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Research Article

## Married women's empowerment and associated factors on achievement of their ideal number of children in Dilla Zuria woreda, Gedeo zone, Southern-Ethiopia: a community based cross sectional study

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### ABSTRACT

**Background:** Women's empowerment in health care decision has been recognized as an important dimension to their access to reproductive health service and for better maternal and child health outcomes. However, the effect of women's empowerment on achievement of their ideal number of children remains relatively unexplored in the context of Ethiopia. Hence, this current study aimed to explore the impact of women empowerment on their ability to achieve their ideal number of children among married women.

**Methods:** Community based cross-sectional study was conducted from January 1 to February 1, 2015 among married women aged 15-49 years in Dilla Zuraia Woreda, Gedeo Zone. Systematic sampling technique was used to select a total of 592 study participants. Pre-tested structured questionnaires were used for gathering data. Bivariate and multivariate logistic regression analyses were performed using SPSS version 20.0 statistical package.

**Results:** This study demonstrates that 82.8% of women achieved their ideal number of children that they need to have in their whole life. About (69.4%) of married women had empowerment to achieves their ideal number of children. Women's empowerment as measured by household decision making and attitude towards gender role were positively associated with women's ideal number of children. The finding that empowerment as measured by household decision-making and gender role attitudes was less influential in predicting achievement of ideal fertility than husband's desires of children. Our study also suggests education was associated with a smaller ideal number of children.

**Conclusions:** Our study documents showed low empowerment, but strong association between women empowerment and achievement of their ideal number of children. The findings suggest different targeting strategies to improve women's status, as well as men's awareness and involvement in sexual issues via women's empowerment.

**Keywords:** Women's empowerment, Dilla Zuria woreda, Achievement, Ideal number of children

### INTRODUCTION

Women's empowerment in health care decision has been recognized as an important dimension to their access to reproductive health services and for better maternal and child health outcomes.<sup>1,2</sup> Women's status and sense of empowerment have strong implications for their decision making processes and show the extent of their acceptance of such perceptions in the society.<sup>1</sup>

Now a day, there is a growing call for different policy to shift away from a narrow concern to wider social and societal influence regarding the determinants and consequences of women's position in society.<sup>3</sup> Different studies globally argue that woman empowerment is multi-dimensional, meaning that different aspects of women empowerment, such as financial autonomy, gender role autonomy and female mobility or freedom may affect utilization of the birth limiting method.

Despite this, effort to examine the relationship between women empowerment and fertility outcome, it is still unclear which aspects of women empowerment affect achievement of their ideal number of children and to what degree.<sup>1,4,5</sup>

On the basis of different literatures, women's empowerment should be associated with a smaller ideal number of children in many African countries.<sup>6</sup> Studies conducted in African countries (Nigeria, Guinea, Zambia and Mali) indicated that women's status and empowerment are important factors for controlling and reducing women's fertility through two main pathways: (1) desire to reduce family size and (2) ability of women to satisfy their desire for an ideal family size through the use of family planning methods. As a woman becomes more empowered to negotiate fertility decision making, they have more control over contraceptive use to achieve their desire.<sup>5-7</sup>

A woman's ability to control her fertility depends on her decision and joint decisions with her husband or partner. Thus, the nature of cooperation existing between the husband and wife affects the decision on family size. Women who have less control of other aspects of their life are less likely to have strong control of their fertility. Evidence showed that women's low status and disempowerment are highly associated with poor health outcomes.<sup>8,9</sup> In other side a broad body of research demonstrates that women's empowerment is key pathway and associated with health seeking behavior of using of contraceptives, lower fertility, and longer birth intervals.<sup>5,7,10</sup>

In the Ethiopian context, 2011 EDHS used to examine the effect women's empowerment as a determinant of contraceptive use. The authors concluded that women's empowerment indicators such as (gender-related control measures, attitudes towards domestic violence and household decision making) were significantly associated with contraceptive use.<sup>4,11</sup> Only a few researchers examined the relationship between women's autonomy and reproductive health outcomes in Ethiopia, but there is no research examined on the issues in relation to the ideal number of children with women's autonomy.<sup>11</sup>

There is also a substantial unfulfilled demand for smaller families among African women including Ethiopia. Hence, exploring the relationship between women's empowerment and ideal fertility will help to fill the research gap. Promoting gender equality is already a Millennium development goal in itself (MDG 3) and therefore advancing our understanding of the causes and effects of women's empowerment are more urgent than ever. If women's empowerments are associated with fewer children, the government is also interested in reducing fertility and speeding the achievement of the MDG through policies that improve and expand women's empowerment. The other demission, we also examine how husbands 'fertility desires influence on the

achievement of a wife's ideal number of children. Thus, this study aims to explore the impact of women empowerment on their ability to achieve their ideal number of children among married women.

