularly, women in the central and eastern region have heard about more than three to five methods. The most popular methods include male condoms, implants, male sterilization, IUD, and the less popular across the ten regions studied include diaphragm, foam jelly, LAM, and beads. The unequal distribution of family planning method awareness across the regions can be linked to them being urban or rural areas, with a limited number of health facilities in some regions. This points to a lack of/low awareness of reproductive rights and CSE in schools in these regions. Additionally, it suggests that in regions

where women have heard about a few family planning methods, they most likely don't use any and stand the risk of being more teenage pregnancies.

Reproductive rights, defined as (cheap, convenient, and socially acceptable availability of modern contraception) give girls and women control over their lives by removing the uncertainty of timing in childbirth according to Silverman et al. (2016). Empowerment thus may arise from knowledge about and access to family planning and not necessarily using it, when they are able to make strategic life choices that impact their making decisions about their future labour participation and work opportunities. This implies that CSE is one of the fundamental ways for girls and women in Uganda to make strategic life choices and gain power over their lives.

5.1.1 Agency

This study defines agency as the ability of women to discuss and choose family planning methods with their partners, supported by Kabeer's definition of agency; which is the ability to identify goals or make choices and act on them. These choices and actions are transformational for women, as they were once denied. In this regard, this study investigated subjective measures that influence a woman's family planning choices, for example, when women are prevented by their husbands or partners from using the type of family method they prefer. According to interview respondents aged 21-26 in the central region, they report that they make decisions about whether to discuss the methods they use with their parents or family members and would mainly prefer to discuss the decision with their friends and peers. Case 6, Muslim, mentions that "... as a teenager, when you ask your family about body changes and explore the dynamics, they will all be shocked and feel they are wasting money because instead of studying, you are are thinking about sex. This limits you from having a balance and being well rounded in life." This illustrates one of the hindrances in achieving agency and explains why individuals would rather speak to their friends than family members.

Most interview respondents aged 21-26 have an understanding of their goals and dreams, for example, this was stated explicitly by **Case 5** when she says:

> *To be a financially empowered,educated and stable woman who will inspire and create a transformational community especially for girls*

is her dream.

From the analysis of data from women in 10 different regions, there is statistical evidence that women who use LAM, discuss the decision with their husbands/partners.

LAM is mainly used by women in the central region and Kampala. This suggests that women in these areas can be empowered in some aspects of family planning.

5.1.2 Resources

Resources in this study are defined as women's levels of education and their access to information about family planning (knowing or having heard about methods). Using Kabeer's framework, resources are a precondition for empowerment that require women to make strategic choices. It is important to differentiate between primary and basic resources when measuring economic empowerment, because not all resources have the potential to improve women's well-being and create agency (Martínez-Restrepo et al., 2017).

Findings from the analysis with 447 respondents from 10 different regions reveal no relationship between women's levels of education and their decision making power on which type of family planning method they use. None of the women that have a university degree, decide which family planning method to use; the decision is made mainly by their husbands or other individuals. This indicates a need for further investigation into other basic resources like food, networks and land that according to Martínez-Restrepo et al. (2017) allow women to have alternatives. Additionally, for all women with university education, this decision is not made jointly with their husbands. A possible explanation for this is that these women did not receive extensive CSE, because until recently, Uganda's CSE advocated for abstinence as a main family planning method. Another explanation could be the biases that surround the topics of SRH and different family planning methods. **Case 4** a public health student highlights this by saying;

> *My own peers that have gone to school and studied Biology, have those baise about family planning.*

Additionally, findings from data analysis in this study reveal that 15% of women that have never attended school make the decision about which family planning method to use and 5.5% make the decision jointly, which points to a need for more studies and evidence to better understand these relationships. A possible explanation is that these girls and women access a form of out-of-school CSE UNFPA (2020), for example a workshop by Peer educators from RAHU.

