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Kadın Statüsü ve Türkiye'de Ana-Çocuk Sağlığı ve Aile Planlaması Hizmetleri Kullanımı Arasındaki İlişkinin İncelenmesi

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ÖZET

Bu çalışmanın amacı, kadın statüsü ve Türkiye'de ana-çocuk sağlığıve aile planlaması hizmetleri (AÇSAP) kullanımı arasındaki ilişkinin incelenmesidir. 2013 Türkiye Nüfus ve Sağlık Araştırması veri setinden 1349 anne ve onların bebeklerine ait veriler bu çalışmada kullanılmıştır. Cinsiyet, kadınları kontrol etmeye yönelik kocaların davranışları ve fiziksel şiddete yönelik kadınların görüşleri genel kadın statüsünü belirlemeye yönelik bağımsız değişkeni oluşturmak için kullanılırken gebelik süeresince doğum öncesi bakım hizmetlerini alma, doğumda esnasında sağlık çalışanlarından yardım alma ve aile planlaması yöntemlerini kullanma AÇSAP hizmetleri kullanım göstergeleri olarak kullanılmıştır. Sonuçlar, kadın ve kocalarının eğitim seviyesinin, hanehalkı refah düzeyinin ve yaşanılan bölgenin kadın statüsü üzerinde anlamlı ve önemli etkiye sahip olduğunu ve artan kadın statüsü ile daha yüksek oranda AÇSAP hizmetlerini kullanma arasında olumlu bir ilişki olduğunu ortaya koymuştur. Elde edilen sonuçlara göre, Türkiye'de beklenmeyen erken doğumların önlenmesi, anne ve bebeklerinin sağlık statülerinin iyileştirilmei ve ölümlerinin engellenmesi ve ana çocuk sağlığı ve aile planlaması hizmetlerinin daha fazla kullanılması isteniyorsa kadını güçlendirmeye yönelik uygun politikalarn geliştirilmesi gereklidir.

Anahtar Kelimeler: *Kadın statüsü, ana ve çocuk sağlığı, aile planlaması*

Investigating the Relationship Between Women Status and Utilization of Maternal/Child Services and Family Planning Methods in Turkey

ABSTRACT

This study aimed to investigate the relationship between women status and the use of maternal/child health services and family planning methods (MCH-FP). Data of 1349 women and their babies from the 2013 Turkey Demographic and Health Survey was used in the study. The women's opinions on gender, their husbands' behaviors to control women, and physical violence against women were used to construct the independent variable indicating overall women satus while the use of prenatal care during pregnancy, delivery assistance from health care professionals, and family planning method were used as indicators for MCH-FP services. The results revealed that education level of women and their husbands, household wealth and residential area were found to be significant variables having effect on women status, and there was positive relationship between increasing women status and higher rate of using MCH-FP services. Based on these results, this study concludes that more appropriate policies in empowering women should be developed and implemented to increase women status if Turkey wants to decrease unexpected early newborn deaths and improve mothers and their newborn health status by enabling pregnant women to use more maternal and child health services and modern family planning methods.

Keywords: *Women status, maternal and child health, family planning*

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1. INTRODUCTION

Women satus is determined by women's income level, economic independence, employment, education, health and fertility, role and value in the family and society. The position of women in their home is closely related to both the status of women and it affects their decision to use maternal/child health services and family planning methods (MCH-FP) that are significant predictors of better mother and their newborn health. Using modern family planning methods to decrease unwanted pregnancies, prenatal care during pregnancy and delivery assistance from trained healthcare professionals, and place of delivery are among MCH-FP services. Decisions on the use of MCH-FP services are mainly shaped by the women status. Education level of women and their husbands, household welfare, residential area, the perception of women’s role in society such as their presence in politics, employment are all related factors with women status in a community (Gökdemir and Ergün 2012; Şahiner and Akyüz, 2010).

While sex is defined as the genetic, physiological and biological characteristics of an individual as male or female (Akın 2007), gender is defined as socially determined personality traits of women and men in terms of socially structured roles, responsibilities and behaviors (Coşkun and Özdilek 2012). While sex is innate, gender is related to the perspective of society. Since cultural and social differences cause different perspectives, the value, role and expectation of gender change accordingly (Akın and Demirel 2003). This situation affects the lives of individuals in many ways, especially education, health and income.

