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# Empowerment and psychological wellbeing of women in the southern region of Jordan: in the context utilization of reproductive health care services

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# تمكين المرأة وتأثيره على الصحة النفسية في جنوب الأردن: في سياق الرعاية الصحية الإنجابية

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**Abstract**

**Purpose:** The purpose of this study was to examine the relationship between empowerment and psychological wellbeing among women in the southern region of Jordan. The study addressed women's empowerment in terms of their abilities to make decisions related to family planning, utilizing pre and postnatal care, and pregnancy related issues .**Methods:** A descriptive-correlational design was used to collect data from 807 women in the southern region of Jordan in relation to empowerment and psychological wellbeing variables. **Results:** Analysis showed that women have moderate to high level abilities to make decisions related to their reproductive health (M=32.4, SD=5.6). Women displayed a high level of self- confidence (M=17.2, SD=2.2) and moderate to high level of psychological wellbeing in the three domains of the scale: autonomy (M=13.6, SD=3.5), environmental mastery (mean=13, SD=3.5) and self-acceptance (mean= 13.5, SD= 3.2). Positive, but low correlation magnitudes were observed between empowerment variables and psychological wellbeing ones. **Conclusion:** The findings indicated that the psychological wellbeing of women in Jordan was compromised. The study provided baseline data for health professionals on the connection between empowerment, psychological health and reproductive healthcare.

**Key words**: Jordanian women, psychological wellbeing, women empowerment.

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## Introduction

Over the past few decades, great strides have been made toward improvement of women's health status. As part of a wide international effort, the third goal of the Millennium Development Goals (MDGs) was to address gender equality and empowering women. The MDGs aimed to achieve this goal through policies and programs that are based on building women's capabilities and improving their access to economic and political opportunity while guaranteeing their safety. Therefore, the concept of women empowerment is considered an important component of women's health. The concept of women empowerment is not simply a marginal increase in income; rather it requires a transformation of power relations. This includes acquiring knowledge and understanding of gender relations, developing a sense of self-worth, believing in one's ability to secure desired changes, and demonstrating the right to control one's own life [1,2]. It involves also gaining the ability to make choices, exercise bargaining power and develop the ability to organize and influence the direction of social change [2,3].

Kabeer[4] maintained that empowerment is the expansion in people's ability to make strategic life choices within a context where this ability was previously denied to them. On the other hand, Bennett [5] presented the social inclusion concept and maintained that empowerment and social inclusion are closely related. During the last decades, researchers recognized the effect of factors such as education and financial status on women empowerment and gender equality. Studies reported a significant association between women's education, women's reproductive health, and access to care [1, 6,7].

The ill-health process is one of the major factors affecting women; particularly poor women. In many parts of the developing countries, such as Jordan, women are given the chance to

use the resources to improve their health, although health services are not widely available. In such situations, women are deprived from receiving essential health care. It is estimated that there are 600,000 pregnancy related deaths each year; 99% of them are in developing countries [8]. Several studies discussed the positive effect of contraception on women's wellbeing. Using contraceptive methods relieved woman's anxiety regarding possible pregnancy and abortion [9]. In addition, using contraceptives was found to have promoted woman's sense of autonomy, increased her decision making ability in other areas of her life and improved her economic and social values [10,11]. On the other hand, negative effects may occur if women fear their husband's disapproval of using contraceptives [12]. This connects the concepts of women empowerment with women's ability to utilize and access reproductive health services. The use of reproductive health services may influence contraceptive use and affect the childbearing experience, and consequently, woman's general health and wellbeing. The use of contraception has a direct impact on a woman's childbearing experience, pregnancy, woman's ability to space, delay or limit children, experience with infertility, and child loss or planned or unplanned childlessness. Thus, using contraceptives might affect the general reproductive health of the woman.