Case 5 from Kampala and Case 3 from Jinja aged 23 and 26 both mentioned that during football matches, they discussed family planning issues with their friends

casually. When more youth are knowledgeable about family planning information, it can lead to positive peer influence, when friends speak about these topics during social gatherings and pass-times. This supports Turner and Maschi (2015) findings about feminist analysis, where women are able to understand the ways they are oppressed and advocate for change. Additionally, youth that are well informed about family planning services can become advocates and work with health facilities to make others aware. Respondents mention that youth that became knowledgeable about family planning methods and impacts on their health were willing to take on roles as Youth Champions and work with RAHU as points of contact.

5.1.3 Wellbeing

Sen (1999) notes that agency and wellbeing are interlinked and agency plays a key role in expanding freedoms and wellbeing. Buvinic (2017) highlights that wellbeing/achievements reflects the final outcomes of the empowerment process and can be measured using objective and subjective measures of empowerment and wellbeing. Well being in this study uses subjective measures,which was determined by asking about participants' dreams, if they would like to change anything in their lives, their ability to make a change in the community and whether they discuss future plans with their partners. Subjective well-being is another way of looking at agency and women's economic empowerment (see Martínez-Restrepo et al. (2017)), where women evaluate how they perceive their lives. The goal here is to allow participants to reflect on their goals and understand their definitions of well-being as used by Martínez-Restrepo's study. However, this study found that use of happiness scales was too abstract for poor women in Colombia and Peru.

For interview participants aged 21-26 in the central and eastern region, they would like to change something in their lives and mainly cited their dreams as owning or starting a business and becoming a leader or change agent in their community. Additionally, they would like to change something in their lives and discuss their future plans with their partners.

An important insight from the findings is the responses about the role of marital, cultural and religious expectations on achieving individuals' goals as proposed by Turner and Maschi (2015) Individuals expressed that girls and boys are often treated differently, when a girl becomes pregnant. Additionally, there are different expectations for boys and girls based on one's religion and culture. Miller and Gilligan note that this difference often causes subordination and powerlessness of girls as they grow

up.

5.2 Summary

In a nutshell, this study found that levels of education have limited influence on women's family planning decisions for those aged 18-35 in central, eastern, western and northern regions in Uganda. The most significant method that women are aware about and discuss with their husbands is LAM, indicating a need for more awareness about other methods as well as assessment on factors that influence women's discussion of methods with their husbands or partners. Furthermore, there is evidence that women who have heard about LAM discuss the decision with their husbands.

Interview respondents aged 21-26 years, revealed that discussion about family planning methods is mainly with friends or peers and hardly with family members, due to stigma around the topic of family planning. This could indicate a need for more open discussions about SRH topics amongst communities and families. Furthermore, interview respondents cite the importance of access to family planning information and services as a basic need for more girls and women to become more aware of their reproductive rights.

Chapter 6

Conclusion

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In this study, I aimed to investigate the role of access to family planning services and information in women's economic empowerment with a specific focus on two different groups of 18-35 women in different regions in Uganda. Two main research questions were addressed throughout the study. The first was addressing what role access to information plays in economic empowerment. The second was addressing the implications of receiving family planning information and services through projects and programs on women's economic empowerment. While the first question aims to understand how women's empowerment can be measured through family planning, the second question compliments this by investigating the impact that programs and projects can create by providing access to family planning information and services impacts women.

To answer the main research question, this study started by investigating the concepts of power and empowerment, to examine how women become disempowered or powerless. This was combined with further investigation into Uganda's CSE, an understanding of the factors that shape policy for Ugandan women to receive SRH information and services. The main findings linked individuals' power-within, also known as agency at the center and how this is enhanced or stripped from them. My main findings resulted in the suggestion that when girls and women are unable to discuss and decide the types of family planning methods they would like to use, they

automatically lose the freedom and choice to determine the future they want. This is ultimately impacted by policy and laws in Uganda on CSE; as well as individual's social status, culture, religion, and marital expectations amongst other factors. Furthermore, my research revealed possible implications of lack of access to this information and a safe space for women and girls to receive free information may result in an increase in unwanted teenage pregnancies.

