

Original Article

Indicators of Women's Empowerment in El-Beheira Governorate

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Abstract

Background: Women's empowerment refers to their ability to make wise life decisions in situations when they have previously been unable to do so. It entails taking steps to improve women's status through education, training, and increased awareness. **Aim of study:** to assess the prevalence of women's empowerment in EL-Beheira Governorate. **Design:** A cross sectional descriptive design was used. **Setting:** The study was conducted in 4 out of 16 directorates in El-Beheira governorate, namely; Shobrakhet, Damanhour, Elrahmania and HoshEisa. **Subjects:** a convenient sample of 807 women were selected from Maternal and Child Health centers (MCH) as clients, doctors, nurses, administrative work and workers in the previously mentioned settings. **Tool for data collection:** A structured interview questionnaire, which included two parts; part I was used to assess socio-demographic characteristic of the studied women. Part II was used to assess women empowerment indicators. **Results:** most of the studied women had fair empowerment. The highest mean percent of empowerment indicators was related to psychological indicators followed by political indicators and social indicators. While, the lowest mean percent score was related to health indicators and economic indicators. **Conclusion:** the study concluded that the most prominent problems facing women lies in economic empowerment and health empowerment. **Recommendations:** Bring health services closer to where women live through a variety of initiatives like community outreach programs and community-based initiatives, and expand the participation of women in economic facets of the workplace through the implementation of training workshops, raising their representation in specialized committees, local and global entities, and councils.

Keywords: El-Beheira , Empowerment, Governorate, Prevalence, Women

Introduction:

Today's global development strategy has given women's empowerment a higher emphasis because it is closely related to many different development outcomes. The fifth Sustainable Development Goal (SDG-5) that must be achieved by 2030 is gender equality and women's empowerment. ⁽¹⁾ The main element in obtaining the highest possible levels of desirable development is women's empowerment. In fact, the United Nations' global survey on the contribution of women to development found clear connections between women's empowerment and the sustainability of the economy, society, and environment. The allocation of public funds to investments in human development goals, such as education, health, nutrition, employment, and social protection, is made easier by women's active participation in decision-making. ⁽²⁾

Despite the widespread support for women's empowerment and the significant role that women play in the development process, most countries around the world do not treat women with the same status as men. Women are frequently placed lower in the social hierarchy than their male counterparts because of gender inequality in many regions of the world.

The stark disparities between men and women in terms of numerous human rights, cultural, economic, and social factors help to explain this disadvantageous position. ⁽³⁾

In many nations, including Egypt, empowering women economically and socially has been a top priority. This is especially true today, following the revolution of January 25 and its second wave on June 30, 2013, when there is increased concern about women's roles in society, the economy, and the home. In order to achieve equality and sustainable development, women must be empowered based on equality in all areas of society, including involvement in the decision-making process. In the first place, gender equality is a fundamental human right. As a result, one of the most pervasive breaches of human rights in Egypt continues to be domestic violence, harassment, including sexual harassment, and other forms of assault on women and their human dignity.⁽⁴⁾

Community health nurses are in a unique position to significantly contribute to addressing the root causes of gender inequality by comprehending and identifying the multitude of factors that affect how well women live, assisting in the development of solutions that are both individualized and community-focused, and facilitating and collaborating with interdisciplinary, multi-sector teams and partners to put those solutions into practices ⁽⁵⁾

Women empowerment strategy 2030 seeks to emphasize and fulfill Egypt's commitment to women's rights as set forth in the Egyptian Constitution 2014, as well as in binding international conventions, covenants and declarations to which Egypt is a party. Moreover, the Strategy aims to respond to the real needs of Egyptian women—particularly those living in rural areas in Upper Egypt, the poor, female-headed households, the elderly and disabled women. These groups are entitled to care—when the State develops development plans, in order to ensure their full protection, utilize their human and financial resources and potential in order to fulfill the principle of equal opportunities as set forth in the Constitution.⁽⁶⁾

Significance of the study:

Women's empowerment is a crucial component of community transformation and development, according to the 2030 vision. There are, however, few studies that address aspects of women's empowerment besides the economic one. As a result, the current study has shed light on the reality of women's empowerment in Egypt and aims to shed light on women's health, political, economic, and social empowerment. Thus, the current study aimed to assess the prevalence of women's empowerment in EL-Beheira Governorate.

Aim of the Study:

The aim of the study was to assess the indicators of women's empowerment in EL-Beheira Governorate.

Research question:

What are the indicators of women's empowerment in EL-Beheira Governorate?

Materials and Methods:

Research design:

A cross sectional descriptive research design was used.