## METHODS

Community based cross-sectional study design was carried out to examine the effect of women's empowerment on their ideal number of children in Dilla zuria worda, Gedeo Zone from January 1 to February 1, 2015. Dilla zuria worda is located about 365 Kms to south of Addis Ababa, the capital city of Ethiopia and around 90 Kms from Awassa, the regional capital city of SNNPR. All women who live in Dilla Zuraia woreda during the study period serves as source population while all selected married women's who live randomly selected kebeles in Dilla Zuraia woreda serve as study population. Married women who were currently living with their husbands were eligible in this study, but those women who were divorced, whose husbands were died and who have had serious illness were excluded from the study.

Sample size (n) was determined based on the assumption 41% proportion of women having high decision-making autonomy to limit additional children in Ethiopia,<sup>16</sup> expected margin of error (d) of 0.05 and with 95% confidence level ( $Z\alpha/2$ ) and 10% contingency for non-response. The final sample size was 592. A simple random sampling method was employed for the selection of the sampling units. In the district there were 10 kebeles, out of which a total of 5 kebeles were selected using simple random sampling method. The sample size for each of the selected kebeles was determined proportionally to the size of the women age 15-49 years of each kebele. Then, a systematic sampling method was employed to select the households from each kebele. The first household interviewed was determined from the kebele house number registry using simple random sampling method. The next household was identified systematically (H/h) the by going in a clockwise direction. In cases of selected household with more than one eligible respondent, only one respondent was chosen by lottery method.

Data were collected using structured interview questionnaires which were adapted from other research instruments and DHS Ethiopia after proper modification.<sup>1,5-7,11</sup> The questionnaires were prepared in English language and later translated into Amharic language and this Amharic version questionnaire was used for data collection. The variable of this study include social and demographic characteristic of study participants and the three key explanatory variables of women's empowerment indicators adopted from the standard DHS questionnaire such as women's role in household decision making, attitudes toward wife beating and attitudes toward women's right to refuse sex.<sup>1,5,6,11, 17</sup> Data were collected by five diploma nurses. In order to assure quality of data close monitoring and supervision

were done with two bachelor degree instructors. All collected questionnaires were examined for completeness and consistency during interview. In addition to these, the data were thoroughly cleaned and carefully entered the data to computer for commencement of analysis.

The data gathered through the structured questionnaire were entered and analyzed using SPSS version 20. Besides, the data were checked and cleaned for their completeness and errors in data entering. Frequency was run and double data entry on 10% of the questionnaires was performed to check data entry errors. After this, we described the characteristics of the sample, prevalence rates of achievement of ideal family size, fertility desires and behavior and women's empowerment indicators. To examine the association between empowerment and achievement of ideal family size, multivariable logistic regression model was used. The association between dependent and independent variables was presented using odds ratios and 95% confidence intervals.

## RESULTS

A total of 592 married women in the reproductive age were interviewed. The mean age of the respondent was 27.7+5.8 years. Most of the respondents, 198 (33.4%) were in the age group of 25-29 years. The majority of the participants were Gedeo 240 (40.5%) by ethnicity and protestant 342 (58.6%) by religion. The majority respondents 257 (43.4%) were attended primary school. More than half of the participants, 362 (61.1%) were housewives. The median monthly income of the respondent was 1000 +995.6 ETB (Table 1).

### *Reproductive health characteristics of the respondents*

In this survey, the mean age of first marriage was 18.5+3.6 SD years. More than half, 323 (54.6%) of the respondents had got their first marriage less than 18 years and have an average median duration of 9+5.9 years. More than half (52.5%) of respondents had less than two children, whereas 135 (24.8%) had above five children. Around 349 (59 %) women desired one up to four children in their whole life. Among the total participants, 298 (50.3%) of women and husbands who desired to have the same number of children in their lifetime. Among the respondents men and women that the desire need to have children above six exceed in men than women (17.2% Vs 9.3%) respectively. Nearly one fourth 137 (23.1%) of wife's child desire was influenced by the desire of the husband. Among ever give birth, women, 127 (21.5%) encountered at least one child death (Table 2).

