

Effect of Women Autonomy on family planning among Muslim Women: a cross countries comparative study in India, Indonesia and Bangladesh

Significance or background:

Autonomy is ideally define as self-sufficient or capability of a women in decision making. The dimensions of women's autonomy in terms of outside mobility, access to economic resources and involvement in household decisions have association with family planning and other events of life such as maternal and child health etc. Women's "status" refers to both the respect accorded to individuals and the personal power available to them. While women value prestige, it is the level of personal autonomy that appears to influence demographic behaviour and resulting outcomes. Autonomy has been defined as the capacity to manipulate one's personal environment through control over resources and information in order to make decisions about one's own concerns or about close family members (Basu 1992; Dyson and Moore 1983; Miles-Done and Bisharat 1990). Women's autonomy thus can be conceptualized as their ability to determine events in their lives, even though men and other women may be opposed to their wishes. Social and economic status of women uses to judge the status of a country in terms of development. Women autonomy is a composition of decision making of women within and outside the family, mobility, freedom from threatening relations with husband, and access to and control over economic resources have strong influence on use and knowledge or awareness about family planning.

Research Questions:

- What is the state of autonomy among married Muslim women across the selected countries?
- What are the factors affecting women autonomy among married Muslim women across the selected countries?
- Whether the women autonomy affects the family planning use, knowledge and utilization among married Muslim women across the selected countries?

Methodology:

Study uses the data for Bangladesh & Indonesia from Demographic Health Survey (DHS) conducted in 2007 and for India, DHS-2006, and Selection criteria for countries: two countries have Muslim Majority population (Indonesia and Bangladesh) and one Muslim minority population (India). Two countries have poor socio-economic characteristic (India and Bangladesh) and one good socio-economic characteristics (Indonesia). The 2007 Bangladesh Demographic and Health Surveys (DHS) is a nationally representative survey of 3,771 men age 15-54 from 10,400 households and 10996 ever married women out of these 9924 are Muslim women.

In Indonesia DHS is a nationally representative survey of 40,701 households, 8,758 currently married men age 15-54 and 32,895 ever married women age 15-49, out of these 26185 are Muslim women and In India DHS which is popularly known as National family Health Survey 2005-06 NFHS-3 collected information from a nationally representative sample of 109,041 households, 74,369 men age 15-54 and 124,385 women age 15-49, out of these 16742 are Muslim women. Chi square test, Bi-variate and Multivariate regression techniques have been used for determining the level and differentials of autonomy of women and its impact on family planning uses, maternal and child care utilization across the selected countries.

Result and Key finding:

The dimensions of women's autonomy in terms of outside mobility, access to economic resources and involvement in household decisions. All these dimensions are positive with socio-economic, linked to use and knowledge of family planning. In this study, the findings are the social –economic demographic factor of women not affecting their autonomy in similar way. From younger ages to elder ages women are getting autonomous and a certain point come when they starts losses the autonomy. Which is in Bangladesh and Indonesia come at 40-44 age groups but in India in come early at 35-39 age groups? Female joint (with husband or other family members) autonomy is directly linked with the social-economic and demographic level but if we talk about women alone as autonomous, in India it is higher among poorer women but in Bangladesh it higher among richer and richest women. As the level of education of women increases, mean of autonomy is also start to increase in India and Bangladesh but in Indonesia it is high among illiterate and primary educated women. It is observed that sex of household head has strong influence on autonomy, if it is female, female autonomy ultimately increases. In India and Bangladesh the prevalence of family planning methods is low especially among Muslim as a whole but if women take Joint decision with husband use more family planning methods. In Indonesia there is not much differences found between lower and higher autonomy of women on maternal care, child immunization and family planning and higher joint autonomy resulting better maternal care, child immunization and use of family planning.

Knowledge Contribution:

In India Age of women, education, sex of household head, wealth and occupation of women are major factors that contributes to construction of women autonomy with increasing age and female as household head have significant impact on women autonomy. If women take decisions jointly with husband and others women seems more autonomous and wealth and occupation of women also start affecting the women autonomy. Joint autonomy of women is higher among the professional's women and continues to increase from poorest to richest wealth quintiles but no significant impact of education and place of residence on autonomy has observe In India. But In Indonesia similar effect has observe except education and place of residence. In Indonesia women are more autonomous living in urban area and women with primary education are more autonomous. In Bangladesh women itself take more decision as compare to India and Indonesia and significant impact of age and sex of household head has been observe on decision making, as a professional women joint autonomy is higher as compare to the housewife, Business and other occupations Male Involvement is more significant in family planning in India and Bangladesh as compare to Indonesia. Female sterilization, male sterilization and condom are more commonly use method of family planning and lower prevalence of IUD, Pills and Injection as family planning methods in India and In Bangladesh.

In India if women take joint decision with husband or partner get higher level of maternal care and child care as well as knowledge and use of family planning methods as compare to women take decision alone. It means partner and other family member involvement can play a major role in construction of female autonomy which ultimately effect the all aspect of women life. Education of women and wealth is very crucial in better Maternal, Child Care and use of family planning.

Table1: Mean Autonomy score of Women for alone autonomy By Background Characteristics:

	India		Bangladesh		Indonesia	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Age groups						
15-19	10.4	16.24	13.32	19.54	46.82	23.83
20-24	16.01	19.92	15.31	23.79	44.41	25.34
25-29	21.45	25.05	17.47	24.88	45.27	25.03
30-34	24.01	25.15	15.91	23.13	43.34	24.61
35-39	27.75	24.27	21.12	29.82	44.03	27.3
40-44	24.57	31.86	25.66	31.88	50.48	28.92
45-49	14.69	25.66	12.95	17.1	46.62	28.08
Place of residence						
Urban	22.63	26.61	21.48	27.54	45.7	25.3
Rural	20.15	23.02	14.89	22.99	43.78	26.19
Highest educational level						
No education	20.2	23.69	15.41	25.21	49.82	28.35
Primary	26.15	23.87	16.5	24.93	44.57	26.07
Secondary	16.44	23.89	16.43	22.6	46.3	25.89
Higher	26.41	29.31	20.62	23.69	39.51	23.16
Sex of household head						
Male	17.37	22.47	13.43	20.14	42.95	24.47
Female	33.64	25.47	56.74	36.46	65.15	30.69
Wealth index						
Poorest	18.9	23.56	13.31	21.74	44.26	28.19
Poorer	23.63	25	15.25	24.78	43.87	26.94
Middle	20.5	22.61	16.23	25.99	43.55	24.00
Richer	19.79	24.13	22.61	27	46.38	26.13
Richest	22.42	26.46	18.26	22	45.29	24.33
Women occupation						
Unemployed	8.39	13.98	NA	NA	NA	NA
Professionals	24.38	30.68	21.75	23.54	39.5	22.62
Sale Service and Domestic	20.75	27.37	17.54	28.6	47.21	26.71
Agriculture	17.82	22.21	13.7	21.63	41.14	25.31
Skilled & Unskilled manual	22.31	23.9	19.4	24.17	46.07	25.36
Business man	NA	NA	18.49	29.19	Na	NA
Total	20.81	24.08	16.28	24	44.74	25.77