Setting:

The study was conducted in four directorates selected randomly by lottery out of 16 directorates representing 25% of the total number in El-Beheira Governorate namely; Shobrakhmet, Damanhour, Elrahmania and HoshEisa, from the previous settings, one rural and one urban Maternal and Child Health centers (MCH) were selected from each directorate

Subjects:

The subjects of this study were all available women in Maternal and Child Health centers (MCH) as clients, doctors, nurses, administrative workers and workers in the previously mentioned settings.

Sampling:

- The sample size of clients in Maternal and Child health centers (MCH) was calculated by using (EPI info 7 software) based on the total Population of 6623 women attended per six months to the Maternal and Child health centers (MCH), an expected frequency of 50%, acceptable margin error 5% confidence interval 95%, resulted in minimum required sample size of 400 women.
- In addition to all working female in pre mentioned centers (doctors, nurses, administrative personnel and workers), total number was 407 working women.
- So, the total sample size of study was being 807 women.

IV- Collection of data:

Data collection lasted 8 months (from December 2020 to July 2021, the long period due to corona virus pandemic). The data were collected individually by interviewing every women and each interview took about 20 to 30 minutes.

Data analysis:

- Data were entered into an International Business Machine - Statistical Package for Social Sciences (IBM-SPSS version 25).
- Variables were analyzed using the descriptive statistics which included: percentages, frequencies, arithmetic mean, and standard deviation (SD). It was used as measures of central tendency and dispersion respectively for normally distributed quantitative data.
- Graphical presentation: included Bar graphs for data visualization were done using Microsoft Excel.

Ethical considerations:

- Ethical approval was obtained from the research ethical committee in the Faculty of Nursing, Damanhour University (code 3/27.8.2020).
- Official permission was obtained to collect the data from the selected settings to facilitate data collection process.
- A written and oral consent was taken from each woman to obtain their acceptance to participate in the research.
- Confidentiality and privacy of women were maintained.
- Code numbers were used instead of names to ensure anonymity.

Results:

- **Table (1):** reveals that, age of the studied women ranged from 18 years to 65 years. More than one quarter of them (29.7%, 28.9%, 26.1%) were less than 30, 30 to less than 40 and 40 to less than 50 respectively. Regarding to education level, it can be observed that more than one third (37.7%, 36.2%) of the studied women had secondary and university education respectively. Regarding occupation, slightly less than half of the studied women (49.6%) were housewives. Concerning residence, more than half of the studied women (51.1%) were living in urban areas. While the majority (78.7%) of the studied women belonged to nuclear families. Finally, in relation to presence of male brother or not, the majority of the studied women (93.3%) had brothers.

Table (1): Distribution of the studied women along with their socio demographic characteristics

Socio-demographic characteristic of the studied women	Total studied women N=807	
	N=807	%
Age		
< 30	240	29.7
30 -	233	28.9
40 -	211	26.1
50 -	92	11.4
≥ 60	31	3.9
Min-Max	18-65	
Mean±SD	36.97 ± 11.054	
Educational level		
Illiterate	71	8.8
Read and write	50	6.2
Primary	21	2.6
Preparatory	18	2.2
Secondary	304	37.7
University education	292	36.2
Post university education	51	6.3
Occupation		
House wife	400	49.6
Administrative professions	70	8.7
Medical professions (doctors, nurses, Pharmacists and Physiotherapist	282	34.9
Auxiliary services (cleaning workers and farming worker)	55	6.8
Residence		
Urban	412	51.1

Rural	395	48.9
Type of family		
Nuclear	635	78.7
Extended	172	21.3
Having male brother		
No	54	6.7
Yes	753	93.3

Table (2): portrays that, most (80.8%) of the studied women were married. Concerning age at marriage, more than two thirds of them (70.6%) their age at marriage ranged from 20 to less than 30years. The majority of the studied women (89%) their opinion was taken in marriage decision. In relation to age difference between women and their husbands, less than half of women (48.8%) their age difference was 5 to less than 10 years and slightly less than one quarter of them (24.5%) their age difference was 10 years and more. As regard husband education, there was more than one third (41.0%) of studied women their husband’s education was secondary school. Also, the majority of the studied women (95.9%) stated that their husbands were working, while only (4.1%) stated that their husbands were not working. Regarding presence of children in family, the majority of the studied women (90.8%) had children. Less than half of them (48.8%, 42.7%) had 3-4 children, or 1-2 children respectively. More than two thirds (66.5%) of them had both boys and girls. Finally, more than half (59%) of the studied women had enough income.