### *Women's empowerment and achievement of their ideal number of children*

Among the total respondents, 490 (82.8%) of women achieved their ideal number of children that they need to have in their whole life and the rest 102 (17.2%) did not achieve. About four hundred seventy nine, (80.9%) of

women and man's ideal number of children that they want to have is same, the rest 105 (17.7%) of husbands need to have more children than women in their whole life (table 2). The composite measure of married women's empowerment on achievement of their ideal number, 340 (69.4%) of the participants had empowerment on achievement of their ideal number of children, whereas the remaining, 150 (30.6%) didn't get empowered.

On the subject of women's participation in household's decision-making, a joint decision was made by the couple for buying large household goods 416 (70.4%), health care related issues 333 (56.7%) and socio-cultural and family relations issues 337 (56.4%). Moreover, 129 (21.8%) and 172 (29.3%) of participants' husbands decide to buy large household goods and health care related issues respectively. Furthermore, more than half, (55.4%) of women said that they made decisions on daily household purchases by their own (Table 3).

Information regarding the attitudes toward refusing sexual intercourse, majority of women's was justified in refusing to have sex with their husband, when they were tired or not in the mood 515 (45.9%) followed by recent birth 379 (33.7%), the rest 118 (10.5%) and 111 (9.9%) refused to have sex when they knew their husband have had sex with other women and when they knew their husband have had sexually transmitted disease respectively (Table 4).

Women were asked whether a husband is justified in hitting or beating his wife under a series of circumstances. Based on survey results, the most widely mentioned reasons for beating his wife were going out without informing the husband, 340 (48.2%), burning food 140 (19.8%), and not arguing with husband/partner ideas, 102 (14.4%) (Table 4).

The composite measure of women's empowerment showed that, 485 (81.9%) of the married women didn't have the right to refuse sex, 389 (65.7%) had low empowerment on attitude towards husband justified in hitting or beating his wife. However, 324 (54.7%) of married women had better in household decision-making (Figure1).

### *Factor associated with achievement of their ideal number of children*

The results of multivariable logistic regression analysis showed that married women who had had less than five year age difference were nearly two times more likely to achieve their ideal number of children than those who had greater than five years age difference [AOR 1.97, 95% CI (1.08, 3.58)]. Education plays an inevitable role in achieving women's ideal number of children. Women who attained formal education were more likely to achieve their ideal number of children than non-educated women's [AOR 1.05, 95% CI (1.03, 2.86)].

Mothers who born four and less children were more likely to achieve their ideal number of children when compared to women who had greater than five children [AOR 14.8, 95% CI (7.81, 27.69)]. On the other hand a husband's ideal number of children and his wife's ideal number of children has a significant effect on achievement of women's ideal number of children. Married women's husbands who desire less than four children was 3.52 times more likely to achieve his wife's ideal number of children as compared to who desired more than five children [AOR 3.52, 95% CI (1.58, 7.85)].

Women's household decision-making indexes were significantly associated with wives having a smaller ideal number of children. Women who had better involvement in household decisions were 1.38 times more likely to achieve their ideal number of children than those women who had low involvement in household decisions [AOR 1.38, 95%CI (1.06, 3.41)]. Similarly, women who had empowerment on gender role were more likely to achieve their ideal number of children than those have no empowerment on gender role [AOR 1.97, 95% CI (1.09, 3.58)].