6.1 Conclusion and Implications

As far as the process of obtaining women's empowerment in Uganda, findings reveal that access to family planning information and services does play a role. Girls and women are eager to receive this information and services, however, there are still gaps in the Comprehensive Sexuality Education that could play a key role in meeting these needs. The Peer educators revealed that making family planning information and services available does impact economic empowerment by educating girls and women about their reproductive rights. This study also revealed that across ten different regions in Uganda, the women aged 18-35 are aware of more than three family methods, more so if they reside in the central and eastern regions. However, findings also reveal that women do not discuss their decisions about family planning with their husbands and partners. Peer educators noted that one reason for this is that there is still a stigma around discussion of these topics amongst couples and families.

The study revealed the need for more open spaces for SRH topics to be shared with girls and women in urban and rural regions. The role of CSE and Peer Educators is highlighted in Chapter One (sub-section 1.3.2) as critical for girls to become aware of their reproductive rights at an early age. If more girls and women learn about their reproductive rights at an early age, they are more likely to make decisions that impact their future economic participation. The study showed that social and cultural factors are hindering girls and women from accessing family planning information and services, which in turn hinders their decision-making capacity. Therefore, this information needs to be tailored to suit their cultural and religious setting.

As expressed in Naila Kabeer's empowerment framework, resources, agency and well being are all critical measures to consider when assessing women's empowerment. Specifically for family planning programs, measures like education, decision making and future goals can be considered, to determine women's agency. Peer educators reported that when more young women are knowledgeable and understand how to

use family planning methods, they are more likely to make decisions that suit their well-being. Altogether this study showed that access to family planning information and services plays a vital role in the process leading to economic empowerment. For instance, Peer educators have access to family planning information, are able to discuss and make decisions about the family planning methods they use and as a result understand their future goals and plans. This provides important insight for Aid and development stakeholders such as NGOs. For example when planning to introduce family planning service delivery and measure its impact in developing countries, those involved should consider the cultural, social and economic context. Women's economic empowerment is a process and a one-size fits all approach should be discouraged when planning to measure the impact of projects in developing countries.

6.2 Contribution

Despite the identified limitations of the study like limited geographical coverage and convenience samples, this thesis contributes to the body of knowledge of women's economic empowerment and sets a foundation for related research in the future. The study's findings as presented and discussed in Chapters Four and Five, provide empirical evidence on theoretical debates surrounding women's economic empowerment literature and theories. These include insights on agency and well being and how this relates to family planning project beneficiaries, the role of discussions between Ugandan women and their partners about their family planning method decision and factors to consider in the design and delivery of family planning information sensitive to cultural and religious implications for women in different regions. These are all key issues when planning for service delivery of family planning for women aged 18-35.

Overall, the study has important implications to policy makers (e.g., national governments) and development agencies (e.g., United Nations development programs) in terms of emphasising the power of family planning as a way to achieve women's economic empowerment. While a number of initiatives are implemented to support women, a number of them have failed to achieve their intended objectives in addressing underlying social, religious and cultural factors that hinder women from achieving agency.

Drawing from the findings of this study, I argue that focusing on issues such as access to family planning could be an important proxy factor to contribute towards women empowerment and subsequently, towards the realisation of sustainable development goal 5, which aims at promoting gender equality and empowerment of women

and girls.

6.3 Suggestions for Future Research

A continuation of this dissertation research, using a larger and varied sample in terms of Peer educators and beneficiaries from RAHU activities such as workshops and panel discussions in the ten regions identified could contribute towards the generalizability and transferability of the findings. Moreover, it would be beneficial for the researcher to carry out a field study on the ground and interact with the girls and women. Use of a mixed methods study, with in depth interviews should also be considered. Further, an experimental study can be carried out to analyse women's level of understanding of how to use the family planning methods they have heard about and currently use, could build on the access to information variable.

As mentioned in Chapter 3 (3.10.3), missing data was identified as suitable for analysis to acquire information about access to information and women's family planning decisions. To further investigate family planning and women's agency, aspects like land ownership, food, networks and education can also be compared. This coupled with a comparison of other variables across previous years (2014-2018), could contribute to a further study to understand the changes in women's economic empowerment processes.

