

Contributing Factors of Women's Autonomy among Muslim and Its Effect on Child Care: Cross Countries Comparison of India, Indonesia and Bangladesh

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Introduction:

Autonomy is ideally defined 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 has association with Child health and child care. 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.

Selection Criteria for countries:

The poor outcome of demography such as high fertility, poor health and nutritional condition of women and child among the people belong to the Muslim religion and low status and poor autonomy among Muslim women not only in India and Bangladesh but also in all over the Asia especially in South-east Asia. Socio-economic characteristics, which play an important role in demographic, health and health care outcomes. There are three countries out of those two Muslim majorities countries (Indonesia and Bangladesh) and one Muslim minority country (India), two poor in socio-economic status (India and Bangladesh) and one is good in socio-economic status(Indonesia).

Need of the study:

The female disadvantage in less-developed countries like India and Bangladesh and in India also with regard to health and well-being has been documented abundantly. Gender is a salient source of social stratification across many societies and the study of the autonomy and power of women relative to men reveals important insights about women's wellbeing. Constraints on women's autonomy are also thought to relate to a variety of Demographic and health outcomes.

Women with closer ties to natal kin are more likely to have greater autonomy in each of these three areas. Women with greater freedom of movement, excess to economic resources and decision making in large and small household matters obtained higher levels of antenatal care and are more likely to use safe delivery care and personal.

Women's belong to Muslim religion consider as more vulnerable in India. Many study based on women autonomy and empowerment in Asia and India address that Islam is an obstacle in the development of women. The poor outcome of demography such as high fertility, poor health and nutritional condition of women and child among the people belong to the Muslim religion and low status and poor autonomy among Muslim women not only in India and Bangladesh but also in all over the Asia especially in South-east Asia.

In this context this study, is an attempt make the understanding about the factors determining female autonomy among Muslim in India, Bangladesh and Indonesia and the relative significance of some proxy variables of Autonomy which affect the Child and child health and their survival. Also, more important is to understand the indicators of the wellbeing of women, which are often expected as the outcome of exercising their autonomy. Hence, the association between female autonomy and selected indicators of their wellbeing such as health, Child care and survival, education in broad sense better demographic outcome, incidence of domestic violence and contraceptive acceptance also having need to analysed.

Objective of the Study:

- To examine the state of women autonomy and its determinants among married Muslim women
- To examine the effect of background factors in the construction of woman's autonomy
- To examine the effect of women autonomy on maternal care.

Data source:

Demographic and Health Surveys (DHS) are nationally-representative household surveys that provide data for a wide range of monitoring and impact evaluation indicators in the areas of population, health, and nutrition etc. DHS data has been used to compare the state of autonomy and its impact on child care for all the selected countries (India, Bangladesh and Indonesia) of India DHS-2015-16, for Bangladesh DHS-2014 and for Indonesia DHS-2012. It also provides the information about religious and cultural contribution in empowerment and autonomy, health information and reported health problem. DHS is national representative and global standard survey. DHS surveys have large sample sizes (usually between 5,000 and 30,000 households) and typically are conducted about every 5 years, to allow comparisons over time.

Variable selection and creation:

Autonomy Index-Decision of women health, Decision of large household purchase, Decision of small or daily household purchase, Decision of visit to relative/friend and Decision of money spending have been used to create the autonomy index of women alone and jointly.

Immunization of Child-Includes 3 doses of DPT, 3 doses of Polio, BCG, and Measles. If child received all of these consider as “Full immunized”, if received any of these consider as “Partly immunization”.

Methodology:

Bi-variate and regression techniques have used for analysing the level and differentials of Autonomy of women by background characteristics and its impact on Child care utilization across the selected countries. Where Bi-variate show the relationship between two variables (dependent and independent) and logistic regression used to observe the effect of independent variables on dependent variable. Childcare has been considered as dependent variables of the study.

Results:

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 good Child care. In this study, social –economic demographic factor of women is not affecting their autonomy in similar way. From younger ages to elder ages women are getting autonomous and a certain point come when they start losses the autonomy. In Bangladesh and Indonesia come at 40-44 age groups but in India it starts at 35-39 age groups. As the level of education of women increase mean of autonomy start increase, in India and Bangladesh autonomy of women is high among higher educated women but in Indonesia it is high among non-educated women. If the household head is female, female autonomy ultimately increases. Decision regarding to women health care are mostly taken by husband and others in India, in Bangladesh mostly taken by women and husband and other jointly but in Indonesia mostly taken by women.

In India if women alone autonomy is high results more institutional delivery and delivery assist by trained person but if women take decision jointly means if joint autonomy is high results good Child care compare to alone.

In Bangladesh if women are alone having high autonomy results good Child cares compare to low autonomy. High Joint autonomy of women is not much affective in Bangladesh. In Indonesia there is no much effect of alone lower and higher autonomy of women on Child care but if joint autonomy of women is high, resulting better Child care.