**Table 1: Socio-demographic characteristics of married women in Dilla Zuria woreda, Gedeo Zone, South Ethiopia, 2015.**

S.No	Variable	Number	Percentage
	<b>Age of respondents</b>		
	<b>Mean age= 27.7 + 5.8 SD</b>		
1	15-19	37	6.3 %
	20-24	130	22.0 %
	25-29	198	33.4 %
	30-34	143	24.2 %
	35-39	63	10.6 %
	40-44	18	3.0 %
	45-49	3	0.5 %
	<b>Religion of respondents</b>		
2	Orthodox	182	30.7
	Protestant	342	58.6
	Catholic	2	0.3
	Muslim	60	10.1
	Other (Pagan, tseg)	1	0.2
	<b>Ethnicity of respondents</b>		
3	Gedeo	240	40.5
	Sidama	38	6.4
	Gurage	57	9.6
	Walyeta	72	12.2
	Amhara	82	13.9
	Oromo	64	10.8
	Other (hdya2, keb1, koyira7, silit 17 Tigri10, worgi 2)	39	6.6
	<b>Educational status</b>		
4	Illiterate	163	27.5
	Read and write only	47	7.9
	Primary school (1-8)	257	43.4
	Highschool (9-12)	69	11.7
	Diploma and above	56	9.5
	<b>Occupation status</b>		
5	Housewife	362	61.1
	Government Employ	69	11.7
	Private Employ	16	2.7
	Farmer	14	2.4
	Merchant	115	19.1
	Unemployed	8	1.4
	Other (student,)	8	1.4
	<b>Income level of the household</b>		
	<b>Median = 1000 ±995.6</b>		
6	Low income level	367	62
	Medium income level	93	15.7
	High income level	132	22.3

**Table 2: Reproductive health characteristics of married women in Dilla Zuria woreda, Geddo Zone, South Ethiopia, 2015.**

S.No	Variable	Number	Percentage
	<b>Wife Age at marriage , Mean = 18.5 + 3.6 SD</b>		
1	Less than 18 years	323	54.6
	18-20 years	151	25.5
	Greater than 20 years	118	19.9
	<b>Duration of getting married, Median = 9+5.9 SD</b>		
2	Less than 9 years	316	53.4
	Getting married 9 - 15 years	182	30.7
	Getting married greater than 15 years	94	15.9
	<b>Number of children woman's have, Mean=2+2.17 SD</b>		
3	Have Less than 2 children	311	52.5
	Have 2-4 children	146	24.7
	Have greater than 5 children	135	22.8
	<b>Woman's desire of family size</b>		
4	1-4 children	349	59
	4-6 children	188	31.8
	Greater than 6 children	55	9.3
	<b>Husband's desire of family size</b>		
5	1- 4 children	298	50.3
	4-6 child	192	32.4
	Greater than 6 children	102	17.2
6	Influence husband desires on <b>Woman's desire of family size</b>		
	Yes No	137 455	23.1 76.9
	<b>Child Death Experience of woman</b>		
7	Yes No	127 465	21.5 78.5
	<b>Number of child deaths</b>		
8	1- 2 Childs Greater than 2	105 22	82.7 17.3
	<b>Husband's ideal number of children</b>		
9	Husband agrees with wife Husband's ideal is more than wife Husband's ideal is fewer than wife	479 105 8	80.9 17.7 1.4

**Table 3: Women's participation in household's decision-making about four kinds of issues, Dilla Zuria worda, 2015.**

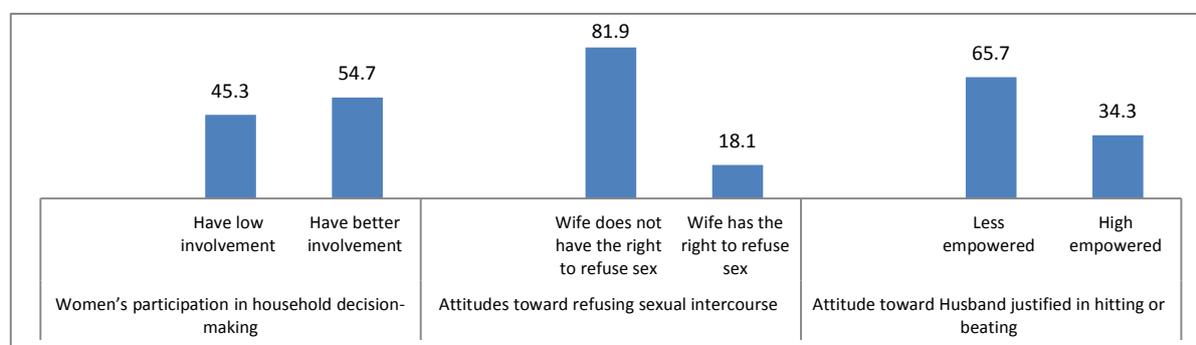
House hold Decisions item	Mainly Wife	Wife and husband jointly	Mainly husband	Some else
Decisions Related To health care	51 (8.7%)	333 (56.7%)	172 (29.3%)	31 (5.3)
Decisions Related to major House hold purchases	43 (7.3%)	416 (70.4%)	129(21.8%)	3 (0.5%)
Decisions Related to daily House hold needs purchases	329 (55.4%)	235 (39.6%)	28 (4.7%)	2 (0.3%)
Decisions related to socio-cultural and family relations	164 (27.5%)	337 (56.4%)	88 (14.7%)	8 (1.3%)

