



The Role of Women Autonomy and Male engagement in Maternal Healthcare Services in India, 2015-16

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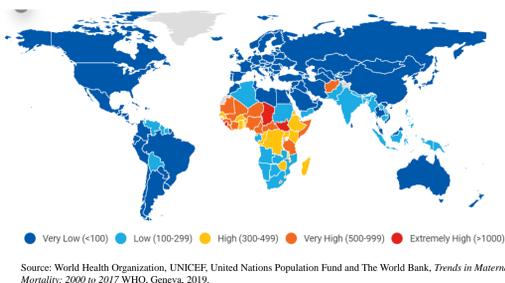
Abstract

- Cultural norms encourage male dominance and discourage women from taking part in the decision-making process. It is unclear whether women empowerment conflicts with male involvement in MCH that results in the joint decision for maternal healthcare utilization. The outcome of Maternal health can vary with Women autonomy and male involvement being either mutually exclusive or reinforcing one another.
- To have a better understanding of maternal health outcomes the study examines the relationship between women's autonomy and husbands' involvement in maternal health care.
- The study utilized data from the fourth round of the national family health survey (NFHS-4), 2015-16. Women's autonomy was measured through four dimensions: domestic decision-making autonomy, movement autonomy, economic autonomy and wife-beating attitude. Maternal health care utilization was measured through contraceptive use, full antenatal care and delivery care (place of delivery), while husband's involvement was measured through his presence in an antenatal care visit.
- Multivariate regression analysis was used to compare male involvement across varying levels of women's autonomy index, and its effect on maternal health care utilization was assessed.

Introduction

- Globally, 295 000 died from preventable causes related to pregnancy and childbirth and Southern Asia alone accounted for nearly one-fifth (58 000) of these deaths
- SDG Goal 3 targets to reduce the global MMR and ensure universal access to sexual and reproductive health-care services
- International Conference on Population and Development (ICPD) Programme of Action states that "improving the status of women also enhances their decision-making capacity at all levels in all spheres of life, especially in the area of sexuality and reproduction" (United Nations, 1994 paragraph 4.1).
- Thus, biological functions of pregnancy and childbirth intersect with gender inequalities and poverty to expose women to maternal health risks. A lack of autonomy to make decisions, less ability to make informed health care decisions, limited control over financial resources, restricted mobility preclude women from receiving the care essential for ensuring quality reproductive health.

Maternal Mortality Ratio
(maternal deaths per 100,000 live births)



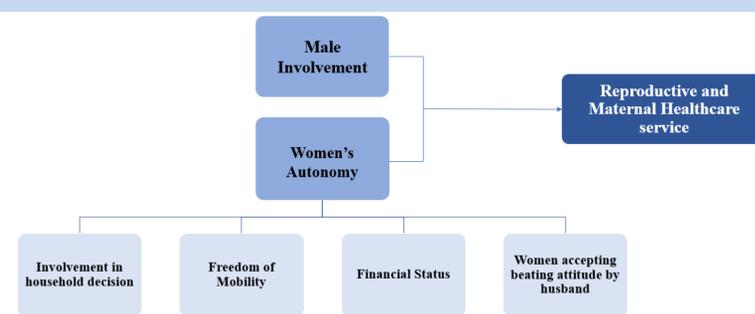
Motivation

- India is the second most populous country, with high number of unintended pregnancy, and high maternal mortality
- The cultural perceptions and inherent gender inequality contributes to the pre-conceived notion that women is weaker than men and spousal violence is justified by women
- **Conceptualization of Women's Autonomy, Kabeer (2001)**



- Autonomy is the control over others (Jejeebhoy, 2002a), environment, resources (Kabeer, 1999), one's life and also freedom of control from others (Upadhyay & Karasek, 2012) which allows women to take decision
- Women's autonomy gives them the right to make decisions that affect their own lives, irrespective of their partner's opinion (Jejeebhoy 1995), while acceptance of husband's beating attitude undermines women's autonomy