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

	India		Bangladesh		Indonesia	
	Mean	S.D	Mean	S.D	Mean	S.D
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

* S.D.= Standard Deviation

* Women Alone autonomy = When women take all decisions alone without any joint decision with husband and other family members

Table 2: Percentage Distribution of Immunization of child among Muslim women by background Characteristics:

Background Characteristics:	India		Bangladesh		Indonesia	
	Partly	Full	Partly	Full	Partly	Full
Age						
15-19	72.7	27.3	37.8	62.2	70.6	29.4
20-24	62.6	37.4	28.6	71.4	47.5	52.5
25-29	60.0	40.0	26.5	73.5	45.7	54.3
30-34	60.2	39.8	24.4	75.6	39.5	60.5
35-39	63.5	36.5	20.8	79.2	39.5	60.5
40-44	68.3	31.7	27.3	72.7	46.7	53.3
45-49	80.0	20.0	6.7	93.3	44.1	55.9
Education						
No education	74.3	25.7	32.3	67.7	68.4	31.6
Primary	58.0	42.0	28.1	71.9	50.0	50.0
Secondary	51.8	48.2	26.5	73.5	40.9	59.1
Higher	35.9	64.1	24.6	75.4	31.2	68.8
Place of residence						
Urban	57.9	42.1	26.0	74.0	40.5	59.5
Rural	66.7	33.3	28.9	71.1	47.4	52.6
Sex of Household head						
Male	62.1	37.9	27.6	72.4	44.0	56.0
Female	62.5	37.5	34.5	65.5	47.8	52.2
Wealth Index						
Poorest	78.8	21.2	29.6	70.4	52.5	47.5
Poor	73.6	26.4	31.9	68.1	46.9	53.1
Middle	67.4	32.6	28.8	71.2	47.3	52.7
Richer	56.6	43.4	25.7	74.3	42.3	57.7
Richest	47.4	52.6	24.9	75.1	34.8	65.2
Occupation						
Unemployed	61.3	38.7	29.0	71.0	46.7	53.3
Professional	40.3	59.7	19.0	81.0	32.6	67.4
Sale & service and domestic	61.1	38.9	27.2	72.8	40.8	59.2
Agriculture	70.2	29.8	26.5	73.5	48.1	51.9
Skilled & Unskilled manual	64.7	35.3	24.7	75.3	38.2	61.8
Businessman	NA	NA	31.5	68.5	NA	NA
Total	62.2	37.8	28.2	71.8	44.3	55.7

Women alone Autonomy in India:

Model-1	Model-2
Full Immunization	Full Immunization
Autonomy Of Women Alone	
Lower	
Higher 1.40***	1.097**
Age	
15-19	
20-24	1
25-29	0.69
30-34	1.05
35-39	0.86
40-44	1.21
45-49	1.57
Education	
No education	
Primary	2.246***
Secondary	2.400***
Higher	2.325
Place of residence	
Urban	
Rural	1.496*
Sex of Household head	
Male	
Female	0.691
Wealth Index	
Poorest	
Poor	1.456
Middle	1.124
Richer	2.519***
Richest	2.569**
Occupation	
Unemployed	1
Professional	3.401**
Sale & service and domestic	3.233
Agriculture	1.395
Skilled & Unskilled manual	2.877
Business	NA
Constant	0.54**

Women alone Autonomy in Bangladesh:

Model-1	Model-2
Full Immunization	Full Immunization
Autonomy Of Women Alone	
Lower	
Higher 1.09**	1.05**
Age	
15-19	
20-24	1.188
25-29	1.938**
30-34	2.143**
35-39	2.017**
40-44	1.237
45-49	1.21
Education	
No education	
Primary	1.1373
Secondary	1.808**
Higher	0.583
Place of residence	
Urban	
Rural	0.793
Sex of Household head	
Male	
Female	0.454***
Wealth Index	
Poorest	
Poor	1.005
Middle	1.444
Richer	1.2
Richest	1.931**
Occupation	
Unemployed	NA
Professional	1
Sale & service and domestic	0.333**
Agriculture	0.532
Skilled & Unskilled manual	0.424*
Business	0.534
Constant	38.247

Women Autonomy alone in Indonesia:

Model-1	Model-2
Full Immunization	Full Immunization
Autonomy Of Women Alone	
Lower	
Higher 1.05**	1.019*
Age	
15-19	
20-24	1.664
25-29	1.617
30-34	1.717*
35-39	1.907**
40-44	1.803*
45-49	2.487**
Education	
No education	
Primary	1.645**
Secondary	2.011***
Higher	2.362***
Place of residence	
Urban	
Rural	1.033
Sex of Household head	
Male	
Female	0.743**
Wealth Index	
Poorest	
Poor	1.226
Middle	1.311**
Richer	1.448***
Richest	1.666***
Occupation	
Unemployed	NA
Professional	1
Sale & service and domestic	0.891
Agriculture	0.823
Skilled & Unskilled manual	1.076
Business	NA
Constant	1.07

* Women Alone autonomy = When women take all decisions alone without any joint decision with husband and other family members