

**WOMEN'S AUTONOMY AND FERTILITY IN URBAN POOR
COMMUNITIES IN SUDAN**

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Background: After the ICPD program of action (1994) as well as the MDGs (2000) highlighted the essential role of gender equity and women's empowerment as a substantial tool to achieve acceptable demographic changes in developing countries, literature concerning women's autonomy and its relation to fertility decline and utilization of family planning methods has become increasingly important and widespread. Several studies carried out in Asia provided evidence that women with high autonomy are more likely to use reproductive health care services as well as mother's empowerment may increase the likelihood of her child surviving due to the fact that autonomous mother is more likely to have the necessary negotiating power within her family, access and control over resources as well as ability in dealing effectively with health care institutions in order to protect her child. Yet, some studies fail to prove the strength of this relation especially when the other variables are adjusted for. The significance of this relationship is largely based on the type of the community under investigation, its family system, and to what extent culture, kinship, religion and traditions affected this community.

Sudan faces increasing pressure to enhance women's reproductive health, in particular after failing to achieve significant improvement in maternal and child health indicators. Further, maternal mortality rate reached 509 deaths per 100 000 live births in 1999. On the other hand, the state of women in Sudan varies across regions; for example the average age at first marriage among females in Khartoum is 21 years compared with only 17 years in Darfur. Similarly, we can find the same difference in the fertility levels not

only across regions, but also in the same region between poor vs. non- poor settlements. However, Total Fertility Rate is estimated to be over 5 births per women in Sudan. This persistent increase in the level of fertility rate may lead Sudan to face crucial population problems in the near future. Therefore, exploring fertility determinants and which of these determinants has the most significant impact in reducing fertility levels is becoming an important issue in order to design appropriate interventions targeted women with high fertility.

Objective: The purpose of this study is to test the relationship between fertility decline and its relationship to the status of women in deprived urban areas in Greater Khartoum in Sudan. Further, this study will examine the women's utilization of family planning contraception as an important determinant of fertility and to what extent women's autonomy affects her decision in using contraception.

Data: Data used in the current study come from Urban Health and Poverty Survey that was carried out in 2006 in three impoverished communities in Greater Khartoum: Omdurman, Khartoum North, and Khartoum. Two questionnaires are applied in this survey. The household questionnaire consists of two parts: a household schedule which gathers data related to basic demographic information from all individuals included in the household whereas the second part of the household questionnaire obtains information on characteristics of the physical and social environment of the household. Woman's

questionnaire addressed twelve sections related to women and child health, contraception, social network and social services aspects. 2148 women aged 15 to 49 years, ever married are successively interviewed.

Methods: The analysis will employ descriptive statistics. Further, bivariate analysis will be applied to assess the effect of each explanatory variable on total fertility rate. Also, a number of logistic regression models will be run to assess the impact of women's autonomy on their fertility levels after adjusting for other independent variables.

Significance: This study fills a current gap in research on women's autonomy with respect to fertility issue in Sudan. It provides insights on main factors that determine women's autonomy in poor settlements and inform decision makers with some guidelines to intervene and reduce fertility in Sudan and increase the utilization of family planning contraception. Further, some policy implications of the findings and measurement issues pertaining to women's autonomy in poor communities will be discussed.