In Jordan, reproductive health indicators represented by the maternal mortality rate and related indicators are accepted in comparison to other countries in the region. When rural and urban areas are compared, the rate of contraceptive use was higher by 6% among women living in urban areas (57%) as compared to women in the rural areas (51%). Women in urban areas tend to use modern methods as compared to women living in the rural areas (43% and 36%, respectively). Thus, women in rural and remote areas are challenged in terms of access and utilization of reproductive health services. Under such circumstance, and in order to enhance the feasibility in contraception uses that are currently at plateau, attention should be given to women living in rural areas through investigating current issues such as empowerment and psychological wellbeing. Concepts such as self-esteem, self-confidence, decision making and importance of utilization of health services are also important elements that form and influence women's behavior in the rural areas. Particularly in regards to women's access and utilization of reproductive health services. Investigating those elements would enable health care providers to foster better planning, usage and adherence to reproductive health services. This raises the issue of the positive expected impact of women empowerment at the rural areas of Jordan on their reproductive health practices and psychological wellbeing.

Women recruited to this study came from rural and remote areas where gender role bias is a major societal description. In this culture, women are expected to be dependent and live within the tribal regulations and rules. This may limit their abilities to access and utilize the health care services and eventually may end with negative health consequences. Negative consequences on women's health are not limited to physical aspects only, but extend to affect their psychological wellbeing as well. To our knowledge, no previous studies have addressed issues of women empowerment within the reproductive health context in Jordan and the Arab world. In particular, there is scarce literature related to empowerment and wellbeing of women in rural and remote areas. This needs further follow up where woman lack access to health services and suffer from socioeconomic constraints.

The overall purpose of this study was to examine the relationship between empowerment variables and psychological wellbeing among women in the southern region of Jordan within the context of family planning practices. Women's empowerment was addressed in terms of their abilities to make decisions related to family planning, utilizing pre and postnatal care and pregnancy related issues. This study attempted to explore the factors that could relate between empowerment and perception of psychological wellbeing among women in the southern region of Jordan. The specific aims were to:

1. Examine the concepts of women empowerment and psychological wellbeing among women in the southern region of Jordan in the context of reproductive health practices.
2. Examine the relationship between women empowerment and perception of psychological wellbeing among women in the southern region of Jordan.

## Methodology

### Design

This descriptive-correlational study was conducted in the southern region of Jordan. Potential participants were identified using a stratified random sampling. Data were collected by trained interviewers at the home of the women using structured interviews. Trained interviewers collected information related to demographic data, psychological wellbeing, and women empowerment in relationship to reproductive health care.

### Sample and setting

A total of 915 women were recruited using a stratified random sampling for houses from the southern region of Jordan. A total of 807 women agreed to participate in the study with an 88% response rate. Sampling was done through the Department of Statistics (DOS) who provided statistics for 29 randomly selected villages in the study area out of 74 villages located in southern Jordan. Twelve villages from Karak, four villages from Tafileh, nine villages from Ma'an and four villages from Aqaba were chosen according to the governorates' population size. After the completion of data collection, the sample was as follows: Al-Karak (n=364), Al-Tafilah (n=89), Ma'an (n=328), and Aqaba (n=134). Inclusion criteria were: ever- married women between 15 – 49 years of age.

### Instrumentation

For the purpose of the present study, an empowerment scale was adopted and modified by the authors. All original norms were applied to the translated scales. Translation and back translation was carried out by linguistic professionals, and a pilot test of the instrument was carried out to check for understanding and clarity of the questionnaires. The scales were also evaluated for cultural variations. Women empowerment was measured in terms of self-confidence, decision making, importance of health and belief in community norms. All questions related to reproductive health. The questionnaire items were developed by utilizing the conceptual definition and measurement of women empowerment as introduced by Malhotra, Schuler, and Boender[13]. The self-confidence scale consisted of 7 items with responses ranging from disagree (1) to agree (3). The decision making scale consisted of 12 items with responses ranging from never (1) to always (4). The importance of health consisted of 17 items with responses dichotomized into yes (1) and no (0). The beliefs in community norms scale consisted of 18 items with responses ranging from never (1) to strongly (3). Content and face validity were conducted to assure validity of the scales. The scales were pilot tested and checked for reliability, validity, and understandability. In the present study, Cronbach's alpha for the scales were: self-confidence= .73, decision making = .79, importance of health = .78 and beliefs in community norms = .76.

