The following full text is a publisher's version.

For additional information about this publication click this link.
http://hdl.handle.net/2066/180805

Please be advised that this information was generated on 2018-03-10 and may be subject to change.
Measuring women’s empowerment: a need for context and caution

Authors’ reply

Women’s empowerment is a complex concept, with no consensus on its definition or on the domains that compose the construct.1 Thus, it is expected that any attempt to measure empowerment will have limitations and will not satisfy all parties interested in the topic. However, we know that an attribute that is not measurable or measured tends to be overlooked. The Sustainable Development Goals (SDGs) raised the need for a measure of women’s empowerment so that it can be monitored and compared between contexts and stakeholders made accountable. With all its limitations, the SWPER index2 advances the field with the potential for its use in widely available national health surveys to monitor progress in SDG5 (which calls for the empowerment of all women and girls) in the African continent.

As Anita Raj mentioned in the linked Comment,3 SWPER can help advance the study of gender empowerment, unless one chooses to argue for perfection over progress. Most of the limitations mentioned in the letters by Kathryn Yount and colleagues and Robin Richardson were already raised and discussed in our paper.2 Low-income and middle-income countries present particularly large gender inequalities compared with high-income countries. In this context, and specifically in Africa, it is not uncommon for the only source of reliable data to be national surveys, notably the Demographic and Health Surveys. These surveys are extremely rich in data content—considering the time and resource constraints related to data collection—and their comparability across countries and over time is a particular strength. The development of the SWPER index was based on available data, which was limited by the items included in the surveys. The advantage of this approach is the immediate availability of the results for a large number of countries and moments. The big disadvantage is that not all dimensions of the construct might be assessed. However, this disadvantage does not invalidate the measurable dimensions, which are also important. The SWPER index indeed includes context-dependent items, but most of the items are related to gender-specific aspects, such as justifications of wife beating and participation in decision making. The correspondents overemphasise the first set of items, ignoring that most are actually gender-specific. The resulting index had its validity assessed through its association with the Gender Development Index, a largely used indicator of gender gap, and with outcomes expected to correlate with empowerment. Other aspects of validity and reliability cannot be assessed since we either do not have a concurrent assessment of empowerment in the surveys, or we have repetitions of the questionnaires. Further work on the index is still needed, but this does not imply that it is not valid or not informative.

We agree that the SWPER has limitations, and we did openly discuss them in the paper. But some information on women’s empowerment is better than no information at all. And the development of the index and the discussion about its limitations will enable us and others to argue for more and better information on the topic to be included in surveys.

We declare no competing interests.

*Aluisio J D Barros, Fernanda Ewerling, Cesar G Victora, Anouka van Eerdewijk, Marcelo Tyszler, John W Lynch
abarros@equidade.org

International Center for Equity in Health, Federal University of Pelotas, Pelotas, Brazil (AJDB, FE, CGV); Royal Tropical Institute, Amsterdam, Netherlands (AvE, MT); School of Public Health, University of Adelaide, Adelaide, SA, Australia (JWL); and School of Social and Community Medicine, University of Bristol, Bristol, UK (JWL)