Table (2): Socio demographic characteristics of the studied women along with their relationship status

Marital status	N= 807	%
Single or engaged	80	9.9
Married	652	80.8
Divorced	30	3.7
Widow	45	5.6
Age at marriage	N= 727	%
<20	199	27.4
20 -	513	70.6
≥30	15	2.0
Min-Max	14-45	
Mean±SD	21.70 ± 3.493	
Opinion taken in marriage decision	N= 727	%
No	80	11.0
Yes	647	89.0
Age difference / husband	N= 727	%
<3 years	83	11.4
3 - 5 years	111	15.3
5 -10 years	355	48.8
≥10 years	178	24.5
Min-Max	1-16	
Mean±SD	6.47 ± 3.336	
Husband education	N= 652	%
Illiterate	75	11.5
Read and write	40	6.1
Primary	16	2.5
Preparatory	57	8.7
Secondary	267	41.0
University education	176	27.0
Post university education	21	3.2
Husband occupation	N= 652	%

Not working	27	4.1
Literal occupations	167	25.6
Administrative professions	145	22.2
Medical professions	21	3.2
Educational professions	95	14.6
Auxiliary services	6	1.0
free business	162	24.9
Military jobs	29	4.4
Having children	N= 727	%
No	67	9.2
Yes	660	90.8
Number of children in family	N= 660	%
1-2	282	42.7
3-4	322	48.8
≥5	56	8.5
Min-Max	0-8	
Gender	N= 660	
Boys	105	15.9
Girls	116	17.6
Both of them	439	66.5
Family income	N= 807	%
Not enough	232	28.7
Enough	476	59.0
Enough and save from it	99	12.3

Figure (1): Demonstrates that the total mean percent score of psychological indicators was 71.3%, the total political indicators was 65.4%, the total social indicators was 60.6%, the total health indicators was 59.5%, the total economic indicators was 50.3% and the total empowerment indicators was 61.4%.

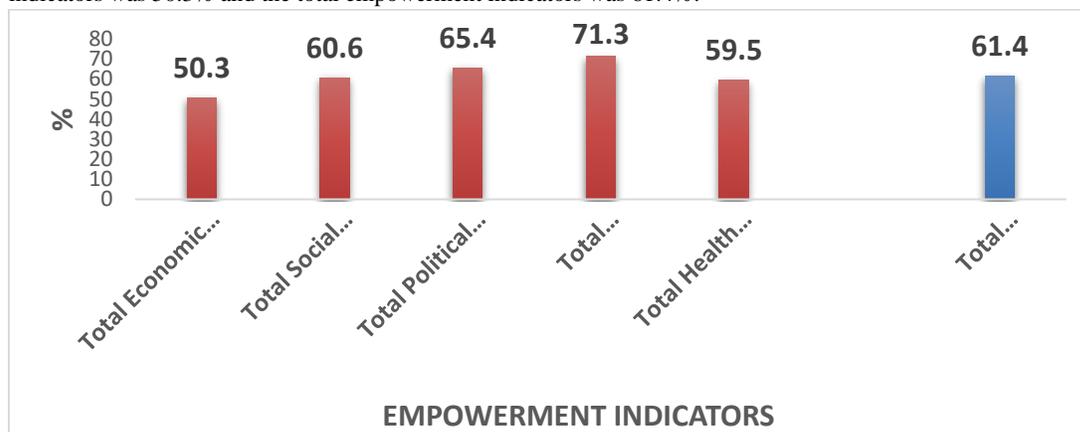


Figure (1): Distribution of the studied women according to the total mean percent score of their empowerment indicators

Table (3) This table shows that the highest frequencies of fair empowerment indicators observed with economic, social, psychological and health (45.7%, 85.1%, 60%, 53%) respectively. While the highest frequencies of good empowerment indicators observed only with political indicators (39.7%). Furthermore, regarding total empowerment indicators, it was being observed to be fair score (80.4%).

Table (3): Distribution of the studied women along with the categories of their empowerment Indicators

Empowerment indicators	N= 807	%
Economic indicators		
Poor	360	44.6
Fair	369	45.7
Good	78	9.7
Social indicators		
Poor	84	10.4
Fair	687	85.1
Good	36	4.5
Political indicators		
Poor	211	26.1
Fair	276	34.2
Good	320	39.7
Psychological indicators		
Poor	18	2.2
Fair	484	60.0
Good	305	37.8
Health indicators		
Poor	248	30.7
Fair	428	53.0
Good	131	16.3
Total empowerment indicators		
Poor	92	11.4
Fair	649	80.4
Good	66	8.2

Discussion

Women make very little progress in the development of societies since they are viewed as a marginalized category in most cultures. The empowerment strategy is one of the policy philosophies that can help women contribute equally and more effectively to development. This strategy is thought to be a workable way for policy on women in development. It not only considers the strategic and practical gender requirements of women, but also acknowledges their contribution to development. ⁽⁸⁾

Despite the great progress in many aspects of women's empowerment, especially in the aspects of education and health, there is still need for a comprehensive approach to empowering women focuses on the different dimensions of empowerment. The present study is an attempt to fill this gap by measuring women empowerment as a process regulated by common dimension of women empowerment such as; economic, social, political and psychological empowerment in a single study.

