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A Study to Assess Women's Autonomy in Household Decision Making Under Field Areas of Medical College Health Unit, Pangappara

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ABSTRACT

Background: Women play a central role as the primary caregivers for both children and the elderly, globally. Indian culture attaches great importance to women, who comprise the half of world's population. In sustainable development, goal 5 advocates gender equality and women empowerment. When women empowerment is hindered, they lack the ability to make choices regarding their own health care, education and career, they are restricted from moving freely without family permission, leading to a state of neglect and dependency.
Aim: The aim of this study was to assess Women's autonomy in household decision making under field areas of Medical College Health Unit, Pangappara, Thiruvananthapuram and the secondary objective was to find out the factors associated with women's autonomy in household decision making.
Methodology: The design adopted for the study was cross sectional survey. The study was conducted in a community setting. The data was collected from 330 women who met the eligibility criteria and they were selected by cluster sampling method. Data collected includes socio demographic data of women and women's autonomy was assessed using Women's autonomy Measurement scale.
Results: The result showed that 31.8% of women had poor autonomy, 6.1% of women had average autonomy and 62.1% of women had good autonomy in household decision making. The factors associated with women's autonomy were age, marital status, independence in handling financial matters, living pattern and involvement in monthly household expenditure preparation. This study concludes that women's autonomy in Kerala is better than other states of India.

Keywords: Women's autonomy, Household decision making, Married women

INTRODUCTION

Women are the pioneers of nation. Indian culture attaches great importance to women, who comprise the half of world's population. Women are the key to sustainable development and quality of life in the family. Various role women assume in the family are those of wife, leader, administrator, manager of family income, and last but not least the mother [1]. The family is the area in which the role of women is most prominent. Women's decision making power in the family is assumed to be reflective of their position in the household. Good decision making and autonomy helps women to empower themselves. Women empowerment helps them to live happy and lead a respectful life in society. It is the most important factor in

a country's overall growth. Poor autonomy in decision making will lead to loss of self-confidence, individuality, self-respect, personality and talent.

A demographic study conducted on women's autonomy in household decision making in Nepal revealed that almost half (47.1%) of married women took decisions on their own health care alone or jointly with their husband. 52.8% make major household purchases, 57.6% make daily household purchases, and 56.6% make visits to family/friends. Participation in own health care decision making gradually increased with age, from 17% among women aged 15-19 to 60.3% in middle-aged women (45 - 49)[2]. A study on women decision making for health care in South Asia in 2009 revealed that 13.4% of married women in the reproductive age group in Nepal, 17.6% in Bangladesh, and 28.1% in India had taken the decisions alone regarding care for their own health. The decision was made without women's participation in majority of women in Nepal (72.7%) and approximately half of the Bangladesh (54.3%) and Indian (48.5%) household [3]. A study on factors influencing women's decision-making authority and autonomy in rural Rajasthan showed that 34% of women take decisions with the permission of family elders and 21% of women take decisions along with their husband [4]. In NFHS-5 India, a total of 71% of currently married women participate in making decisions about their own health care, major household purchases (80%), and visits to their own family or relatives alone or jointly with their husband (81%). Women participation in decision making has increased since NFHS-4, from 73% in NFHS – 4 to 80% in NFHS – 5[5]. In NFHS – 5 Kerala shows, 83% of currently married women participate in decisions about their own health care, visit to their family and relatives 85%, and major household purchases 81%. Overall, 69% of currently married women participate in making all three of these decisions, and 6% do not participate in making any of the three decisions. Participation in all three decisions varies by age [6].

AIM: A study to assess Women's autonomy in household decision making under field areas of Medical College Health Unit, Pangappara, Thiruvananthapuram.

OBJECTIVE:

1. Estimate women's autonomy in household decision making under field areas of Medical College Health Unit, Pangappara.
2. Find out the factors associated with women's autonomy in household decision making

LITERATURE REVIEW

- Jejeebhoy et.al (2001) compares the lives of women and explores dimensions of their autonomy in different regions of south Asia like India and Pakistan. They selected Punjab in Pakistan, and Uttar Pradesh in north India and Tamil Nadu in south India for comparison. This study revealed that women who have freedom of mobility in Tamil Nadu, Uttar Pradesh and Punjab was 81.7%, 34.8% and 35.4% respectively. The woman who had freedom from threatening relations with husband, and access to and control over economic resources in Tamil Nadu is 15.7% and 88.9% respectively. So this study concludes that women's autonomy in terms of decision-making in mobility, freedom from threatening relations with husband, and access to and control over economic resources in Tamil Nadu is better than other women in Pakistan and Uttar Pradesh[7].
- A demographic study conducted by Bandari T R et. al(2016) on Women's autonomy and its correlates in western Nepal of Kapilvastu district reveals that mean score for women's autonomy was 23.34± 8.06. The education status of women is a key predictor of women's autonomy in Kapilvastu district and other important predictors are husband's

education and economic status of the household[8].