Society has assigned some roles to both women and men and wanted both sexes to act within these roles. These roles are explained by the concept of social roles. While the social role of women generally comes to the fore with family, domestic work and child care, it comes to the fore as income-generating work for men (Powell and Greenhause 2010). Expectations may differ according to these social roles. For example; patience, understanding, child care and housework are expected from women while men are expected to support their families, be strong and have a weight in the society (Günay and Bener 2011).

As in the world, it is seen that women are in a disadvantageous position depending on gender in Turkey. The studies show that women cannot benefit from education opportunities sufficiently, their literacy rates and education levels decrease in rural areas compared to men and in urban areas, and their presence in employment is low (Kocakurt 2016; Ereş 2006). It has been observed that the rate of female deputies who entered the parliament in 2019 increased from 9.1% in 2007 to 17.3% in 2019 (TÜİK, 2020), but this figure might not be good enough when someone considers the ratio of women in politics in the world is 30% (Şahin 2019).

While maternal mortality rates are 13.1% per hundred thousand in Turkey, this rate is 7.9 in OECD countries (Ministry of Health 2021). It has been observed that there are still women who gave birth without the help of health personnel outside any health facility and did not receive prenatal care. Fertility level is higher in rural areas than in urban areas, and the percentage of women who do not receive prenatal care in rural areas is more than twice the country average (TDHS 2018).

The benefit of MCH-FP services can be gained only when these serices are used by candidate pregnant women. The evidence from the related literature show that lower level of women status in decision making process in the family as well as society is one of the main barriers in front of using MCH-FP services, and it affected by many factors (İlçioğlu et al. 2017; TDHS 2018; Yılmaz et al. 2018; Adak 2015). For this reason, these mentioned factors should be in favor of women if a country wants to

improve health status of pregnants and their newborns by enabling women to use MCH-FP services more.

This study aims to produce some recommendations to improve maternal and child health by investigating the relationship between women status and the use of MCH-FP services to close the gap between in Turkey and the more developed countries in terms of maternal and child health.

2. MATERIAL AND METHODS

2.1. Type of Study

This study is a descriptive and cross-sectional study.

2.2. Sampling and Participants

The 2013 data set of 'Turkey Demographic and Health Surveys', which has been conducted throughout Turkey every 5 years since 1993 by Hacettepe University Institute of Population Studies, has been used. There are 11,794 households in 641 clusters in the data set and 9,746 women between the ages of 15-49. Of women between the ages of 15-49 in the data set, 1349 women who gave birth in the last five years constitute the sample of this study.

2.3. Analysis of Data and Study Variables

Statistical analysis was performed by using IBM SPSS Statistics version 22.0 software program. Data was described by using mean, SD and percentage. Levene's test was used to test homogeneity of variances, and independent samples t-tests, and F tests (ANOVA) were run to investigate the relationship between the study variables while Kruskal Wallis variance analysis was used to test the differences among the groups if the data did not meet the parametric statistical conditions. The significance level of the p value was taken at 0.05 probability level.

Since there is no single variable measuring women status, it was assumed that women status can be estimated by using three variables in the data set. These variables are: women's opinions on gender, women's opinions husbands/partners' attitudes on controlling women, and women's opinions on physical violence against women. Then, women status was measured by taking the sum the mean scores of women's opinions on these three dimensions. The variables of prenatal care, delivery assistance, and use of family planning methods were used as predictors of the use of MCH-FP services.

3. FINDINGS

Of the participants, 46.9% are in the 20-29 age group. A significant proportion of the respondents are married (92.6%), live in the cities (79.5%), live in the west (31.4%), have a secondary education level (47.1%), belong to the richest household (24.6%), whose husband's education level is secondary (49.3%), has social security (90.5%), and works in any job (63.8%).

Table 1 presents the descriptive statistics of the participants' opinions on gender, controlling women, and physical violence against women as well as overall women status. Women's opinions on gender were measured with six statements. While agreeing with these statements (1) indicates a negative situation, disagreeing (2) indicates a more positive situation. For this reason, low averages indicate low women status, while high averages indicate high women status. It was seen that most of the participants agreed with the opinion that "women should be virgins when they get married", and the mean of this statement was the lowest.