Psychological wellbeing was measured using the short form of the psychological wellbeing scale [14]. The short form consisted of nine items. The original scale was constructed to measure the dimensions of autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. For the purpose of the present study the following domains were used for their relationship to women empowerment: environmental mastery, self-acceptance, and autonomy. Responses were made on a Likert scale and ranged from strongly disagree (1) to strongly agree (6). Responses to negatively scored items (-) were reversed in the final scoring procedures so that high scores indicated high self- ratings on the dimension assessed. The psychological wellbeing scale has good internal consistency with Cronbach's Alpha ranges from.83 (autonomy) to .91 (self-acceptance) [14]. In the present study, Cronbach's alpha for the nine items was .71. For the 'autonomy' subscale: high scores indicated that the person is self-determining and independent; able to resist social pressures to think and act in certain ways; regulates behavior from within; evaluates self by personal standards. Low scores indicated that the person is concerned about the expectations and evaluations of others; relies on judgments of others to make important decisions; conforms to social pressures to think and act in certain ways. For the 'environmental mastery' subscale: high scores indicated that the person has a sense of mastery and competence in managing the environment; controls complex array of external activities; makes effective use of surrounding opportunities; able to choose or create contexts

suitable to personal needs and values. Low scores indicated that the person has difficulty managing everyday affairs; feels unable to change or improve surrounding context; is unaware of surrounding opportunities; lacks sense of control over external world. For the 'self-acceptance' subscale: high scores indicated that the person possesses a positive attitude toward the self; acknowledges and accepts multiple aspects of self, including good and bad qualities; feels positive about past life. Low scores indicated that the person feels dissatisfied with self; is disappointed with what has occurred in past life; is troubled about certain personal qualities; wishes to be different than what he or she is.

Potential covariates: age, woman's level of education, working status, marital status, length of stay in the present address, husband's level of education, relationship to members of household, numbers of live births and infant mortality. The demographic information was obtained from an investigator-developed subject profile.

**Data collection**

After obtaining ethical approval from the Jordan Ministry of Health ethics board, the research associates visited the randomly selected households and interviewed women who were eligible for the study at their home place. The researchers first explained the purpose of the study, answered women's questions and assured confidentiality of the study. Research associates requested women's participation and informed them that they would be asked questions related to their perception of psychological wellbeing and health belief and practices related to reproductive health. Upon receiving the signed consent forms, the surveys were filled out using structured interviews. The interviews took 25 minutes to complete

**Data analysis plan**

Concepts of women empowerment and psychological wellbeing described using the central tendency measures (means, and medians) and the dispersion measures (standard deviation and ranges). Chi-square was used to examine the differences in psychological wellbeing and women empowerment variables in relation to demographic and personal characteristics. Pearson *r* and kendall's tau-b and ETA were used to examine the relationship between using contraceptive methods and domains of psychological wellbeing and women empowerment.

**Results**

**Demographic Characteristics**

The mean age of participants was 34.6 years old (SD + 8.5) (see table 1). Analysis showed that most of the sample came from Al-Karak and Ma'an governorate (35.8%, n=324;39.8%,n=364) respectively. Among all the surveyed women, 85% (n=778) were married, 2.7% (n=25) were widows, and 0.4% (n=4) were divorced. About 63% (n=578) had experienced some schooling in their lives. Among those, only 25% (n=144) had a post-secondary education compared to 30% (n=173) who had secondary and 45% (n=260) had less than secondary level of education.

**Table 1: Demographic Characteristic of the Participants**

| **Variable** | **%** | **N** |
|---|---|---|
| **Marital status** | | |
| Married | 85.0 | 778 |
| Widow | 2.7 | 25 |
| Divorced | .4 | 4 |
| Previous place of living | | |
| Amman | 1.7 | 16 |
| Other city | 10.3 | 94 |
| Camp | 2.1 | 19 |
| Village | 16.6 | 152 |
| Outside the country | .5 | 5 |
| Had some schooling education | | |
| Yes | 63.2 | 578 |
| No | 25.0 | 229 |
| Women's level of education | | |
| Old-elementary | 17.2 | 99 |
| Old-preparatory | 16.6 | 96 |

| Variable | % | N |
|---|---|---|
| Old-secondary | 17.5 | 101 |
| New-elementary | 10.7 | 62 |
| New-secondary | 12.7 | 73 |
| Diploma | 12.8 | 74 |
| Baccalaureate | 11.4 | 66 |
| Graduate | 1.0 | 6 |
| Ever give birth | | |
| Yes | 80.2 | 734 |
| No | 7.9 | 72 |
| Ever give birth and child died | | |
| Yes | 12.0 | 110 |
| No | 76.1 | 696 |
| Gender of the latest birth | | |
| Male | 43.6 | 399 |
| Female | 36.6 | 335 |