- A study of women autonomy and its correlates in India finding from national family health survey 4 reports that women's participation in decision making with her husband is high and women taking independent decision is very low. About 12.1% and 8.5% of women can take independent decision about their own health care and mobility respectively. Moreover 20% of women's partner alone control the above two decision[9].
- Goswami (2021) conducted a study in Assam state to examine the role of women in decision-making process in the family. This study reveals that family budget was prepared by both husband and wife is 53.7%, 55.3% of women purchase clothes and ornaments themselves, while 41.3% consulted with their husbands for this. Moreover 68.3% of women had control over their family expenditure[10].
- Tiwari et.al (2021) Study of autonomy of women's decision making at household level: an empirical study conducted in 950 non-working married women in the Ahmedabad city, to evaluate the women's autonomy in household decision making. This study explains how the freedom of decision making of females at household level is influenced by various other factors and their contribution in decision making freedom. This study shows that factors like freedom of social decision (r=0.954), freedom of personal decision(r=0.901) and freedom of buying decision (r=0.912) are mainly contributors which influence mostly the autonomy of decision Making[11].
- Patel et al.(2022) A study on women autonomy and its socio demographic correlates in high focus states of India like Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odessa, Rajasthan, Uttar Pradesh, and Uttarakhand and Assam based on NFHS 4. This study conducted in 381927 women of reproductive age group (15-49). This study revealed that 9.1% of women participate in own health care,4.8% of women involved in large household purchases, 6.6% of women visit to family or relatives alone and 8.3% of women decides contraceptive use. This study also shows that Jharkhand (8.6%) is the most autonomous state and Bihar (6.4%) is the least autonomous state [12].

MATERIALS & METHODS

Source of data: The data was collected from married women aged between 18- 49 years residing under field areas of Medical College Health Unit, Pangappara, Thiruvananthapuram.

Method of Data collection:

Tool 1

Socio demographic data including socio economic class assessed using Kuppuswamy socio economic status scale 2022.

Sampling Technique: Cluster sampling

Sample Size: 330

Age Criteria: 18 - 49years

Study Duration: 2 years

Study Sample: Married women (18- 49 years) living under field areas of Medical College Health Unit, Pangappara.

Study Setting: Field areas of Medical College Health Unit, Pangappara, Thiruvananthapuram

Type of Data: Quantitative

Study Design: Descriptive, Cross sectional study

Tool:

Tool 1: Socio demographic data

Socio demographic data including age, religion, education, occupation, monthly family income, type of family, number of children, age at marriage, type of house, duration of marriage, media exposure, education of husband, occupation of husband and habits of husband. Socioeconomic status of women was assessed using Kuppuswamy socio economic status scale 2022[13].

Tool 2: Women autonomy measurement scale[14].

Women's autonomy was measured using women's autonomy measurement scale which was developed by Tulsi Ram Bhandari. This scale consists of 23 items and covers major three dimensions of women's autonomy i.e. decision making autonomy, freedom for movement autonomy, financial autonomy with a total score range from 0 to 46. Decision making autonomy has 9 item with score range from 0 to 18 and score is categorised as independent (score 2), joint (score 1), and dependent (score 0). Freedom for movement autonomy and financial autonomy having 7 items in each with score ranges from 0 to 14 and score is categorised as never (score 2), sometimes (score 1) and always (score 0). The reliability coefficient of tool to assess Women's autonomy is 0.84. After pilot study score of women's autonomy was calculated (The calculated value more than 66.7 percentile, women is considered to have good autonomy. If calculated value less than 33.3 percentile considered poor autonomy. So scoring of women's autonomy is >36: Good autonomy, 29 - 36: Average autonomy, <29: Poor Autonomy)

Materials:

1. Informed consent form
2. Participation information sheet
3. Sociodemographic data sheet
4. Women autonomy measurement scale

Data collection process:

- The investigator explained the purpose of the study and informed consent obtained.
- Participant information sheet was given to each participant and confidentiality is ensured.
- Strict covid protocol is followed during data collection. It took around 30 minutes to collect data from each participant.

SELECTION CRITERIA

Inclusion criteria

Married women aged between 18- 49 years

- Living under field areas of Medical College Health Unit, Pangappara
- Who can read and understand Malayalam or English
- Who are willing to participate in the study

Exclusion criteria

- Married women who have major psychiatric illness

STATISTICAL ANALYSIS

Quantitative data was expressed as frequency and percentage. Factors associated with women's autonomy were evaluated by multivariate logistic regression analysis. Findings were communicated through tables, graphs and figure.