Lastly, viewing women's economic empowerment as a process, where women can be empowered in some aspects more than others, indicates that impact evaluations should consider the interplay of different factors.

Bibliography

Reach a Hand. Inadequacy of srhr information and its effect on young people in uganda, 2017. URL https://bit.ly/2XzJXRb.

Nancy Birdsall and Lauren A Chester. Contraception and the status of women: What is the link? *Family Planning Perspectives*, 19(1):14–18, 1987.

Lydia Boyd and Emily Burrill. *Legislating Gender and Sexuality in Africa: Human Rights, Society, and the State*, volume 1. Critical Human Rights, 2020.

crhd. Assessing uganda's progress on family planning 2020 commitments, 2020. URL https://bit.ly/3AP7agv.

Daily-Monitor. More teenage girls got pregnant in 2016 - new report, Mar 2017. URL https://bit.ly/2UjSdDo.

FP-Initiative. Fp2020 partnership in action 2012–2013. *Washington (DC): FP2020*, 2013.

FP20. Rights-based family planning, Jan 2020. URL https://bit.ly/37NvmmK.

Paul A Haslam, Jessica Schafer, and Pierre Beaudet. *Introduction to international development: approaches, actors, and issues*. Oxford University Press Don Mills, 2009.

Solava Ibrahim and Sabina Alkire. Agency and empowerment: A proposal for internationally comparable indicators. *Oxford development studies*, 35(4):379–403, 2007.

Naila Kabeer. Resources, agency, achievements: Reflections on the measurement of women's empowerment. *Development and change*, 30(3):435–464, 1999.

Naila Kabeer. Gender equality and women's empowerment: A critical analysis of the third millennium development goal 1. *Gender & Development*, 13(1):13–24, 2005.

Alyson B Lipsky, James N Gribble, Linda Cahaelen, and Suneeta Sharma. Partnerships for policy development: a case study from uganda's costed implementation plan for family planning. *Global Health: Science and Practice*, 4(2):284–299, 2016.

Howard Lune and Bruce L Berg. *Qualitative research methods for the social sciences*. Pearson, 2017.

Susana Martínez-Restrepo, Laura Ramos-Jaimes, Alma Espino, Martin Valdivia, Johanna Yancari, et al. Measuring women's economic empowerment: Critical lessons from south america. 2017.

pai.org. Access denied: Uganda preliminary impacts of trump's expanded global gag rule, 2018. URL `https://bit.ly/3AFmbkK`.

Ndola Prata, Paula Tavrow, and Ushma Upadhyay. Women's empowerment related to pregnancy and childbirth: introduction to special issue. *BMC pregnancy and childbirth*, 17(2):1–5, 2017.

Jo Rowlands. *Questioning empowerment: Working with women in Honduras*. Oxfam, 1997.

Rutgers. Ugandan youth challenge ban on sexuality education, Nov 2016. URL `https://bit.ly/3CJ4SB8`.

Amartya Kumar Sen. Democracy as a universal value. *Journal of democracy*, 10(3): 3–17, 1999.

Leena Siitonen. *Women's Issues at IFLA: Equality, Gender and Information on Agenda*. Saur, KG, Verlag GmbH, 2003.

Rachel Silverman, Nancy Birdsall, and Amanda Glassman. Can access to contraception deliver for women's economic empowerment? what we know–and what we must learn. *Center for Global Development*, 2016.

Andrew Sumner and Michael A Tribe. *International development studies: Theories and methods in research and practice*. Sage, 2008.

Sandra G Turner and Tina M Maschi. *Journal of Social Work Practice*, 29(2):151–162, 2015.

UBS. Uganda demographic and health survey - final report, Jan 2016. URL `https://bit.ly/3g67EXH`.

Uganda Ministry of Education and Sports. National sexuality education framework. ministry of education and sports (moes), uganda 2018.

