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Female Autonomy and Its Determinants among Scheduled Tribe in Madhya Pradesh

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ABSTRACT

Female autonomy has widely been acknowledged as a major factor that contributes to better demographic outcomes. Female autonomy is a multi-dimensional entity, which refers to different aspects of women's life. Female education and work participation are being considered as the two major proxy variables of women's autonomy. The prime objective of the study was-to understand the level of decision making role among scheduled tribe women in Madhya Pradesh, to study the socio economic and demographic differentials in decision making and to examine the effect of different socio economic and demographic variables in decision making role among tribal women in the study area. The data for the present study has been taken from the third round of National Family Health Survey 3 conducted during 2005-2006. Data was collected from a total of 6427 women aged 15-49 in Madhya Pradesh. Out of 6427 women, 975 (15.0%) women was scheduled tribe. Among the tribal women, 78.15% (762 women) currently married were taken for the analysis. The statistical techniques like percentages, cross tabulation, Chi-square and binary logistic regression has been used. The study result shows that more than half of the respondents were not involved decision in spending money (66.8 percent), household purchase (51.4 percent), contraception (53.7 percent), and health care (50.3 percent). Overwhelming majority (96.2 percent) of the respondents was not having bank account and three fourth (65.0%) of the women were not having money as far as her own use is concerned. Among the background variables like age, occupation, place of residence education and wealth index were shown significantly associated with women's role in decision making as Chi-square tests suggests Binary logistic regression analysis shown that among the independent variables like, age and children ever born have significant effects in explaining the decision on contraception and age, place of residence have significant effects in explaining the decision on how to spend money. Improvement of female education and family income is quite needed to increase female autonomy in near future can be recommended from the findings.

KEY WORDS: Female Autonomy, Scheduled Tribe, Involvement, Contraception.

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INTRODUCTION:

For any country, participation of women in the development process is of utmost necessity as they comprise of a half of the population percentage. Therefore, development of the nation in true sense cannot be achieved without proper development and empowerment of the women population. Female autonomy has widely been acknowledged as a major factor that contributes to better demographic outcomes. Female autonomy is a multi-dimensional entity, which refers to different aspects of women's life. Female education and work participation are being considered as the two major proxy variables of women's autonomy. Autonomy has intrinsic relevance for women's own well-being. It determines to a large extent her ability to make effective choices and exercise control over her life. It also has instrumental value in that women's autonomy contributes in large measure to enhancing quality of life for the family and for the community. Women's autonomy has been examined in previous research in the context of several outcomes, but its effect on child health has been less studied. Recent literature suggests that women's autonomy may be one of the important variables influencing children's nutritional status though many studies give conflicting results Brunson¹, et. al., Shroff², Smith³, et al., A major reason for this is that the definitions and variables employed by the authors are very different. While the words 'autonomy' or 'child health' is used in many studies, there is little congruence in the definitions or its measurement. Caldwell⁴ defines opportunities for women to receive an education and work outside the home to proxy autonomy, while Mason⁵ uses control over household and societal resources to the same purpose. Miles-Doan and Baccarat⁶ define autonomy as the mother's position in the household power relations and study the impact on the child's weight for age. Brunson⁷, *et al.*, on the other hand, define autonomy as the ability to make decisions on one's own, to control one's own body, and to determine how resources will be used without needing to consult with another person. Nutritional status was determined by using short term measures, namely Weight-for-Height Z scores for children in two age groups: 0-36 months and 36 months to 10 years. Using specially conducted survey among a traditionally nomadic population in northern Kenya, they do not find a significant relation between women's autonomy and their younger children's WHZ scores but the impact is significant for older children. Also they find the relationship significant for some locations but not for others.

OBJECTIVES:

The objective of the study -

- ❖ To understand the level of decision making role among scheduled tribe women in Madhya Pradesh.
- ❖ To study the socio economic and demographic differentials in decision making and

- ❖ To examine the effect of different socio economic and demographic variables in decision making role among tribal women in the study area.