Data and Methodology



Data Source: National Family Health Survey-4

Operationalization of variables

- Dependent Variable (Reproductive and Maternal Health)
 - Contraceptive use, ANC availed by women, Place of Delivery
- Independent Variable:
 - Women's autonomy, Male Involvement: Presence of Husband at ANC visit
- Confounding Variables: Background Characteristics

Data Analysis: Bivariate (chi-square) and Multivariate logistic regression

Result and Discussion

Multivariate (adjusted) odds ratio estimated from logistic regression model of selected services by Woman's Autonomy & Male Involvement controlling for selected socio-economic and demographic variables, India, 2015-16

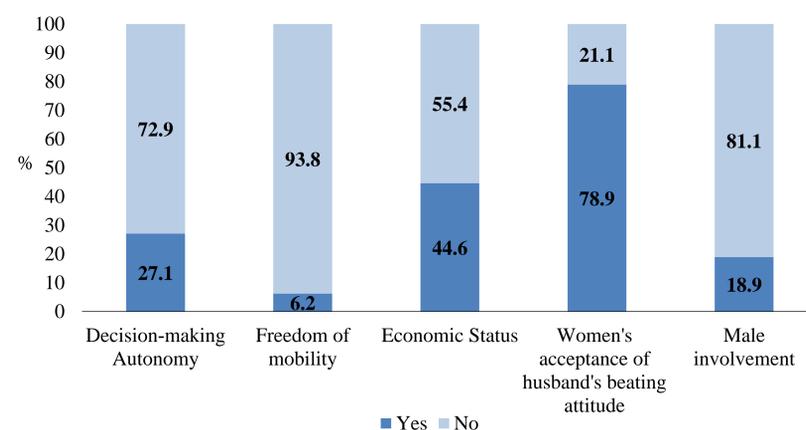
Reproductive and Maternal Healthcare services	Women's autonomy				Male Involvement
	Women with decision-making autonomy	Women with freedom of mobility	Women with high economic status	Women accepting beating attitude of husband	Husband present at the ANC visit
Use of Family Planning Method					
Not using [Ⓢ]	1	1	1	1	1
Modern	1.05	1.285***	1.01	0.708***	1.363***
Traditional	1.05	1.594***	0.95	1.03	1.10
Sterilization	1.07	0.91	1.274***	1.324***	1.128*
ANC availed by women					
No ANC [Ⓢ]	1	1	1	1	1
Full ANC	1.195***	1.295***	0.928*	1.02	1.655***
Place of delivery					
Non-Institutional [Ⓢ]	1	1	1	1	1
Institutional	0.878**	1.010	0.943	1.031	1.711***

*p < 0.05; **p < 0.01, ***p < 0.001

Scope of Further Research

- The study determines women's acceptance of husband's beating attitude, whereas future research can estimate the total impact of intimate partner violence (IPV) on reproductive and maternal healthcare services, including different forms of IPV and increased basket of reproductive and healthcare services
- Future research could explore additional causal pathways for the reproductive and healthcare services being influenced by in-laws interaction

Percentage prevalence of Woman's Autonomy & Male Involvement, India, 2015-16



- Merely 27.1% women are involved in at least 3 household decision-making, 6.2% women have the freedom to visit 2 out of 3 places, 44.6% women have economic independence, and 18.9% male are present at the ANC visit during pregnancy.
- Overall women with high autonomy and having support of their husband are more likely to use reproductive and maternal healthcare services. These women are more likely to use modern contraceptives, avail full ANC services during pregnancy and deliver in institutional facility.
- Our study contributes to reproductive and healthcare policy literature. It strengthens the association between gender inequality and reproductive and maternal use in India. The inherent gender norms increases women's acceptability of violence, and undermines women's autonomy. Integrating gender equality into India's family planning program will reap multiple benefits.
- The findings also suggest need to focus on behavior modification strategy to encourage male involvement through joint husband-wife decision making. It would enable increased husband's support for women during before and during pregnancy, delivery and postpartum period.

Acknowledgement

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