**Table 4: Percentage of married women on attitudes about gender roles in Dilla Zuria woreda, Gedeo Zone, South Ethiopia, 2015.**

Sr. no.	Attitudes about gender role	Number (%)
1	Wife is justified in refusing to have sex with her husband	
	She knows her husband has a sexually transmitted disease	111 (9.9%)
	She knows her husband has sex with other women	118 (10.5%)
	She has recently given birth	379 (33.7%)
	She is tired or not in the mood	515 (45.9%)
2	Husband justified in hitting or beating his wife in the	
	If she goes out without telling him?	340 (48.2%)
	If she neglects the children?	61 (8.6%)
	If she argues with him?	102 (14.4%)
	If she refuses to have sex with him?	63 (8.9%)
	If she burns the food?	140 (19.8%)

**Table 5: Factor associated with achievement of their ideal number of children, in Dilla Zuria woreda, Gedeo Zone, South Ethiopia, 2015.**

S.No.	Variables	Able to achieve their ideal number of children		COR (95.0% C.I)	AOR (95.0% C.I)
		Yes	No		
<b>Age difference</b>					
1	< 5 years	205 (34.6%)	27 (4.6%)	2.00 (1.24, 3.21)	1.97 (1.08, 3.58)
	> 5 years	285 (48.1%)	75 (12.7%)	1	1
<b>Educational status</b>					
2	Non educated	157 (26.5%)	53 (9%)	1	1
	Educated	333 (68.0%)	49 (8.3%)	2.29 (1.49, 3.54)	1.05 (1.03, 2.86)
<b>Number of alive children woman's have</b>					
3	Have less than 4 Childs	434 (73.3%)	23 (3.9%)	26.6 (15.49, 45.74)	14.8 (7.91, 27.69)
	Have greater than 5 Childs	56 (9.5%)	79 (13.3%)	1	1
<b>Husband's desire of family size</b>					
4	Desire 1-4 children	288 (48.6%)	10 (1.7%)	13.1(6.67, 25.81)	3.52 (1.58, 7.85)
	Desire greater than or equal five children	202 (34.1 %)	92 (15.5%)	1	1
<b>Decisions related House hold issues</b>					
5	Have better involvement	277 (46.8%)	47 (7.9%)	1.52 (1.02, 2.34)	1.38 (1.06, 3.41)
	Have low involvement	213 (36.0%)	55 (9.3%)	1	1
<b>Attitudes about gender role</b>					
6	Have no empowerment on gender role	249 (42.1%)	63 (10.6%)	1	1
	Have empowerment on gender role	241 (40.7%)	39 (6.6%)	1.36 (1.01, 2.42)	1.97 (1.09, 3.58)



**Figure 1: Overall description of women's empowerment on achievement of their ideal number of children in Dilla Zuria woreda, Gedeo Zone, South Ethiopia, 2015.**

## DISCUSSION

This current study measures multiple dimensions of empowerment and explores the associations between different dimensions of women's empowerment and achieves their ideal number of children. This study demonstrates that 82.8% of women were achieved their ideal number of children that they need to have in their whole life. In this study (69.4%) of married women had empowerment for achieves their ideal number of children. In line with this different evidence indicate that women's autonomy in decision-making on fertility issues is as essential elements for control of their fertility plan.<sup>5,6,10,12</sup> As a woman becomes more empowered to negotiate fertility decision making, she has more control over contraceptive use to achieve their desire.<sup>5-7</sup> This is also consistent with other study in Nigeria, the more empowered women were more likely to use modern contraception and deliver in a health facility.<sup>13</sup> The reason for this achievement may be the creation of favorable cultural belief about gender role and available of conducive policy on female participation in Ethiopia and other country.

