

Gender Empowerment Index: a choice of progress or perfection

In *The Lancet Global Health*, Fernanda Ewing and colleagues¹ offer a new index for monitoring Sustainable Development Goal (SDG) 5 (to achieve gender equality and empower all girls).¹ The survey-based women's empowerment index (the SWPER index) was developed from a series of items in the Demographic and Health Survey (DHS) from 34 African countries using principal component analysis and then validated by assessing associations between its components and important maternal and child health interventions (convergent validation) at the individual level, and then analysing its correlations with the Gender Development Index at the country level (external validation). The study presents a valid quantitative measure that can help track gender empowerment over time and across countries at the individual and country level, extending gender indices such as the Gender Development Index,² which are limited to the country level. Further, this index can assess potential effects of gender empowerment on health indicators readily available in DHS data. A similar empirical approach was used to create a wealth index with DHS data, and this index is now widely used to document and change social inequities in health.

The need for better measurement of gender empowerment cannot be understated, given that 80% of indicators to monitor SDG5 lack adequate data, often because of an absence of valid measures.³ Although measures of gender empowerment are available, and more are being developed, there is no consensus on the best evidence measures, and certainly no standard. Debates continue on what constitutes gender empowerment (as a process and an outcome), how to measure it across domains such as economics and health, and even whether it can be accurately and comprehensively quantified without masking or negating nuanced and culturally or contextually specific gendered vulnerabilities. Although these points are reasonable and important, quantitative measures of empowerment can be useful, particularly if they enable international and subnational comparisons, if they are built on empirical evidence, and are supported by experts. Such measures can bring broader recognition of gender empowerment issues and track progress in improving them. Through its use of DHS, the most widely available gender empowerment data across low-income

and middle-income countries since 1999,⁴ SWPER can fulfil a need in studies of women's empowerment.

Although promising, SWPER has limitations, many identified by Ewing and colleagues.¹ The index is not a comprehensive measure of empowerment and it is not a measure of empowerment as a process, which includes aspiration, voice, choice, and change.^{5,6} It is limited to DHS data available across nations, and was further restricted by principle component analysis to include only attitudes to intimate partner violence, social independence (indicated by education, media exposure, and ages at first birth and cohabitation), and decision-making control (inclusive of female employment). As in previous DHS analyses involving gender empowerment measures,⁷ the components of SWPER were differentially associated with key outcomes, and associations were not consistent across all countries, calling into question whether the index is a sufficiently robust measure. Important indicators of gender empowerment such as direct intimate partner violence experiences or control over assets (eg, land ownership, mobile telephone, bank account) could not be included, because their use is not standardised across countries using DHS. As inclusion of such variables expands, SWPER could be improved, although comparisons over time will not be possible before that inclusion.

The principle component analysis used is similar to that used to develop the wealth index, which might encourage people to use SWPER to assess gender disparities in health with this index, as they have done with social disparities in health using the wealth index. However, gender and wealth are not comparable social indicators, and more research would be needed before confirming that this index could effectively guide our understanding of gender disparities in health. Finally, these questions and hence these analyses are restricted to partnered women, severely restricting our understanding of gender empowerment for all women and particularly for adolescent girls, who may be especially vulnerable. Notwithstanding these limitations, and with recognition that further study of SWPER is needed in other regions affected by severe gender disempowerment such as south Asia, this index provides an empirically tested, readily available individual-level indicator for tracking of SDG5 across more than 90 countries with DHS data.

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SWPER can help advance the study of gender empowerment, unless one chooses to argue for perfection over progress. For those frustrated with the limitations of SWPER and the limited DHS measures on which it is based, this is our call to action to improve the quality and use of quantitative gender empowerment measures that can be implemented pragmatically across broad and diverse populations. Time is ticking to measure progress of SDG5, and measures now are needed now, even as we work to improve overall measurements for the field of gender and health. Towards that end, the limitations of SWPER and the few DHS measures on which it is based, can also serve as a call to action to improve the quality and use of quantitative measures of gender empowerment that can pragmatically be implemented across broad and diverse populations.

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I declare no competing interests.

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