DATA AND METHODOLOGY:

The data for the present study has been taken from the third round of National Family Health Survey (NFHS -3) conducted during 2005-2006. Data was collected from a total of 6427 women aged 15-49 in Madhya Pradesh. Out of 6427 women, 975 (15.0%) women was scheduled tribe. Among the tribal women, 78.15% (762 women) currently married were taken for the analysis. The questions regarding female autonomy had been asked with respect to currently married women. The dependent variable includes having Bank Account, Own Money, and Decision on Spending Money, Household Purchase, Contraception and Health Care. The socio economic and demographic differentials in decision making among the scheduled tribe women has studied using chi- square tests. The effect of different socio economic and demographic variables on women involvement in decision making has analyzed using binary logistic.

RESULTS AND DISCUSSION:-

Table 1 percentage distribution of respondent's involvement in decision making

| Categories | Spend money (%) | Household purchase (%) | Decision on contraception (%) | Decision on health care (%) | Category | Bank Account (%) | Money for her own use (%) |
|--------------------|-----------------|------------------------|-------------------------------|-----------------------------|----------|------------------|---------------------------|
| Women not involved | 509 (66.8) | 392 (51.4) | 409 (53.7) | 383 (50.3) | No | 733 (96.2) | 496 (65.1) |
| Women involved | 253 (33.2) | 370 (48.6) | 353 (46.3) | 379 (49.7) | Yes | 29 (3.8) | 266 (34.9) |
| Total | 762 (100.0) | 762 (100.0) | 762 (100.0) | 762 (100.0) | Total | 762 (100.0) | 762 (100.0) |

Here women were classified into two – Women not involved and women involved. Decision taken by women alone and both partners were considered as women involved in decision making. Those decisions taken by husband alone and others were considered as women not involved. It was observed from table no. 1 that more than half of the respondents were not involved decision in spending money (66.8 percent), household purchase (51.4 percent), contraception (53.7 percent), and health care (50.3 percent). Overwhelming majority (96.2 percent) of the respondents was not having bank account and three fourth (65.0%) of the women were not having money as far as her own use is concerned.

Table 2 respondents 'involvement in decision making with SED characteristics

| | | Decision on Contraception | | Decision on health care | | Decision on household purchase | | |
|----------------------------|--------------|---------------------------|------------------|-------------------------|------------------|--------------------------------|------------------|-----------|
| Background characteristics | | Women Not Involved % | Women Involved % | Women Not Involved% | Women Involved % | Women Not Involved % | Women Involved % | Total No. |
| | 15-24 | 86.1 | 13.9 | 63.4 | 36.6 | 64.4 | 35.6 | 202 |
| | 25-34 | 43.5 | 56.5 | 42.8 | 57.2 | 48.4 | 51.6 | 283 |
| | 35+ | 40.4 | 59.6 | 48.4 | 51.6 | 45.1 | 54.9 | 277 |
| Chi-square value | | *** | | *** | | *** | | |
| Place of Residence | Urban | 50.7 | 49.3 | 30.7 | 69.3 | 34.7 | 65.3 | 75 |
| | Rural | 54.0 | 46.0 | 52.4 | 47.6 | 53.3 | 46.7 | 687 |
| Chi-square value | | NS | | ** | | *** | | |
| Education Attainment | Illiterate | 51.6 | 48.4 | 51.1 | 48.9 | 52.2 | 47.8 | 603 |
| | Literate | 61.6 | 38.4 35.8 | 47.2 | 52.8 | 48.4 | 51.6 | 159 |
| Chi-square value | | ** | | NS | | NS | | |
| Occupation | Not-working | 64.2 | 49.4 | 53.8 | 46.2 | 51.4 | 48.6 | 173 |
| | Working | 50.6 | 47.9 | 49.2 | 50.8 | 51.4 | 47.5 | 589 |
| Chi-square value | | *** | | NS | | NS | | |
| Age at Marriage | <15 | 52.1 | 46.5 | 52.8 | 47.2 | 52.5 | 49.2 | 432 |
| | 16-20 | 53.5 | 22.6 | 49.5 | 50.5 | 50.8 | 58.1 | 299 |
| | 21+ | 77.4 | 1.2 | 22.6 | 77.4 | 41.9 | 32.9 | 31 |
| Chi-square value | | * | | ** | | NS | | |
| Children Ever Born | No Child | 98.8 | 45.4 | 62.2 | 37.8 | 67.1 | 47.0 | 82 |
| | 1-3 children | 54.6 | 62.7 | 47.0 | 53.0 | 53.0 | 54.6 | 302 |
| | 4-6 children | 37.3 | 39.4 | 49.6 | 50.4 | 45.4 | 48.9 | 284 |
| | 7+ Children | 60.6 | 46.0 | 52.1 | 47.9 | 51.1 | 47.1 | 94 |
| Chi-square value | | *** | | NS | | ** | | |
| Wealth Index | Poorest | 57.5 | 42.5 | 51.7 | 48.3 | 52.9 | 48.9 | 478 |
| | Poor | 48.4 | 51.6 | 52.6 | 47.4 | 51.1 | 55.3 | 190 |
| | Middle+ | 44.7 | 55.3 | 38.3 | 61.7 | 44.7 | 48.6 | 94 |
| Chi-square value | | ** | | * | | NS | | |
| | Total | 53.7 | 46.3 | 50.3 | 49.7 | 51.4 | 47.0 | 762 |