In this study the composite measure of women's empowerment showed that, 485 (81.9%) of the married women does not have the right to refuse sex, 389 (65.7%) had low empowerment on attitude toward the husband justified in hitting or beating his wife. However, 324 (54.7%) of married women had better involvement in household decision-making. Programs can address women's empowerment as part of their mission to help women to make positive investments in any aspect. One study conducted in Nigeria those with higher status are better able to make positive investments in their children through increasing their chances of survival during infancy and increasing their likelihood of ever attending school. On the other side lower levels of women's status at the individual level, particularly in terms of decision-making autonomy, limited access to financial resources, and women's education, increase the likelihood of infant mortality.<sup>14</sup> The possible explanation for lower empowerment may be women's inferior position and lack of negotiation power between couples. In other side respondents may understate or overstate their perceived level of empowerment. Additionally, people's perceptions of their own situation can vary. Similarly, empowered women may report different perceptions of their level of empowerment. Women may also compare their empowerment levels to those of other household members: for instance, a woman who exercises a slight degree of empowerment, but lives in a household or community where other women have extremely low levels of empowerment may report being more empowered than she is.

The findings showed that, the factors that influence achievement of women's ideal number of children includes current age of women, women's education, number of live children, and husband's desire number of

children and women empowerment indexes. Married women who had less than five year age difference from her husband were nearly two times more likely to achieve their ideal number of children than those who had greater than five year age difference.

Mothers who have four and less children were more likely to achieve their ideal number of children when compared to women who have greater than five children. On the other hand, this study demonstrates that husbands have a strong role in influencing women's preferences as well as women's ability to achieve their reproductive preferences. For instance, having a husband with a smaller ideal number of children is associated with a woman having a smaller ideal number of children, regardless of her level of empowerment. In line with this married woman's husband who desire less than four children was 3.52 times more likely achieve his wife's ideal number of children compare to who desires more than five children. Supporting evidence observed in Africa (Namibia, Mali, Guinea) husbands' ideal number of children is strongly associated with women's preferences and women's ability to achieve their reproductive preferences.<sup>6</sup>

Employment and education always empower women and bring a positive impact on decision-making. Our findings reveal that, women who attained formal education were more likely to achieve their ideal number of children than non-educated women's. Consistent with earlier studies conducted in selected African countries indicates that higher levels of education have strongly associated with a smaller ideal number of children.<sup>5</sup> Like other country a study conducted in Ethiopia women who have more education were more likely to hold positive attitudes towards family planning and more likely to achieve their fertility desire.<sup>4,11</sup>

Women's empowerment as measured by household decision making was positively associated with women's ideal number of children. Those women who had better involvement in household decisions were 1.38 times more likely to achieve their ideal number of children than those women who had low involvement in household decisions. Consistent with earlier studies conducted in Guinea, Eritrea and Namibia women's household decision-making index was a significant associated with wives having a smaller ideal number of children.<sup>5,15</sup> Improving the status of women has been advocated in the past few decades as one of the enabling factors to ensure reproductive and sexual health of women.

In regard to other empowerment measures, our findings reveal that empowerment on gender role was positively associated with ideal number of children. Women who have empowerment on gender role were nearly two times more likely to achieve their ideal number of children than those have no empowerment on gender role. Consistent with a research conducted in Mali, Guinea and Zambia that reporting that none of the five reasons justified wife

beating was associated with having a smaller ideal number of children.<sup>5</sup> The findings suggest different targeting strategies to improve women's status, as well as men's awareness and involvement in sexual issues via women's empowerment.

## CONCLUSIONS

There is a strong association between the women's empowerment and achievement of their ideal number of children. These dimensions include household decision making and attitude towards gender role. The finding that empowerment as measured by household decision-making and gender role attitudes was less influential in predicting achievement of ideal fertility than husband's desires of children. Perhaps a measure that captures empowerment and fertility domains needs to be considered and developed. Women's participation in financial decision-making should be ensured not only to increase their autonomy, but also for their improved reproductive health and overall well-being of their family and the development of society as a whole.

Husband's ideals also have a strong effect on whether wives achieve their desired family size, especially if the husbands want more children than their wives. These findings suggest that addressing men's needs for information and resources for spacing and limiting their children is useful and a good investment for policies and programs.