UNFPA. Resource flows survey on family planning in uganda - main report, 2019. URL `https://bit.ly/37ILGFh`.

UNFPA. International technical and programmatic guidance on out-of-school comprehensive sexuality education; an evidence-informed approach for non-formal, out-of-school programmes., 2020. URL `https://bit.ly/3siikHi`.

United Nations. Goal 5 | Department of Economic and Social Affairs. *United Nations*, 2016. URL `https://sdgs.un.org/goals/goal5`.

URN. Ngo sues govt over sexuality education in schools, Jan 2017. URL https://bit.ly/3sjREpG.

V. Budlender Vene Klasen, L. Miller. A new weave of power, people & politics: the action guide for advocacy and citizen participation, 2002.

Appendix A

Interview Form for Peer Educators

A.1 Respondent Information

1. Age
2. Relationship status
3. Education level
4. Tribe
5. Religion
6. Place of Residence

A.2 Questions on Domestic Decision Making

1. Where do you get information about family planning? Select all that apply
2. How often are you able to access family planning services?
3. Which family planning methods are you using?
4. Does your partner agree on the family planning methods you use? Do you have any conflicts?
5. Have you ever talked to your family and friends about how many children to have?
6. Do you have enough food to eat at home?

7. Do you have children?
8. Do you believe a married couple should talk about Events at work with each other
9. Do you believe a married couple should plan how to run the home together
10. Do you believe a married couple should talk about Money matters with each other
11. Who in your family makes the following decisions: Any decisions about children's schooling, What to do if a child falls sick, How children should be disciplined, Whether to have another child.
12. Who in a family do you believe should make the following decisions: Any decisions about children's schooling, What to do if a child falls sick, How children should be disciplined, Whether to have another child
13. Did you talk to your parents or family members about the method you're currently using before starting using it?
14. Are you a member of any type of association, group or club which holds regular meetings?
15. Have you talked to your parents or family members about the method you're currently using after you started using it?
16. Does your family have any conflicts with your family planning methods?
17. Value of children-The following statements are about why some people said they want to have children. Please select the statements you agree with:

A.2.1 Questions on Access to Resources

1. Translate the word "Freedom" in your language
2. In two to three sentences, describe what freedom means to you
3. Do you earn any money or do you have a source of income?
4. Who manages the money in your household/?
5. Are you saving some money in a separate Savings account?

6. What are you hoping to save money and buy?
7. Who decides how much money you earn and how you spend it?
8. What are the top three areas you spend money on?
9. What basic needs are you unable to afford?
10. In 2-3 sentences, describe what being financially stable/able means to you?
11. Would you say your close female friends and family friends are financially stable?
12. Who do you think will contribute most to any change in your own life? Select the top 3

A.2.2 Section 4: Questions on Paid Participation

1. Would you like to change anything in your life?
2. In one year from now, do you expect that your life will be better, will be more or less the same, or will be worse, overall?
3. What is your dream?
4. Which 3 statements best describe economic empowerment in your view
5. Do you feel that someone like you can make a change in your community?
6. Do you and your partner speak about your future plans and goals?
7. When you grow old, who do you expect to be your major source of financial support?
8. What cultural expectations/practices do you feel would prevent you from reaching your goals?
9. What religious expectations/practices do you feel would prevent you from reaching your goals?
10. What marital expectations/practices do you feel would prevent you from reaching your goals?

Appendix B

PMA 2019 Round 6 Household Survey Questionnaire

B.1 Female Survey

1. How old were you at your last birthday?
2. What is the highest level of school you attended?

B.2 Heard About Methods

1. Have you ever heard of IUD?
2. Have you ever heard of Lactational Amenorrhea Method or LAM?
3. Have you ever heard of a diaphragm?
4. Have you ever heard of emergency contraception?
5. Have you ever heard of female condoms?
6. Have you ever heard of female sterilization?
7. Have you ever heard of male_sterilization?
8. Have you ever heard of contraceptive foam?
9. Have you ever heard of contraceptive implants?
10. Have you ever heard of contraceptive injectibles?