The level of agreement of participant women on the behaviors of their husbands or partners about controlling the woman were measured in 3-point scale: 1 (often), 2 (sometimes) and 3 (never). The higher value of responses to these statements was interpreted as women did not approve their husbands or partners' controlling behaviors towards women, and women status was accepted as higher if the mean score of these statements were high. It was observed that the means of the expressions "blaming for disloyalty" and "confidence in money" were the highest.

Participants' opinions on physical violence against women were measured with five statements in a 2-point scale: (1) indicates "agree", and (2) indicates "disagree". The mean of the expression "If a woman neglects to care for her children, her husband can beat her" is the lowest average score with 1.92, while the average of the expression "She can be beaten if she burns the food " is the highest (1.99). When childcare is neglected, beating of women is considered more normal than in other situations.

The mean scores of three dimensions was used to estimate the overall women status, and the highest mean (seven) were expected to represent the highest women status, while the lowest women status was expected to be measured with three. When the mean scores of three dimensions were added together, it was seen that the mean score was 6.48.

Table 1. Descriptive Statistics of The Participants' Opinions on Gender, Controlling Women, Physical Violence Against Women, and Overall Women Status

The Opinions on	***n***	***Min***	***Max***	***Mean***	***SD***
Gender					
Important decisions should be made by men	1343	1	2	1.90	0.29
Husband should help with housework at home	1346	1	2	1.75	0.43
Education of boys is more important	1343	1	2	1.92	0.27
Women with small children should not work	1320	1	2	1.53	0.49
Women should be more involved in politics	1233	1	2	1.82	0.38
Women must be virgins when married	1277	1	2	1.30	0.45
The mean score of opinions on gender	1155	1	2	1.70	0.2
The behaviors of their husbands or partners against controlling women					
Blocking her from seeing her female friends	1345	1	3	2.89	0.41
Limiting contact with family	1345	1	3	2.90	0.38
Insist on knowing where she is	1345	1	3	2.43	0.83
Confidence in money	1345	1	3	2.93	0.33
Blaming for disloyalty	1345	1	3	2.93	0.32
The mean score of opinions on controlling woman	1345	1	3	2.81	0.3
About physical violence: Husband/partner can beat his wife					
If she goes out without telling her husband	1346	1	2	1.95	0.21
If she neglects her children	1347	1	2	1.92	0.26
If she argues with her husband	1346	1	2	1.95	0.21
If she refuses to have sexual intercourse	1344	1	2	1.98	0.14
If she burns the food	1346	1	2	1.99	0.09
The mean score of opinions on physical violence	1340	1	2	1.96	0.12
Overall score of women status	***1146***	***4.47***	***7***	***6.48***	***0.42***

Table 2 shows the mean scores of opinions of women regarding gender, the behavior of their husbands/partners to control women, physical violence against women, and the mean score of overall women status according to socio-demographic characteristics of the participant women. It has been observed that the differences between mean score of opinions on gender is statistically significant and higher for those living in the western regions of Turkey (1.74), for those living in urban areas (1.71), for those with high school or higher education (1.79), for the wealthiest (1.79), and for those whose husbands have a high school or higher education level (1.55).

The mean scores of opinions on the behavior of their husbands/partners to control women was significantly higher for those living in the northern regions of Turkey (2.86), for those with a high school or higher education level (2.89), for the wealthiest (2.88), and for those whose husbands have a high school or higher education (2.86). It was found that the mean scores of opinions on physical violence was higher for those living in the western regions of Turkey (1.98), for those living in urban areas (1.97), for those with high school or higher education (1.99), for the wealthiest (1.98), and for those whose husbands have a high school or higher education level (1.98). When overall women status was considered, women status was found to be higher for those living in the western regions of Turkey (6.55), for those living in urban areas (6.50), for those with a high school or higher education level (6.68), for the wealthiest (6.66), and for those whose husbands have a high school or higher education level (6.60).