***p<0.01 level of significance, **p<0.05 level of significance, NS- not significance

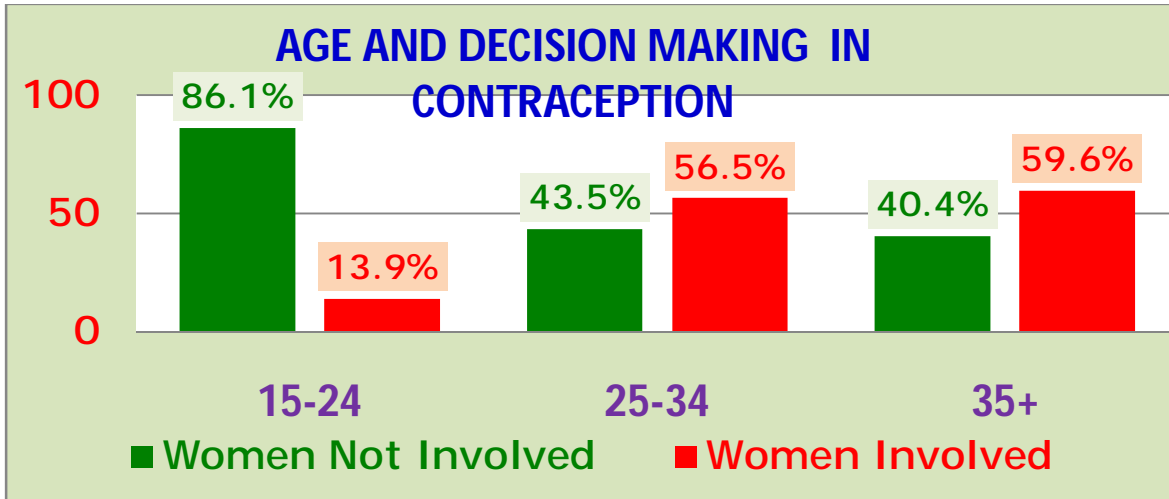


Figure 1 indicates age and decision making in contraception

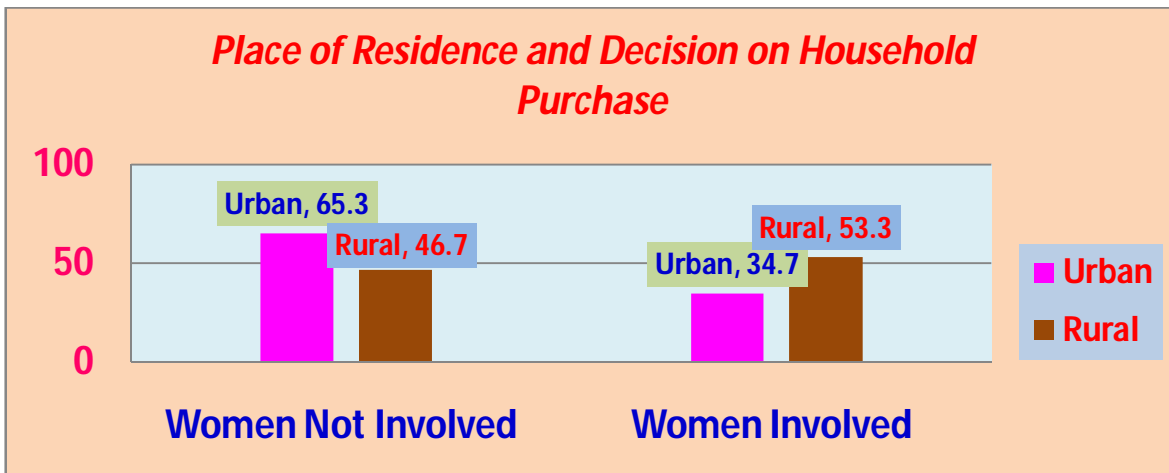


Figure 2 indicates residence and decision making in household purchase

DECISION ON CONTRACEPTION:

Distribution of respondents' involvement in contraception and across their background characteristics was presented in table.2.

Regarding to decision on contraception, age of the respondents increases, the percentages of involvement also increases among the respondents. Nearly fourteen percent (13.9)of the respondent whose ages 15-24 years was involved in contraception, fifty six percent of respondents in the age group 25-34 and sixty percent in the age group 35+ respectively. Chi. Square value shows the was a significant association age of the respondent and involvement in the decision on contraception(P value< 0.000) As far as place of residence is concerned, urban respondents(49.3%) little high i involvement of family planning than their counter parts of rural respondents(46.0%). Women who are illiterate has more involved(48.4%) in family planning decision as compared to literate

women(38.4%) in the study area. Employment of women is one of the indicators of women empowerment. Among the study respondents, working respondents have more involved in family planning (49.4%) than the non working women (35.8). There was a strong association between occupation of the respondents and decision on Contraception (p value <0.000 level of significance).respondents who belonged to middle+ of wealth index has taken more involved (55.3%0 regarding to family planning than the respondents who belonged to poor wealth index(51.6%) and poorest (42.5%). Overall age, occupation and children overborne were strongly significant with decision on contraception

Final say on health care:

The distribution of respondent's involvement in final say on health care also has given in the table no.2. Here age increases the percentages of involvement in final say on health care also increased. The respective percentages were 36.6%for the respondent's 15-24years.57.25for age group 25-34 and 51.6 %in the age group35+. Chi square result shows there was a strong association