In order to identify prevalence of women empowerment it is important to understand the socio-demographic characteristics of these women. Age was an important determinant of women empowerment. This study revealed that the studied women aged 18-65 years. This goes in line with the study conducted by **Lombardini et al., (2019)** ⁽⁹⁾ in Lebanon to assess women's empowerment, and reported the same age category. Moreover, the current study revealed that less than one third of the studied women aged less than 30 years old. This result is consistent with the study done by **Soni et al.,(2016)** ⁽¹⁰⁾ in Bangladesh to assess factors influencing empowerment level of women, who found that less than one third of the studied women aged less than 30 years old .

Education is considered to be an important predictor of women empowerment. This study revealed that more than one third of the studied women had finished secondary education and university education. This result was congruent with the study conducted by **Assaad et al., (2014)** ⁽¹¹⁾ in Egypt who assess individual and households' determinants of women empowerment and reported that more than one third of women obtained secondary education.

Working women have the greater sense of financial empowerment compared to non-working women who only look after the family but do not financially enrich the family. The result of this study showed that, slightly more than half of the studied women were working. This result matched with the study done by **Imtiaz (2017)**⁽¹²⁾ in India to assess women empowerment with special reference to Indian Muslims and make comparison between working and none working women, and found that half of them were working.

The present study revealed that more than half of the studied women were living in urban residence. This result aligned with **Abbas S et al., (2021)**⁽¹³⁾ in Pakistan to assess determinants of women's empowerment, and reported that nearly half of studied women were living in urban. Moreover the present study revealed that more than three quarters of the studied women were married. This result was harmonious with the study done by **Bonilla et al., (2017)**⁽¹⁴⁾ in Zambia who assess cash for women's empowerment and reported that nearly three quarters of the studied women were married.

The current study findings revealed that the highest average score of empowerments is noted with psychological women empowerment. The second rank is achieved by political women empowerment followed by social empowerment. Furthermore, the lowest position is for health and economic empowerment. By contrast, the study conducted by **Al-Qahtani et al (2020)**⁽¹⁵⁾ in Saudi Arabia who exploring the level of managerial, political, academic, economic and social women empowerment, and gave the first rank to social empowerment indicators and the last rank to political empowerment indicators. This variation may be due to prevailing culture and the social heritage of women, and the societal culture based on customs and traditions.

Moreover, this study result revealed that total empowerment indicators among the studied women were fair score of empowerments. A study in India done by **Kundu et al (2022)**⁽¹⁶⁾ reported a similar result where it was revealed that a maximum of the women had a medium degree of empowerment. However, the percentage of women is not the same. The result of this study was not congruent with study done by **Qahtani et al (2021)**⁽¹⁷⁾ in Saudi Arabia to explore the role of self-esteem and self-efficacy in women empowerment among academic and administrative staff at Saudi universities and found that a high proportion of them have high total women empowerment . This variation may be due to difference in socio demographic characteristics including level of education and income.

Conclusion:

More than three quarters of the studied women had fair empowerment the highest mean percent of empowerment indicators was related to psychological indicators followed by political indicators and social indicators. However, the lowest mean percent score observed with health indicators and economic indicators. In the light of these results on the indicators of women's empowerment, it is clear that the most prominent problem facing women lies in economic empowerment and health empowerment.

Recommendations:

- Eliminating gender biases in wages between women and men in work places.
- Equality between boys and girls in education, nutrition and caring.
- Empowering woman does not necessarily mean the end of the role of the man, but it means that he is a responsible partner with his wife for all matters of their lives.
- Encourage women to maintain her physical and mental health through periodic checkup and focusing on self-esteem, self-efficacy, self- confidence, self-awareness and positive thinking.
- Encourage women to have their own financial resources away from the man. It helps them to make their own decision.
- Helping women to obtain loans and supporting them in managing projects and collecting installments in order to start their own business.

Conducting qualitative research to explore the challenges for economic and health women empowerment.

Limitations of study

- The sensitivity of questions posed to women was increased, which required building relationships of trust with them over time.
- A lot of time required to complete data collection of the study due to wave of corona virus.

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CONFLICTS OF INTEREST

There is no conflict of interest to disclose.

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