Table 2. Demographic Variables and Women Opinions on Gender, Control Women, Physical Violence and Overall Scores on Women Status

	Gender				***Control Woman***				***Physical Violence***				***Overall***			
	n	**Mean**	**SS**	**t/F/KW**	**n**	**Mean**	**SS**	**t/F/KW**	**n**	**Mean**	**SS**	**t/F/KW**	**n**	**Mean**	**SS**	**t/F/KW**
Region																
West	357	1.74	0.18	11.151*	424	2.83	0.31	3.747**	424	1.98	0.09	5.439**	357	6.55	0.40	10.750*
South	148	1.74	0.20		174	2.82	0.26		171	1.96	0.09		146	6.53	0.36	
Central	250	1.68	0.21		283	2.79	0.36		281	1.96	0.11		247	6.43	0.46	
North	173	1.68	0.21		204	2.86	0.22		204	1.96	0.12		173	6.50	0.39	
East	227	1.64	0.21		260	2.76	0.29		260	1.93	0.16		223	6.34	0.44	
Residential Area																
Urban	917	1.71	0.20	4.374*	1069	2.82	0.30	1.588	1064	1.97	0.10	3.780*	910	6.50	0.41	3.835*
Rural	238	1.65	0.22		276	2.78	0.31		276	1.93	0.16		236	6.38	0.44	
Education Level																
Illiterate	57	1.56	0.21	36.785*	67	2.78	0.29	7.350**	66	1.84	0.23	33.272**	55	6.21	0.53	35.820**
Primary	317	1.64	0.20		363	2.79	0.32		362	1.94	0.16		317	6.37	0.44	
Secondary	534	1.70	0.20		634	2.79	0.31		630	1.97	0.08		529	6.47	0.41	
High school and more	247	1.79	0.18		281	2.89	0.24		282	1.99	0.03		245	6.68	0.30	
Household wealth																
The poorest	162	1.60	0.20	31.445**	180	2.73	0.32	9.943**	179	1.89	0.19	20.900**	160	6.25	0.46	35.527**
Poor	223	1.64	0.22		263	2.76	0.34		262	1.95	0.13		222	6.35	0.46	
Middle	233	1.69	0.19		285	2.80	0.31		282	1.97	0.08		230	6.46	0.40	
Rich	243	1.71	0.18		285	2.84	0.27		285	1.97	0.08		240	6.53	0.37	
The richest	294	1.79	0.18		332	2.88	0.25		332	1.98	0.08		294	6.66	0.34	
Husband's Education Level																
Illiterate	14	1.64	0.15	10.888**	19	2.64	0.40	6.910**	19	1.87	0.24	8.656**	14	6.15	0.65	14.706**
Primary	276	1.65	0.21		325	2.79	0.28		325	1.94	0.15		275	6.39	0.41	
Secondary	563	1.69	0.20		663	2.81	0.31		658	1.96	0.11		558	6.47	0.42	
High school and more	297	1.76	0.19		333	2.86	0.28		332	1.98	0.07		295	6.60	0.37	
Unknown	3	1.55	0.09		3	2.20	0.20		3	1.86	0.11		3	5.62	0.39	

** ANOVA or t tes, $p < 0.05$*

*** Kruskal Wallis Variance Analysis, $p < 0.05$*

Table 3 shows the mean scores of women opinions on gender, the behavior of their husbands'/partners' towards controlling women, physical violence against women, and the overall woman's status according to using family planning contraceptives and MCH services. It has been determined that the opinions of women on gender and physical violence against women are higher among those who used modern method (1.71 and 1.97, respectively) and those who currently use contraception (1.76 and 1.98, respectively). The overall women status was found to be higher among women who used modern methods (6.51) and those who currently use contraception (6.60).

It is important to see that the mean scores of opinions on gener, cotrolling women and physicial violence as well as overall women status were found to be higher among those women who used prenatal care and delivery assistance during birth from trained healthcare professionals, especially doctors compared to those women who did not use prenatal care and delivery assistance from trained healthcare professionals (Table 3). Although the numbers and mean scores were not presented in Table 3, it was observed that there were some women who never used prenatal care (15 women) or used services from unqualified people (10 women). Besides, there were some women who used delivery assistance from traditional birth attendants (2 women), relative or friends (2 women), unqualified people (6 women), and no one (1 woman). The mean scores of these women in terms of women status and its dimensions were found to be lower compared to other women.