between age of the respondents and final say on health care(P<0.000 level of significance). Respondents who were residing in urban areas more taken in decision of health care (69.3%) than their counter parts of rural respondents(47.65%) as the place of residence was concerned. Little more than half (52.8 %) of the respondents who were educated have involved in the decision on health care but in the case of illiterate the corresponding figure was48.9 percent. With regards to occupation, working women more participated in decision on final say on health care (50.8%) as compared to non working respondents (46.2%). Literacy and occupation has less associated with the decision on health care of the respondents.

Household purchase:

Respondent's involvement on household purchase also analyzed and has given in table 2. Here, age of respondents increases the percentages of involvement has also increased. Little more than third (35.5%) of the respondents whose ages 15 24 years were found to involved in household purchase and fifty one percent in ages of 25-34. Chi- square value is found significantly associated (P<0.000 level of significance). With regards to rural urban residence are concerned, urban respondents were largely involved (65.3%) in decision on household purchase than the respondents who is residing rural areas (46.7%).Related to educational attainment, respondents who are literate (51.6%) slightly higher involvement of household purchase as compared to illiterate (47.8%). Women who were working (48.6%0 and non working (48.6%) were equally involved in household purchase in the study area. For age at marriage of respondents, women who married their ages of 21 and above shows more involvement(58.1%) than the younger age at marriage of less than or equal to

15 years (47.5%). Respondents who have 4-6 children more participated in household purchase(54.6%) as compare to having 1-3 children(47.0%) and not having any child(32.9%). Chi-square value shows there is moderately association between children ever born and involvement in decision of household purchase (P<0.005 level of significance). Related to wealth index, respondents who belonged middle class has more (55.3%) role in house hold activities than their counter parts of poorest(47.1%) and also poor (48.9%).