11. Have you ever heard of gel?
12. Have you ever heard of the (birth control) pill?
13. Have you ever heard of male_condoms?
14. Have you ever heard of a diaphragm?
15. Have you ever heard of standard days method or cycle beads?
16. Have you ever heard of the rhythm method?
17. Have you ever heard of the withdrawal method?
18. Have you ever heard of any other ways or methods that women or men can use to avoid pregnancy?
19. Would you say that using contraception is mainly your decision, mainly your husband/partner's decision or did you both decide together?

B.3 Missing Data or Considered but not used

20. WGE 501 if I don't want to have sex, I could tell my husband/partner sex_tell
21. WGE 504 If I want to use contraception, I am capable of using it when I want it- contraception_capable
22. Where did you obtain [current_recent_method] when you started using it?
23. WGE 503 If I want to use contraception, I can tell my husband I am using it- Contraception tell
24. WGE 504 If I want to use contraception, I am capable of using it when i want it- contraception_capable
25. Where did you obtain [current_recent_method] when you started using it?
26. Before you started using current_recent_label, had you discussed the decision to delay or avoid pregnancy with your husband/partner?
27. During that visit, who made the final decision about what method you got?
28. Would you refer your relative or friend to this provider / facility?

29. Where did you learn how to use rhythm method?
30. Where did you learn how to use lactational amenorrhea method?
31. When you began using rhythm was this the method you wanted to use to delay or avoid getting pregnant?
32. When you began using LAM was this the method you wanted to use to delay or avoid getting pregnant?
33. Who made the final decision to use rhythm?
34. Who made the final decision to use LAM?

Appendix C

Output from Comparison of Variables in STATA

C.1 Analysis for Information and empowerment

Variables *heard_method* and *discuss_fm_mr*

Data from the above variables were used to analyse whether women who have heard about methods of family planning are empowered. Below are the sample results for (May-July 2019 PMA data) for some methods from the analysis in STATA. Access to results from other methods is available upon request.

```
. tab heard_IUD discuss_fp_use_mr, row chi
```

Key
frequency
row percentage

heard_IUD	discuss_fp_use_mr 0. no	1. yes	Total
0	5 25.00	15 75.00	20 100.00
1	110 25.76	317 74.24	427 100.00
Total	115 25.73	332 74.27	447 100.00

```
Pearson chi2(1) =   0.0058   Pr = 0.939
```

```
. tab heard_injectables discuss_fp_use_mr, row chi
```

Key
frequency
row percentage

heard_inje ctables	discuss_fp_use_mr 0. no	1. yes	Total
0	2 50.00	2 50.00	4 100.00
1	113 25.51	330 74.49	443 100.00
Total	115 25.73	332 74.27	447 100.00

```
Pearson chi2(1) =   1.2445   Pr = 0.265
```

```
. tab heard_pill discuss_fp_use_mr, row chi
```

Key
frequency
row percentage

heard_pill	discuss_fp_use_mr 0. no	1. yes	Total
0	0 0.00	4 100.00	4 100.00
1	115 25.96	328 74.04	443 100.00
Total	115 25.73	332 74.27	447 100.00

```
Pearson chi2(1) =   1.3981   Pr = 0.237
```

C.2 Analysis for Information and Region

Variables *heard_ method* and *region*

Data from the above variables was used to analyse the distribution of women that have heard about FP methods in 10 regions. Below are the sample results for (May-July 2019 PMA data) for some methods from analysis in STATA. Access to results from other methods is available upon request.

```
. tab Region heard_female_sterilization, row chi
```

Key
frequency *row percentage*

Region	heard_female_sterilization 0	1	Total
1. central1	3 3.37	86 96.63	89 100.00
10. western	16 9.94	145 90.06	161 100.00
2. central2	10 7.58	122 92.42	132 100.00
3. east_central	2 0.85	232 99.15	234 100.00
4. eastern	4 1.91	205 98.09	209 100.00
5. kampala	22 12.09	160 87.91	182 100.00
6. karamoja	40 33.90	78 66.10	118 100.00
7. north	18 7.83	212 92.17	230 100.00
8. south_west	21 9.81	193 90.19	214 100.00
9. west_nile	29 21.01	109 78.99	138 100.00
Total	165 9.67	1,542 90.33	1,707 100.00