Table 3: Utilization of MCH-FP Services and Women's Opinions on Gender, Control Women, Physical Violence and Overall Women Status

	Gender				Control Woman				Physical Violence				Overall			
	n	Ort.	SS	t/F/KW	n	Ort.	SS	t/F/KW	n	Ort.	SS	t/F/KW	n	Ort.	SS	t/F/KW
Ever use of any method																
Never used	132	1.63	0.22	11.326*	153	2.78	0.30	0.966	153	1.90	0.22	29.628**	130	6.31	0.46	12.779*
Used only traditional method	224	1.68	0.21		265	2.81	0.27		266	1.94	0.13		223	6.44	0.42	
Used modern method	797	1.71	0.20		925	2.82	0.31		919	1.97	0.08		791	6.51	0.41	
Using any method currently																
Hayır	1083	1.70	0.20	2.292*	1262	2.81	0.30	0.793	1257	1.96	0.11	1.31	1074	6.47	0.42	2.099*
Evet	54	1.76	0.16		60	2.84	0.35		60	1.98	0.08		54	6.60	0.41	
Prenatal care (Doctor)																
No	36	1.56	0.25	2.802*	41	2.76	0.25	1.135	40	1.90	0.16	2.023*	36	6.24	0.45	2.940*
Yes	653	1.68	0.21		758	2.81	0.28		754	1.95	0.12		646	6.45	0.41	
Prenatal care (Nurse)																
No	455	1.67	0.21	0.758	537	2.80	0.27	0.619	534	1.95	0.12	0.629	449	6.43	0.41	0.434
Yes	234	1.68	0.21		262	2.81	0.28		260	1.95	0.13		233	6.45	0.42	
Prenatal care (Midwife)																
No	547	1.67	0.21	1.575	637	2.80	0.28	0.331	634	1.95	0.13	1.912	540	6.42	0.42	1.595
Yes	142	1.70	0.22		162	2.81	0.26		160	1.97	0.09		142	6.49	0.40	
Delivery assitance (Doctor)																
No	99	1.61	0.22	3.489*	120	2.78	0.27	1.117	120	1.91	0.18	2.656*	97	6.31	0.43	3.207*
Yes	590	1.69	0.21		679	2.81	0.28		674	1.96	0.11		585	6.46	0.41	
Delivery assitance (Nurse)																
No	222	1.69	0.20	0.883	261	2.78	0.27	1.419	258	1.96	0.11	0.974	220	6.43	0.40	0.093
Yes	467	1.67	0.21		538	2.81	0.28		536	1.95	0.13		462	6.44	0.42	
Delivery assitance (Midwife)																
No	371	1.68	0.21	0.999	425	2.80	0.29	0.112	422	1.95	0.13	1.306	367	6.44	0.43	0.396
Yes	318	1.67	0.20		374	2.81	0.26		372	1.96	0.11		315	6.43	0.39	

** ANOVA or t tes, $p < 0.05$*

*** Kruskal Wallis Variance Analysis, $p < 0.05$*

Note: Women who did not use services from trained healthcare professionals were not presented in this table

4. DISCUSSION AND CONCLUSION

The results of this study indicate that women status and its dimensions are affected by socio-demographic characteristics of women, and there is a signifincat relationship between the use of MCH-FM services and women status and its dimensions. It has been determined that those women who are live in the western regions and urban areas, who are with a high school or higher education level, who belong to the richest household, and whose husbands/partners have a high school or higher education level are less likely to have negative attitude about gender, to approve their husbands/partners behaviors to control women and physical violence against women. These findings are consistent with the the results of other relevant studies in Turkey and other countries, and it might be stemmed from the lower level of education of woman and their husbands and household wealth in the East and rural parts of Turkey (Büyükyılmaz and Demir 2016; Ayan, 2018; Alkan et al. 2020; TDHS 2018; Kaya 2017; Bhandari et al 2016). It has been evidenced not only in Turkey but also in other countries that higher education level of women and their husbands, living in relatively more developed regions, and having higher wealth increase women status, empower women and make their roles more effective in decision making process in the family and community, and increase the self confidence and independency of women (Ethiopia Demographic and Health Survey 2016; İlçioğlu at al. 2017; Cui et al. 2010). The relevant literature also show that lower level of wealth decreases the socail status of women and makes women more passive in decision making process (Saraçoğlu, 2014:36).