RESULT

Table 1 Distribution of Women based on Age (n = 330)

Age (in years)	f	%
18-21	1	0.3
22-25	13	3.9
26-29	32	9.7
≥ 30	284	86.1

Table 1 shows that 86.1% of women belonged to ≥ 30 years of age group and 0.3% of women belonged to 18-21 years of age group.

Table 2 Distribution of Women based on Marital status (n = 330)

Marital status	f	%
Living with spouse	314	95.2
Widow	14	4.2
Separated	2	0.6

Table 2 shows that majority 95.2% of women were living with spouse and 4.2% were widow and 0.6% of women were separated.

Table 3 Distribution of Women based on Kuppuswamy socio economic status (n = 330)

SES	f	%
Upper Middle	39	11.8
Lower Middle (III)	36	10.9
Upper Lower (IV)	255	77.3

Table 3 shows 77.3% belonged to upper lower class and 11.8 % of women belonged to upper middle class.

Table 4 Distribution of Women based on Independence in handling financial matters (n = 330)

Independence in handling financial matters	f	%
Self	45	13.6
Husband	140	42.4
Both	145	43.9

Table 4 depicts that 13.6% of women had independence in handling money themselves

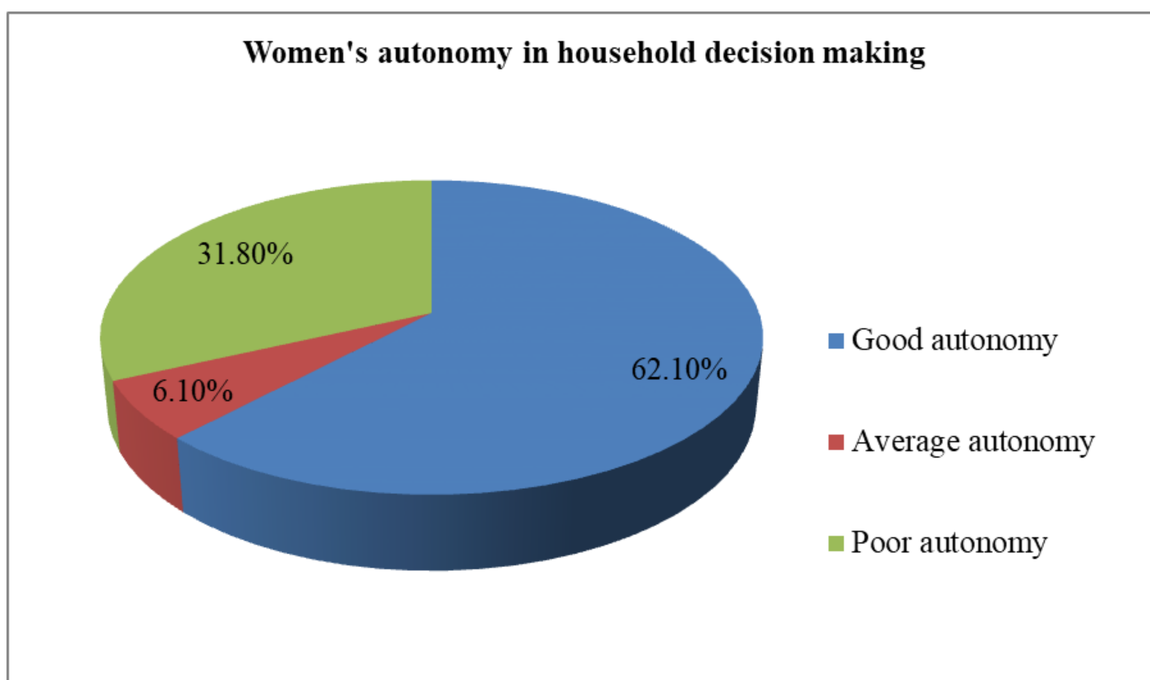

Figure 1 Distribution of Women based on Women's autonomy in household decision making

Figure 8 reveals that, 31.8% of women had poor autonomy, 6.10% of women had average autonomy and 62.1% of women had good autonomy.

Table 5 Distribution of women based on Decision making autonomy (n = 330)

Decision making autonomy	f	%
Good	65	19.7
Average	225	68.2
Poor	40	12.1

Table 5 highlights that 19.7% of women had good decision making autonomy, 68.2% had average decision making autonomy and 12.1% had poor decision making autonomy.