**Women empowerment Decision making**

As demonstrated in Table 2, the analysis showed that women had a moderate to high level of ability to make decisions related to reproductive health with a mean score of 32.4.2 (SD=5.6). About 50% (n=458) of the women scored 33 or above (range=12- 48) indicating that women feel independent and willing to make their own decisions. In terms of decisions related to using contraceptives, decisions related to a wife's life, and decisions related to time and timing of pregnancy, women reported that their husbands had no significant influence on them. However, in relation to important decisions that women make, the analysis showed that 46% (n=421) of the them reported not making the decision related to the time of getting pregnant, 93% were forced to get pregnant, and 41% (n=375) reported not making the decisions related to education and using contraceptives. On the other hand, and unlike the above results, 59% (n=540) of the women reported that their husbands never made the decisions related to their daily life activities, and 55% (n=503) reported that they discussed with their husbands the decisions they made.

Generally, the results indicate that women have limited authority to make their own decision. Women share their husbands making decisions related to several important aspects of reproductive health practices. In other occasions they had no power or authority to practice other important decisions such as deciding when to become pregnant. Therefore, the results are controversial. At a time where women reported that their husbands do not interfere with decisions that they made, they have also reported that their husbands made most of the important ones. One explanation is that women signify discussing the decisions and not executing them. Thus, women delegate the final decision to their husbands and they felt satisfied by participation rather than making the decisions.

**Beliefs in community norms**

The analysis showed that women had moderate to strong beliefs in community norms related to reproductive health. The mean score was 32. 2 (SD=8.6) (see Table 1). About 50% (n=458) of the women had a score above 31(range= 18–54) which indicated that women in general had moderate to strong beliefs in their community norms related to reproductive health practices.

In addition, women believed in differences between males and females in relation to household responsibilities, educational privileges and authority in making decisions. The results showed that 50% (n=458) of the women believed that wives' work is confined to households, and (42%) (n=384) of them believe that women are responsible for all household matters. On the other hand, about 78% ( n=713) of the women did not agree that after marriage women should devote themselves to husbands and families, and 68% did not agree that girls are there just to serve boys. Interestingly, women had a high disagreement response to the belief that "woman should keep bearing children until she gives birth to a male child" (disagreement=83%, n=760). Whereas, women strongly agreed that women and men have different tasks(53%, n=458).

**Table 2: Descriptive statistics of women empowerment and psychological Psychological well-being variables (N=807)**

| Variable | Mean | SD | Pa | P*. | P» | Range | |
|---|---|---|---|---|---|---|---|
| | | | | | | Mm | Max |
| Women Empowerment | | | | | | | |
| Decision-making | 32.4 | 5.6 | 29.0 | 33.0 | 36.0 | 12.0 | 48.0 |
| Belief in community norms | 32-2 | 8.6 | 27.0 | 31.0 | 37.0 | 18.0 | 54.0 |
| Importance of self health care | 9.6 | 2.1 | 8.0 | 10.0 | 11.0 | 0 | 17.0 |
| Self-confidence | 17.2 | 2.2 | 16.0 | 17.0 | 19.0 | 7.0 | 21.0 |
| Psychological well-being | | | | | | | |
| Antonomv | 13.6 | 3.5 | 12.0 | 13.0 | 14.0 | 3.0 | 18.0 |
| Enrironmental master' | 13.0 | 3.5 | 12.0 | 13.0 | 14.0 | 3.0 | 18.0 |
| Self-acceptance | 13-5 | 3.2 | 12.0 | 12.0 | 13.0 | 3.0 | 18.0 |

**Importance of self-care**

In general, women had positive attitudes towards their health (Mean=9.6,SD=2.1) (see Table 1). The analysis showed that 50% of the women had a score of 10 or above (range=0–17) indicating that most of the women believed that their health is important and they were able to outweigh their health over their personal needs. About 96% (n=878) of the women reported that they needed to ask for their husband's permission before they seek a doctor's help, and 90% (n=823) reported that their husbands asked them to seek a doctor when theygot sick.

