

The role of gender power relations on women's health outcomes in Tanzania: evidence from a maternal health coverage survey in Simiyu, Tanzania

Serafina Mkuwa¹, Aisa Muya¹, Florence Temu¹, Henri Garrison-Desany^{2*}, Emily Wilson²,
Melinda Munos², Talata Sawadogo-Lewis², Maiga Abdoulaye², Rosemary Morgan²

¹Amref Health Africa, Tanzania, Ali Hassan Mwinyi Road, Plot No. 1019, P.O Box 2773, Dar es Salaam

²Department of International Health, Johns Hopkins Bloomberg School of Public Health, 615 North Wolfe St., Baltimore, MD, 21205, USA

Background: Gender is an important element that impacts a large number of priority health outcomes. However, it is often reported in relation to sex-disaggregated data in health surveys, including coverage surveys. Few studies to date have integrated a more expansive set of gender-related questions and indicators, especially in low- to middle-income countries which have high levels of reported gender inequality.

Objective: Using a variety of indicators to denote gender, we investigate the role of gender power relations within households on women's health outcomes in Tanzania.

Methods: We assessed 34 questions around gender dynamics reported by men and women against 18 health outcomes. We created directed acyclic graphs (DAGs) to theorize the relationship between indicators, results, and socio-demographic covariates. We grouped gender variables into four categories using an established gender framework: (1) women's decision-making, (2) household labor-sharing, (3) women's resource access, and (4) norms/beliefs. We generated descriptive statistics of sex-specific gender responses to and within-household agreement on gender questions against health outcomes. Gender indicators considered most proximate to the health outcome via DAG were tested via logistic regression.

Results: The overall percent agreement within couples was 68.6%. Decision-making was found to have a significant role in women's health outcomes. The lowest couple concordance was whether women decide to see family/friends (40.1%). Condoms and contraceptive outcomes had the most robust relationships to gender indicators. Women who reported being able to make their own health decisions had 1.57 odds (95% CI: 1.12, 2.20) of using condoms. Women who said they should decide the number of children reported high contraception use (OR: 1.79, 95% CI: 1.34, 2.39). Seeking care at the health facility was also associated with women making major household purchases (OR: 1.35, 95% CI: 1.13, 1.62).

Conclusions: The association between decision-making and other gender domains with women's health outcomes highlights the need for providing more attention to gender dimensions for intervention coverage. Future studies should integrate and/or analyze gender-sensitive questions within all surveys.