Table 6 Distribution of women based on Freedom for movement autonomy (n = 330)

Freedom for movement autonomy	f	%
Good	219	66.4
Average	5	1.5
Poor	106	32.1

Table 6 shows that 66.4% of women had good freedom for movement autonomy, 1.5% had average freedom for movement autonomy, and 32.1% had poor freedom for movement autonomy

Table 7 Distribution of Women based on Financial autonomy (n = 330)

Financial autonomy	f	%
Good	216	65.5
Average	8	2.4
Poor	106	32.1

Table 7 reveals that 65.5% of women had good financial autonomy, 2.4% had average financial autonomy and 32.1% had poor financial autonomy

Table 8 Factors associated with Women's autonomy in household decision making after univariate analysis

Variables	Categories	Women's autonomy				χ^2	p	OR
		Good autonomy		Average/poor autonomy				
		f	%	f	%			
Age	<30	35	76.1%	11	23.9%	4.4	0.035	2.1
	>30	170	59.9%	114	40.1%			
Marital status	Married	190	60.5%	124	39.5%			
	Divorced/separated	15	93.8%	1	6.3%	7.1	0.008	9.8
Age at marriage	<30	195	61.1%	124	38.9%			
	>30	10	90.9%	1	9.1%	4.0	0.045	6.4
Independence in handling financial matters	Self	36	80%	9	20%			
	Husband/both	169	59.3%	116	40.7%	7.0	0.008	2.7
Living Pattern	Husband	88	53.3%	77	46.7%			
	Others	117	70.9%	48	29.1%	10.8	0.001	2.1
Involvement in monthly household expenditure preparation	Self	41	85.4%	7	14.6%			
	Others	164	58.2%	118	41.8%	12.9	0.001	4.2

Table 9 Multivariate logistic regression analysis of Women's autonomy in household decision making and significant factors

Variables	B	S.E.	Wald	df	p	OR	95% C I for OR	
							Lower	Upper
Age	0.784	0.377	4.332	1	0.037	2.191	1.047	4.587
Living pattern	0.627	0.243	6.630	1	0.010	1.872	1.162	3.017
Involvement in monthly household expenditure preparation	1.176	0.521	5.098	1	0.024	3.242	1.168	9.002

Table 9 depicts that age < 30 years, Women living with relatives, Women who have involved and preparing monthly household expenditure were found to be significant factors of Women's autonomy in household decision making.

Compared to women aged < 30 years the odds of having good autonomy was 2.19 times more among women aged > 30 years

Compared to women living with relatives other than their husband were 1.87 times more likely to have autonomy.

Women who were involved in preparing and executing the monthly household expenditure were 3.24 times more likely to possess autonomy compared to others who preparing monthly household expenditure

DISCUSSION

The purpose of the study was to assess the Women's autonomy in household decision making among married women residing under field areas of Medical College Health Unit, Pangappara.This was a cross sectional study conducted for a period of 2 years and

among 330 married women who met the eligibility criteria. Socioeconomic status of women was assessed using Kuppuswamy socio economic status scale 2022 and Women's autonomy was measured using women's autonomy measurement scale. The data analysed using descriptive and inferential statistics.

In the present study 86.1% of women participated were between the age group of > 30 years. In a similar study conducted in Punjab, 80.1% of women aged >35 years participated in economic decision matters (Kaur R et.al) [15]. In the present study, it is clear that 31.8% of women had poor autonomy, 6.1% of women had average autonomy and 62.1% of women had good autonomy. The finding is congruent with another study conducted in Rural Rajasthan, 27.5% had poor autonomy (Sadhu G et. al) [4].

In the present study it is found that age, marital status, independence in handling financial matters, living pattern, involvement in monthly household expenditure preparation was found to be factors of women's autonomy in household decision making. The finding is in congruent with another study conducted in rural Punjab, age has significant association with women's autonomy (Kaur et.al)[15]. The finding congruent with another study conducted in high focus state of India (Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odessa, Rajasthan, Uttar Pradesh, and Uttarakhand and Assam) found that age was significant factor influencing women's autonomy (Patel V S et.al)[12] .

CONCLUSION

The result of the study found that 31.8% of women had poor autonomy, 6.1% of women had average autonomy and 62.1% of women had good autonomy. In this study investigator found out major three dimensions of women's autonomy i.e. decision making autonomy, freedom for movement autonomy and financial autonomy. In this study19.7% of women had good decision making autonomy, 68.2% had average decision making autonomy and 12.1% had poor decision making autonomy. Moreover 66.4% of women had good freedom for movement autonomy, 1.5% had average freedom for movement autonomy, and 32.1% had poor freedom for movement autonomy. Regarding financial autonomy 65.5% of women had good financial autonomy, 2.4% had average financial autonomy and 32.1% had poor financial autonomy. Age, marital status, independence in handling financial matters, living pattern, involvement in monthly household expenditure preparation were found to be significant factors of women's autonomy in household decision making.

Declaration by Authors

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