Pearson chi2(9) = 141.7320 Pr = 0.000

C.3 Analysis for Information and School

Variables *heard_ method* and *school_ cc*

Data from the above variables was used to analyse women's education levels and whether they have heard about family planning methods . Below are sample results for (May-July 2019 PMA data) for some methods from analysis in STATA. Access to results from other methods is available upon request.

```
. tab school_cc heard_female_sterilization, row chi
```

Key
frequency
row percentage

school_cc	heard_female_sterilization 0	1	Total
0. never_attended	42 27.10	113 72.90	155 100.00
1. primary	94 9.80	865 90.20	959 100.00
2. secondary_olevel	17 3.92	417 96.08	434 100.00
3. secondary_alevel	3 7.14	39 92.86	42 100.00
4. tertiary	4 6.56	57 93.44	61 100.00
5. university	5 8.93	51 91.07	56 100.00
Total	165 9.67	1,542 90.33	1,707 100.00

Pearson chi2(5) = 71.3979 Pr = 0.000

```
. tab school_cc heard_male_sterilization, row chi
```

Key
frequency
row percentage

school_cc	heard_male_sterilization 0	1	Total
0. never_attended	60 38.71	95 61.29	155 100.00
1. primary	222 23.15	737 76.85	959 100.00
2. secondary_olevel	74 17.05	360 82.95	434 100.00
3. secondary_alevel	9 21.43	33 78.57	42 100.00
4. tertiary	4 6.56	57 93.44	61 100.00
5. university	10 17.86	46 82.14	56 100.00
Total	379 22.20	1,328 77.80	1,707 100.00

Pearson chi2(5) = 40.8885 Pr = 0.000

C.4 Levels of Education and whether Women discuss Family Planning Method Decisions

Variables *school_cc* and *discuss_fm_mr*

Data from the above variables was used to test the hypothesis on women's education levels and whether they discuss their family planning methods decisions with their husband. Below are results for (May-July 2019 PMA data) for women aged 18-35.

school_cc	discuss_fp_use_mr 0. no	1. yes	Total
0. never_attended	7 36.84	12 63.16	19 100.00
1. primary	63 25.61	183 74.39	246 100.00
2. secondary_olevel	35 26.32	98 73.68	133 100.00
3. secondary_alevel	3 25.00	9 75.00	12 100.00
4. tertiary	2 9.52	19 90.48	21 100.00
5. university	5 31.25	11 68.75	16 100.00
Total	115 25.73	332 74.27	447 100.00

Pearson chi2(5) = 4.3984 Pr = 0.494

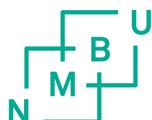
C.5 Levels of Education and whether Women make Family Planning Method Decisions

Variables *school_cc* and *partner_over_mr*

Data from the above variables was used to test the hypothesis on women's education levels and whether they make family planning methods decisions. Below are results for women aged 18-35 (May-July 2019 data)

school_cc	partner_overall_mr 1. resp..	2. husb..	3. joint	4	Total
0. never_attended	3 15.79	6 31.58	1 5.26	9 47.37	19 100.00
1. primary	29 11.79	134 54.47	0 0.00	83 33.74	246 100.00
2. secondary_olevel	11 8.27	75 56.39	1 0.75	46 34.59	133 100.00
3. secondary_alevel	0 0.00	6 50.00	0 0.00	6 50.00	12 100.00
4. tertiary	3 14.29	13 61.90	0 0.00	5 23.81	21 100.00
5. university	0 0.00	10 62.50	0 0.00	6 37.50	16 100.00
Total	46 10.29	244 54.59	2 0.45	155 34.68	447 100.00

Pearson chi2(15) = 21.1407 Pr = 0.132



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