This study revealed that those women who were having negative attitude about gender, approving their husbands/partners behaviors to control women and physical violence against women are less likely to use MCH-FP services that are free to all and easy to access. The evidence on the use of health services and women status come also from other countries and studies discussing that those women whose wealth and education level is higher are more able to meet oftenly with their families in Egypt (Hamed et al. 2018), do not need to get permission to go to healthcare facilities (Şahiner and Akyüz 2010), are less exposed to controlling behaviors of their husbands, and are more independent in taking their own decisions. Chatha et al. (2014) stated that the majority of women who were exposed to physical violence said that they were not allowed to go to a suitable healthcare facilitiy for a healthy and safe birth in Pakistan. It was also reported that those women who were exposed to physical violence used prenatal care services less in Turkey (Şahin and Şahin 2003). There are similar studies showing negative relationship between lower social status of women and less use of contraceptive methods (Dönmez et al. 2012), higher adolescent marriage and pregnancy rates, giving birth with the help of unqualified people (Bangladesh Demographic and Health Survey 2019; Hamed et al. 2018; Şahiner and Akyüz 2010).

This study evidenced that increasing overall status of women leads women to use maternal/child healthcare services more. For this reason, Turkey should take necessary steps both within its health system by providing more women specific health education programs and in other systems such as education and employment to increase women status because women staus affects noth only women's health but also it affects the whole society. These measures are also necessary to close the gap between developed countries and Turkey in terms of better maternal and child health status indicators. Given the fact that MCH-FP services are privded widely and free in Turkey, the alternative ways of improving maternal and child health should be sought, and increasing women status is one of these ways. Legal and educational activities as well as health related measures must be developed in increasing the role of

women in making their own decisions regarding their own and children's health, protecting them against violence coming from the closer environment (their own family), and allowing them to increase their walth by creating income-generating job opportunities.

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EXTENDED ABSTRACT

Introduction and Research Questions & Purpose

Women satus is determined by women's income level, economic independence, employment, education, health and fertility, role and value in the family and society. The position of women in their home is closely related to both the status of women and it affects their decision to use maternal/child health services and family planning methods (MCH-FP) that are significant predictors of better mother and their newborn health.

While maternal mortality rates are 13.1% per hundred thousand in Turkey, this rate is 7.9 in OECD countries (Ministry of Health 2021). It has been observed that there are still women who gave birth without the help of health personnel outside any health facility and did not receive prenatal care. Fertility level is higher in rural areas than in urban areas, and the percentage of women who do not receive prenatal care in rural areas is more than twice the country average (TDHS 2018).

This study aims to produce some recommendations to improve maternal and child health by investigating the relationship between women status and the use of MCH-FP services to close the gap between in Turkey and the more developed countries in terms of maternal and child health.

Methodology

The 2013 data set of 'Turkey Demographic and Health Surveys', which has been conducted throughout Turkey every 5 years since 1993 by Hacettepe University Institute of Population Studies, has been used. There are 11,794 households in 641 clusters in the data set and 9,746 women between the ages of 15-49. Of women between the ages of 15-49 in the data set, 1349 women who gave birth in the last five years constitute the sample of this study.

Since there is no single variable measuring women status, it was assumed that women status can be estimated by using three variables in the data set. These variables are: women's opinions on gender, women's opinions husbands/partners' attitudes on controlling women, and women's opinions on physical violence against women. Then, women status was measured by taking the sum the mean scores of women's opinions on these three dimensions. The variables of prenatal care, delivery assistance, and use of family planning methods were used as predictors of the use of MCH-FP services.

Statistical analysis was performed by using IBM SPSS Statistics version 22.0 software program. Data was described by using mean, SD and percentage. Levene's test was used to test homogeneity of variances, and independent samples t-tests, and F tests (ANOVA) were run to investigate the relationship between the study variables while Kruskal Wallis variance analysis was used to test the differences among the groups if the data did not meet the parametric statistical conditions.

Discussion and Conclusions

This study evidenced that increasing overall status of women leads women to use maternal/child healthcare services more. For this reason, Turkey should take necessary steps both within its health system by providing more women specific health education programs and in other systems such as education and employment to increase women status because women staus affects noth only women's health but also it affects the whole society. These measures are also necessary to close the gap between developed countries and Turkey in terms of better maternal and child health status indicators. Given the fact that MCH-FP services are privded widely and free in Turkey, the alternative ways of improving maternal and child health should be sought, and increasing women status is one of these ways. Legal and educational activities as well as health related measures must be developed in increasing the role of women in making their own decisions regarding their own and children's health, protecting them against violence coming from the closer environment (their own family), and allowing them to increase their walth by creating income-generating job opportunities.

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