Time and family responsibilities were not the main obstacles that prevented women from seeking healthcare. For example, only 31% (n = 284) reported that their family obligations hindered them from seeking health care, and 86% (n =787) reported they had the time to seek medical help while they were sick. In addition, 83% (n = 759) of the woman reported that their husbands helped them in taking care of children when they were visiting their doctors. However, seeking medical advice through health care centers was not a high priority for women (72%, n = 659). About 72% (n = 659) of the women chose not to seek health care unless they had health problems. The results indicated that women did not consider seeking health care unless they are seriously ill. Women had negative attitudes toward health promotion and maintenance measures as they had not prioritized their health nor had they visited health care center when they were not physically sick. The results confirmed that women in the southern part of Jordan were influenced by community norms and cultural factors. Women reported their highest priority was their family and children. They believed that being a sick wife gave their husbands a good reason to marry another woman which is legally and culturally accepted in Arab and Muslims communities. In relation to the current practices of reproductive choices, results were controversial. For example, although women reported high responsibilities to take on and keen actual practice of discussions related to timing of pregnancy and spacing (> 90%, n=823), only 57% (n=521) reported that they had the ability to make decisions and 50% (n=458) had the ability to execute the decisions they had made.

**Self confidence**

Results showed that women displayed a high level of self- confidence with a mean score of 17.2 (SD=2.2) (see Table 1). About 50% (n=458) of the women scored 17 or above (range=7-21) in the self-confidence scale indicating that women, in general, had a high perception of self- confidence. This implied that women have positive feelings about themselves and trusted their abilities and competency in managing their life situations.

**Psychological wellbeing**

As shown in Table1, analysis indicated that women had a moderate to high level of psychological wellbeing in the three domains of the scale; autonomy, environmental mastery, and self-acceptance. Women reported a high level of perception related to autonomy (mean=13.6, SD=3.5). About 50% (n=458) of the women scored > 13 (range=3- 18) on the autonomy subscale indicating they had a high level of self-determination and independence,

had the ability to resist social pressures, think and act in certain ways, regulate behavior from within, and could self- evaluate by personal standards. Moreover, women had high level of perception of environmental mastery (mean=13, SD=3.5) and self-acceptance (mean=13.5, SD=3.2). The high scores on environmental mastery indicate that women have sense of mastery and competence in managing the their environment, controlling a complex array of external activities, making effective use of surrounding opportunities, and capabilities in choosing or creating contexts suitable to personal needs and values. The women's high perception of self-acceptance indicated that women had a positive attitude toward the self; acknowledged and accepted multiple aspects of self, including good and bad qualities; felt positive about past life.

**Correlation between empowerment and psychologicalwellbeing variables**

As shown in Table 3, empowerment variables had very low correlation magnitudes with the psychological wellbeing variables. The highest correlation observed between autonomy and self-acceptance with self-confidence (*r*=.22).

The analysis also showed that women's belief in community norms had the lowest correlation with psychological wellbeing variables. Despite the low magnitudes of correlation, the analysis showed that some were statistically significant. Belief in community norms had a statistically significant correlation with environmental mastery (*r*=.10). All psychological wellbeing domains (autonomy, environmental mastery, and self-acceptance) had a significant and positive correlation with decision making, importance of self health care, and self-confidence. This indicated that woman's perception of psychological wellbeing contributed positively to her feelings of empowerment. In other words, psychological wellbeing was associated positively with women empowerment. The results inferred that women who expressed positive perceptions about their psychological status were willing to make decisions related to their reproductive health, value the importance of their health practices, and demonstrated the ability to trust their ability and feel self-confident in regards to practices of reproductive health.