Table 3 Involvement in money spend, bank account, money own use with SED characteristics

| Background Characteristics | | Decision on money spend | | Bank account | | Money for own use | | Total No. |
|----------------------------|--------------|-------------------------|------------------|--------------|-------|-------------------|-------|-----------|
| | | Women Not Involved % | Women Involved % | No % | Yes % | No % | Yes % | |
| | 15-24 | 80.7 | 19.3 | 98.5 | 1.5 | 71.8 | 28.2 | 202 |
| | 25-34 | 58.7 | 41.3 | 94.0 | 6.0 | 59.0 | 41.0 | 283 |
| | 35+ | 65.0 | 35.0 | 96.8 | 3.2 | 66.4 | 33.6 | 277 |
| Chi-square value | | *** | | NS | | NS | | |
| Place of Residence | Urban | 57.3 | 42.7 | 84.0 | 16.0 | 33.3 | 66.7 | 75 |
| | Rural | 67.8 | 32.2 | 97.5 | 2.5 | 68.6 | 31.4 | 687 |
| Chi-square value | | * | | *** | | *** | | |
| Education Attainment | Illiterate | 66.2 | 33.8 | 97.5 | 2.5 | 68.3 | 31.7 | 603 |
| | Literate | 69.2 | 30.8 | 91.2 | 8.8 | 52.8 | 47.2 | 159 |
| Chi-square value | | NS | | *** | | *** | | |
| Occupation | Not-working | 100.0 | 0.0 | 95.4 | 4.6 | 62.4 | 37.6 | 173 |
| | Working | 57.0 | 43.0 | 96.4 | 3.6 | 65.9 | 34.1 | 589 |
| Chi-square value | | *** | | NS | | NS | | |
| Age at Marriage | <15 | 67.1 | 32.9 | 96.5 | 3.5 | 65.5 | 34.5 | 432 |
| | 16-20 | 65.2 | 34.8 | 95.7 | 4.3 | 63.2 | 36.8 | 299 |
| | 21+ | 77.4 | 22.6 | 96.8 | 3.2 | 77.4 | 22.6 | 31 |
| Chi-square value | | NS | | NS | | NS | | |
| Children Ever Born | No Child | 79.3 | 20.7 | 97.6 | 2.4 | 67.1 | 32.9 | 82 |
| | 1-3 children | 68.5 | 31.5 | 96.4 | 3.6 | 65.2 | 34.8 | 302 |
| | 4-6 children | 59.9 | 40.1 | 95.4 | 4.6 | 61.6 | 38.4 | 284 |
| | 7+ Children | 71.3 | 28.7 | 96.8 | 3.2 | 73.4 | 26.6 | 94 |
| Chi-square value | | ** | | NS | | NS | | |
| Wealth Index | Poorest | 66.1 | 33.9 | 98.5 | 1.5 | 72.0 | 28.0 | 478 |
| | Poor | 68.4 | 31.6 | 95.3 | 4.7 | 57.4 | 42.6 | 190 |
| | Middle+ | 67.0 | 33.0 | 86.2 | 13.8 | 45.7 | 54.3 | 94 |
| Chi-square value | | NS | | *** | | *** | | |
| Total | | 66.8 | 33.2 | 96.2 | 3.8 | 65.1 | 34.9 | 762 |

***p<0.01 level of significance, **p<0.05 level of significance, NS- not significance

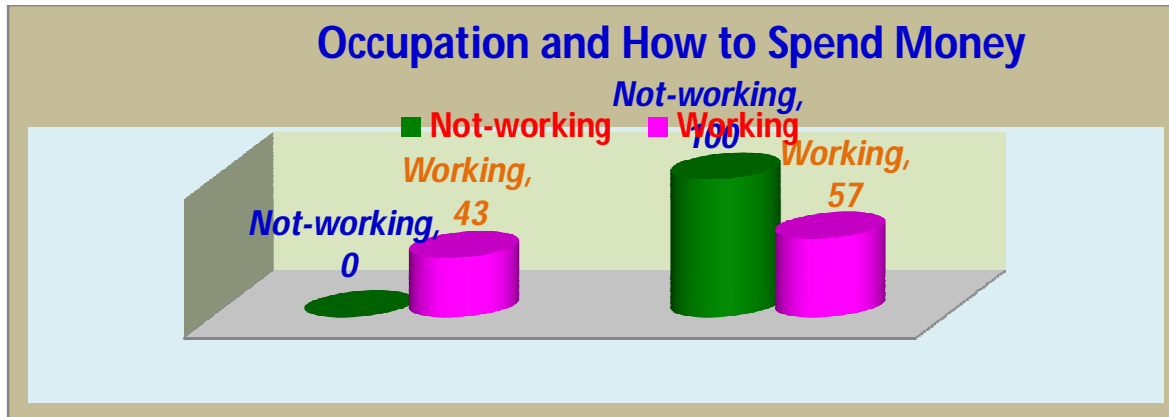


Figure.3 indicates occupation and decision making in spend money

Decision on how to spend money:

The study result shows that nearly twenty percent of the respondents (19.3%) whose ages in the younger 15-24 have reported of involving in the decision of how to spend money. But in the case of respondents belonged to 25-34 ages the relative percentage was 41.3 percent. Chi square value shows there is significantly associated age and decision on how to spend money ($P < 0.000$ level of significance). Rural respondents have less involved (32.2%) on how to spend money than the counter parts of urban respondents (42.7%) as the place of residence was concerned. One of the interesting things is that, illiterate women have better involved (33.8%) as compare to literate women (30.8%). Non working women were completely not involved in the decision of how to spend money in the study area. Occupation and how to spend money has significantly associated among the respondents ($P < 0.000$ level of significance). One fifth of respondents who has no child said that they have involved in decision on spending money but the involving percentages were high in case of having 1-3 children (31.5%) and 4-6 children (40.1%). Wealth index of the respondents did not vary among the different categories.

Having Bank account:

Based on the respondent's having bank account, overwhelming majority (more than ninety percent) of the respondent did not have bank account except the respondents belonged to place of residence and educational attainment and wealth index. Nearly sixteen percent of women who were residing in urban areas have reported of having bank account but in the case of rural women the corresponding percentage was nearly three (2.5%). Educational attainment of the respondent was considered, nine percent of educated women have their bank account which is significantly higher as compare to illiterate women (2.5%). Wealth index is one of the important variables of the development of the country as well as for the women empowerment. Nearly two percent of poorest

women have reported of having account and it has increased to five percent for poor women. A significant proportion has increased in the women of belonged to middle and above wealth index. Nearly fourteen percent of women living in middle and above wealth index have their bank account in the study area, Chi-square value shows there is strongly associated between wealth index and having bank account (P<0.000 level of significance).

Having money for her own use:

Different background characteristics and respondents having money for her own use were presented in table no. 3. Little less than one third (28.2%) of respondents whose ages 15-24 has money for her own use. In case of 25-34 ages the proportion of having money has increased to forty one percent. Urban respondents have large proportion (66.7%) of money for her own use than their counter parts of respondents who were resided in rural areas (31.45%).Place of respondents and having money for her own use has strongly associated as Chi –square test suggests (P<0.000 level of significance). As far as educational attainment is considered, literate women have large proportion (47.2%) of having money for own use than their counter parts of illiterate women (31.7%). More than half (54.3%)of respondents who lies in the middle and above wealth index has money for her own use but in the case of poorest and poor women the respective percentages were 28.0 and 42.6. Wealth index of the respondents was significantly varied among the different categories as Chi-square value shows (P<0.000 level of significance).

Table 4 results of binary logistic regression

| Independent Variables | | Decision on Contraception(Not involved(ref.)) | | | Spend Money(Not involved(ref.)) | | |
|------------------------------------|--------------|---|------|--------|---------------------------------|------|-------|
| | | B | Sig | Ex -B | B | Sig | Ex -B |
| Age 15-24(R) | 25-34 | 2.212 | .000 | 9.138 | -.730 | .006 | .482 |
| | 35+ | .295 | .131 | 1.343 | -.388 | .185 | .678 |
| Place of Residence Urban(R) | Rural | .579 | .096 | 1.785 | 2.054 | .000 | 7.799 |
| Wealth Index Poorest(R) | Poor | .987 | .004 | 2.684 | .244 | .243 | 1.276 |
| | Middle+ | .559 | .114 | 1.749 | -.093 | .805 | .911 |
| Occupation Not-working(R) | Working | .171 | .438 | 1.186 | -21.725 | .994 | .000 |
| Education Attainment Illiterate(R) | Literate | -.004 | .987 | .996 | -.301 | .223 | .740 |
| Age at Marriage <15(R) | 16-20 | -1.063 | .036 | .346 | -.110 | .554 | .896 |
| | 21+ | -1.232 | .016 | .292 | .437 | .414 | 1.548 |
| Children Ever Born No Child(R) | 1-3 children | 2.716 | .010 | 15.117 | -.211 | .558 | .810 |
| | 4-6 children | -1.148 | .000 | .317 | -.387 | .325 | .679 |
| | 7+ Children | -1.087 | .000 | .337 | -.066 | .887 | .936 |