Our study suggests, Education was associated with a smaller ideal number of children, even after controlling for women's empowerment. Thus, education may affect women's fertility in other ways besides increasing autonomy and having equitable gender role attitudes. It may be that other dimensions of empowerment are affected by education, or that education itself has a direct effect. So Programmes should aim to retain girls in schooling to complete higher education and to provide higher educated women formal jobs.

As countries around the world work to promote gender equality and empower women as part of achieving the Millennium Development Goals, it can be expected that demand for smaller families will follow. Additionally, family planning programs can address women's empowerment as part of their mission to help women and couples have only the number of children they want. Such programs are likely to generate interest in family planning services, create demand for smaller families, and also reduce unwanted fertility.

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## REFERENCES

1. Do M, Kurimoto N. Women's Empowerment and choice of contraceptive methods in selected African countries: international Perspectives on sexual and reproductive health. 2012;38(1):23-33.
2. Acharya DR, Bell JS, Simkhada P, Edwin R van Teijlingen ERV, Regmi PR. Women's autonomy in household decision- making: a demographic study in Nepal *Reprod Health.* 2010;7:15.
3. Transitional Government of Ethiopia [TGE], National population policy of Ethiopia. Addis Ababa, Ethiopia: TGE 1993.
4. Gordon C, Wubshet T. Women's education and modern contraceptive use in Ethiopia. *Intern J Edu.* 2011;3(1):E9.
5. Upadhyay UD, Karasek D. Women's empowerment and achievement of desired fertility in sub-Saharan Africa. DHS Working Papers No. 80. Calverton, Maryland, USA: ICF Macro, 2010.
6. Upadhyay UD, Karasek D. Women's empowerment and ideal family size: An examination of DHS empowerment measures in sub-saharan africa, international perspectives on sexual and reproductive health. 2012;38(2).
7. Lee-Rife SM. Women's empowerment and reproductive experiences over the life course. *Soc Sci Med.* 2011;71(3):634-42.
8. Musick K, England P, Edgington S, Kangas N. Education differences in intended and unintended fertility. *Social Forces.* 2009;88(2):543-72.
9. Tuladhar S, Khanal KR., Lila KC, Ghimire PK, Onta K. Women's empowerment and spousal violence in relation to health outcomes in Nepal": Further analysis of the 2011 Nepal Demographic and Health Survey. Calverton, Maryland, USA: Nepal Ministry of Health and Population, New ERA, and ICF International; 2013.
10. Gebreselassie, T. Spousal agreement on reproductive preferences in Sub-Saharan Africa. Calverton, Maryland: Macro International Inc. DHS Analytical Studies No. 10, 2008. <http://www.measuredhs.com/pubs/pdf/AS10/AS10.pdf>. Accessed on 28 October 2015.
11. Tadesse M, Teklie H, Yazew G, Gebreselassie T. Women's empowerment as a determinant of contraceptive use in Ethiopia: Further Analysis of the 2011 Ethiopia Demographic and Health Survey: ICF International Calverton, Maryland USA: MoFED and UNICEF Addis Ababa, Ethiopia ; August 2013.
12. Hemmings J, Wubshet T, Lemma S, Antoni T, Cherinet T. Ethiopian women's perspectives on

reproductive health: results from a PEER study in the Guraghe Zone. London: Marie Stopes International; 2008.

13. Corroon M, Speizer IS, Fotso JC, Akiode A, Saad A, Calhoun L, Irani L. The role of gender empowerment on reproductive health outcomes in urban Nigeria. *Matern Child Health J.* 2014;18(1):307-15.
14. Folaranmi, Olarenwaju O. Women empowerment as a determinant of investments in children in selected rural communities in Nigeria. *An Intern Multidiscipl J.* 2013;7(4):138-61.
15. Woldemicael, G. Women's autonomy and reproductive preferences in eritrea. *J Biosoc Sci.* 2009;41(2):161-81.
16. Ethiopian society of population studies. Gender inequality and women's empowerment. Addis

Ababa.

2008.

<http://ethiopia.unfpa.org/drive/Gender.pdf>. Accessed on 28 October 2015.

17. Central statistical agency [Ethiopia] and ORC macro: Ethiopia demographic and health survey 2011, Addis Ababa, Ethiopia and Calverton, Maryland, USA, 2011.

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