**Table 3: correlation between empowerment and psychological wellbeing variables (N=807)**

| **Variab Variablesles** | **Autonomy** | **Environmental mastery** | Self-acceptance |
|---|---|---|---|
| Decision-making | .12** | .09* | .10** |
| Belief in community norms | -.07 | .10** | .06 |
| Importance of health self-care | .12** | .18** | .14** |
| Self-confidence | .22** | .19** | .22** |

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

## Discussion

The present study illustrated the aspects that may contribute to women's empowerment in relation to practices of reproductive health and decision making. In addition, it aimed to explore the relationship between women's empowerment domains and psychological wellbeing variables. The results revealed that women had moderate to high level of abilities in making decisions regarding their reproductive health, high level of self- confidence and highly valuing the importance of self-health care. Results also revealed that women have the ability to make right choices regarding their reproductive health and life. However, Jordanian women reported strong belief in community norms that might weaken their ability to execute the decisions they made. Jordan is a patriarchal society where women are inclined to submit to the authority of their husbands. The results of the present study indicated that the women who were surveyed also agreed with this value. Possible explanation for this finding is the cultural influence where women limit their role in decision making by just asking their husband for approval. They were satisfied just because they were given the chance to be listened to without actually participating or executing decisions related to their health and life. It can be assumed that women in the southern region of Jordan are perhaps not as aware of their rights and not given the opportunity to participate effectively in practicing their rights. Therefore, women reported a high level of confidence and ability to make decisions while not participating effectively in making them. Religion also might be another significant factor in forming the women's decision related to using contraceptive methods. However, in Jordan, using contraceptives is permitted and there are no religious constraints on using various contraceptive methods. Therefore, a woman's personal beliefs are dominant to religious views when making the appropriate decision whether to use or not to use

contraceptives. This particular factor has been found to be associated with internal feeling or power and their psychological wellbeing (environmental mastery and autonomy).
No previous studies either at national or international level considered women empowerment within the reproductive health context. Therefore, the result of the present study is the first to address this issue and provoke the attention of researchers and health professionals to the important link between empowerment factors and psychological well- being among women within the reproductive health context.
While some researchers maintained that women empowerment includes acquiring knowledge and understanding of gender relations and developing a sense of self-worth[1], others [2,3] maintained that empowerment should include gaining the ability to make choices and exercise bargaining power. In our study, Jordanian women had the sense of being able to make their own decisions; however, they lack the knowledge and understanding of gender relation, those women had never exercised bargaining power. This clears the link between empowerment and practicing reproductive health among Jordanian women in the rural areas. The literature [12] reported negative effects may occur for a woman if she fears the husband's disapproval of using contraceptive. This actually applied to Jordanian women who have limited rights in using contraceptive methods and reproductive health services, mainly when they assumed their husbands were the one to choose time and timing for getting pregnant. This connects the concepts of women empowerment with women's ability to utilize and access reproductive health services.
In summary, women's health can be at risk and may be endangered due to lack of understanding and inappropriate practices related to women's right and gender relations. This also connects empowerment factors with women's perception of psychological wellbeing. Autonomy, environmental mastery and self-acceptance correlated significantly with empowerment factors. This suggests that women's perception was linked to their practices. Women with positive perceptions about themselves have sense of power and able to appropriately access and utilize reproductive health care services.
One limitation of the present study is related to the magnitudes of correlations among the concepts of women empowerment and psychological wellbeing. The slight and weak correlation was not clinically significant and this limits the generalization of the results.

## Conclusion

The survey discussed in the present study examined sensitive problems encountered in many societies throughout the world. The results of the present study showed that women in the southern region of Jordan lacked the power to make decisions related to their reproductive health. Although women had moderate to high scores in all empowerment and psychological wellbeing domains, the study revealed that women lack the appropriate understanding and knowledge related to gender relations and ability to make decision related to reproductive health care access and utilization. Therefore, health professionals in health care centers need to assess all components of women's empowerment and its consequences on women's health, in particular, reproductive health practices. There is also an urgent need to set up services in the remote and rural areas of Jordan, such as centers for counseling and enrichment for families, and enhancement of women in areas of education, health, economy and community.
There is a need to achieve equality and empowering women in Jordan through revising policies and programs that should aim at building women's capabilities. This can be achieved by encouraging women to finish their education and fostering their self-confidence and sense of self-worth. Also, helping women achieve equal opportunity in getting jobs and financing themselves without the need for being dependent on their husbands.
In summary, the results of the present study have implications for not only health care providers but also for policy makers, the wider community and women themselves. Women in remote and rural areas of Jordan suffered from similar problems compared with their counterparts in urban and inner city areas. However, there is a need to consider the social structure of the Jordanian culture where the basic element is the family. Despite moves toward nuclear family for people in the urban areas and the capital, the extended family remains an important icon for people living in the rural and southern regions of Jordan. This gives rise to "the tribe laws" whereby whatever befalls one member of the family affects the whole family, and this includes both shame and honor. Therefore, more attention is needed to support those women and to include issues of women empowerment as part of a routine health education and assessment of psychological wellbeing. This should be part of routine checkup in the maternal and child health clinics. In addition, there is a need for systematic and structured work that aims at improving women's health status at all levels and in all areas, including health care access and utilization, education and economy.