. CONTRACEPTION -2 log likelihood = 834.923,(Final)
HOW TO SPEND MONEY -2 log likelihood = 754.987 (Final)
. *** P ≤ 0.001, **P ≤ 0.01, *P ≤ 0.05, *P ≤ 0.10 Level of Significance
. R= Reference Category,

By analyzing the determinants of decision on contraception, the researcher actually intended to examine the effects of important socio cultural and other variables on involvement among women of scheduled tribe in Madhya Pradesh. The independent variables were selected, for the binary regression model by considering the significances of the variables and also by checking the multi collinearity between them. Thus the independent variables selected were age of women, place of residence, wealth index, occupation educational attainment, age at marriage and children ever born. Among the independent variables like, age and children ever born have significant effects in explaining the decision on contraception with reference category in the study respondents.

The effect of different demographic, social, economic and other factors on decision on how to spend money were analyzed using binary logistic techniques has also discussed in the table no. 4. The dependent variable i.e. Decision on how to spend money was classified into two categories, to those who do not involve and those who involved. Those who do not involve in decision on how to spend money were taken as the reference category. The selected independent variables were age, place of residence, wealth index, occupation, education, age at marriage and children ever born. Among the independent variables like, age, place of residence have significant effects in explaining the decision on how to spend money with reference category among the scheduled tribe women in the study area.

CONCLUSION: - From the above findings it can be concluded that there was a variation in the involvement of women regarding contraception, health care, household purchase, how to spend money, having bank account and having money for own use .Overall near to half of women scheduled tribe women in Madhya Pradesh were involved in the decision on health care, household purchase and contraception. Majority of respondents did not have bank account. Women involvement in the decision on how to spend money and having money for own use also were poor. Among the back ground variables like age, occupation and children ever born has shown significantly associated with decision on contraception. With regards to health care, older age group who residing urban area and also late age at marriage have found taken decisions, In the case of household purchase, older age group who residing urban area were reported of better involvement than the rest of the variables. Lastly, it has been noticed that there is still low in the involvement of decision making among the respondents of scheduled tribe in the study area

Binary logistic regression analysis shown that among the independent variables like, age and children ever born have significant effects in explaining the decision on contraception and age, place of residence have significant effects in explaining the decision on how to spend money

POLICY IMPLICATIONS:-

Base on the findings some policy implications can be framed:-

- Education is quite essential in changing roles thoughts, ideas and knowledge especially among the poor literate women in the rural areas.
- As female education is very much needed for postponing her age at marriage as a first step especially in the Scheduled tribe area. It can help to maximize the involvement in the decision making
- Increasing family income is more needed to maximize women's involvement in the decision making

REFERENCES:

1. Brunson EK, Shell-Duncan B, Steele M. Women's autonomy and its relationship to children's nutrition among the Rendille of northern Kenya. *American Journal of Human Biology*. 2009; 21(1):55–64.
2. Shroff MR, Griffiths PL, Adair L, Suchindran CM, Bentley M. Maternal autonomy is inversely related to child stunting in Andhra Pradesh, India.. *PMC Free Article, India*, 2009; 5(1):64–75.
3. Smith LC, Ramakrishnan U, Ndiaye A, Haddad LJ, Martorell R. The importance of women's status for child nutrition in developing countries. Washington, D.C: International Food Policy Research Institute; 2003.
4. Caldwell JC. Routes to low mortality in poor countries. *Popul Dev Rev*. 1986; 12:171–220
5. Mason KO. The status of women: conceptual and methodological issues in demographic studies. *Sociological Forum*. 1986; 1:284–300.
6. Miles-Doan R, Bisharat L. Female autonomy and children nutritional status: the extended family residential unit in Amman, Jordan. *Soc Sci Med*. 1990; 31:783–789.
7. Ibid.