## References

1. Grown DC, Gupta GR, Pande R. Taking action to improve women's health through gender equality and women's empowerment. The Lancet. 1995; 5: 541-43.
2. Zimmerman MC. Psychological empowerment: Issues and illustrations. American Journal of Community Psychology. 1995; 23: 581-99.
3. Wallerstein N, Bernstein E. Introduction to community empowerment, participatory education, and health. Health Education Quarterly. 1994; 21: 141–8.
4. Kabeer N. Conflicts over credit: Re-evaluating the empowerment potential of loans to women in rural Bangladesh. World Development. 2001; 29: 63-84.
5. Bennett L. Empowerment and social inclusion: a social development perspective on the cultural

and institutional foundations of poverty reduction. Washington, D. C.: World Bank, 2003.
6. Basu AM. Culture, the status of women, and demographic behavior. Oxford, Clarendon Press; 1992.
7. Elo I. Utilization of maternal health-care services in Peru: the role of women's education. Health Transition Review. 1992; 2: 49–69.
8. World Bank. World Development Report. Washington DC: Oxford University Press; 2003.
9. Sanders SA, Graham CA, Bass, JL, Bancroft J. A prospective study of the effects of oral contraceptives on sexuality and well-being and their relationship to discontinuation. Contraception. 2001; 64: 51-8.
10. Castle S, Konaté M, Ulin P, Martin S. A qualitative study of clandestine contraceptive use in urban Mali. Studies in Family Planning. 1999; 30: 231–48.
11. Schular SR, Syed MH. Credit programs, women's empowerment and contraceptive use in rural Bangladesh. Studies in Family Planning. 1994; 25: 65-76.
12. Biddlecom AE, Fapohunda BM. Covert contraceptive use: Prevalence, motivations, and consequences. Annals of Epidemiological Studies in Family Planning. 1998; 29: 360 - 72.
13. Malhotra A, Schuler SR, Boender C. Measuring women empowerment as variable in the international development. Washington D. C.: World Bank; 2002.
14. Ryff CD, Keyes CL. The structure of psychological well-being revisited" Journal of Personality and Social Psychology. 1995; 69: 719-27.
15. Bloom SS, Bloom DW, Gupta M. Dimensions of women's autonomy and the influence on maternal health care utilization in a North Indian city. Demography. 2001; 38: 67–78.

## ملخص

هدفت الدراسة إلى فحص العلاقة بين تمكين المرأة من حيث قدرتها على اتخاذ قرارات متعلقة بالتخطيط لعدد الأطفال، طريقة العناية الطبية قبل وبعد الولادة وقضايا أخرى لها علاقة بالحمل وبين التمتع بصحة نفسية جيدة، بين النساء في جنوب الأردن. هذه دراسة وصفية جمعت بيانات من 807 امرأة عن تمكين المرأة وعن الصحة والرخاء النفسي من خلال تطبيق مقياس التمكين المعدل ومقياس الثقة بالنفس ومقياس التمتع بصحة نفسية جيدة. أظهر تحليل النتائج أن لدى النساء قدرات متوسطة إلى عاليه على اتخاذ القرارات المتعلقة بصحتهم الإنجابية وثقة عالية بالنفس ورخاء صحي نفسي متوسط إلى عالي في ثلاث جوانب من المقياس هي الاستقلالية، القدرة على السيطرة على المحيط وتقبل النفس. كان هناك علاقة إيجابية لكنها متدنية بين عناصر التمكين وعناصر الرخاء النفسي.

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