Determinants Female Autonomy and the impact of Autonomy on women's well-being in Kerala, India – An Analysis of NFHS (II)

Introduction

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. The well quoted study of Dyson and Moore in the Indian context on 'On Kinship Structures and Female Autonomy' (1983) define Autonomy as 'the capacity to manipulate one's personal environment and the ability – technical, social and psychological to obtain information and to use it as the basis for making decisions about one's private concerns and those of one's intimates'. Female education and work participation are being considered as the two major proxy variables of women's autonomy. Studies conducted in the context of developing countries have documented the relative significance of these two factors, particularly that of female education, in determining better demographic outcomes such as low fertility, child mortality and better health status etc. These studies have considered female autonomy as an intermediate variable in their conceptual framework. The National Family Health Survey (NFHS) conducted during 1998-99 in India has measured female autonomy in terms of certain indicators on household decision making and mobility status.

The state of Kerala in India has drawn considerable attention in the recent past due to the paradoxical nature of its development with high level of achievements in the social sectors despite its relatively low per capita income, which is being known as 'Kerala Model of development'. The achievements of Kerala in terms of better demographic outcomes such as low fertility rate, infant and maternal mortality rates etc. have largely been attributed to the high levels of educational attainment of women. Also, Kerala has low levels of female work participation rate compared to the rest of the states in India.

In this context, an attempt has been made to understand the factors determining female autonomy and the relative significance of the two proxy variables of Autonomy. Also, more important is to understand the indicators of the well being of women, which are often expected as the outcome of exercising their autonomy. Hence, the association between

female autonomy and selected indicators of their well being such as incidence of domestic violence and contraceptive acceptance has also been analysed.

Methodology

The Autonomy has been measured in the NFHS (II) in terms of household decision making power, mobility status and access to the resources. The decision making variables are the following. (1) who decides what to cook (2) who decides on obtaining health care (3)who decides to purchase jewelry (4)who decides about respondent staying with family. The options given are (1) respondent (2) husband (3) others in the household (3) jointly with the husband (4) jointly with others in the household. The mobility indicators are measured in terms of (1) permission needed to go to market (2) permission needed to visit relatives or friends and the option given is yes or no. The access to resource is measured by asking the whether it is allowed to have money set aside and the option is yes or no.

A composite index of autonomy is constructed by giving values ranging 0 to 1 for all the indicators and a sum total value is taken. For decision making variables, 'respondent' is given a values of 1 and 'husband' and 'others in the family' have given a value of 0 each. 'Jointly with husband' and 'jointly with others in the family' have given 0.5 each. For rest of the variables, a value of 1 is given for 'yes' and 0 for 'no'. Hence, the autonomy index ranges from 0 to 7 and due to small number of observations in the highest levels of autonomy, the last category is made as 6.

In order to examine the factors determining women's autonomy, a multivariate regression analysis has been carried out with autonomy index as the dependent variables and a set of explanatory variables have been employed.

Explanatory Variables considered

(1) Age of women in five year age groups from 15-19 to 44 -49
(2) Education (illiterate, literate, primary, secondary, higher)
(3) Place of residence (urban/rural)
(4) Family structure (extended/nuclear)
(5) Religion (hindu, christian, muslim)

(6) Caste (scheduled caste, scheduled tribe, other backward caste, others)

(7) Standard of living index (low, medium, high)

(8) Work status (working, non-working)

Variable description and Regression output are not provided in table format. The significance of the explanatory variables is explained below.

The regression analysis shown that education is having a negative relationship with autonomy with a moderate (5%) level of significance. Also, the caste and the standard of living are found to be insignificant in determining female autonomy. The younger age groups have shown a very significant negative relationship with autonomy. Muslim women do have significantly less autonomy compared that of Hindu women. Also, living in the nuclear families and in the urban areas as well as participating in the work force significantly enhances the autonomy of women.

Multiple Classification Analysis (MCA) is performed in order to assess the gross and net effects of the explanatory variables on women's autonomy. This analysis allows us a more accurate assessment of each factor under consideration, controlling the effect of other variables, with women's autonomy.

Explanatory variables		Female Autonomy		
		N	Unadj.	Adj.
Family structure	.00	1711	3.1346	3.1255
	1.00	531	3.4246	3.4538
Eta & Beta .086; .098***				
Place of residence	.00	1729	3.1509	3.1628
	1.00	513	3.3797	3.3394
Eta &Beta .067; .052***				
Standard of	Low	340	3.3588	3.2583
Living index	Medium	1232	3.2117	3.2359
	High	670	3.1088	3.1153
Beta &Eta .056 ; .041				
Age 5-year	15-19	63	2.0932	2.2944
Age group	20-24	285	2.4887	2.5906

	25-29	438	2.8055	2.8035
	30-34	395	3.2617	3.1829
	35-39	407	3.5178	3.4622
	40-44	356	3.6990	3.7138
	45-49	296	3.6101	3.6358
Beta &Eta .320 ; .297***				
Highest level Education	No edn.	159	3.7344	3.4395
	Primary	451	3.3815	3.2019
	Secondary	1196	3.1188	3.1810
	Higher	437	3.0572	3.1795
Beta &Eta .130 ; .046				
Religion	Hindu	1169	3.3636	3.3096
	Muslim	674	2.9033	3.0737
	Christian	399	3.2405	3.1108
Beta &Eta .141 ; .078**				
Ethnicity	SC	207	3.4483	3.2416
	ST	26	3.5136	3.3670
	OBC	942	3.1236	3.1278
	Others	1067	3.2185	3.2584
Beta &Eta .068 ; .046				
Work status	No	1707	3.0830	3.1546
	Yes	535	3.5871	3.3586
Beta &Eta 0.15 ; .061**				
Grand Mean 3.2124				
N 2242				

Note: * = .05; ** = .01 ; *** = .001

Results and Discussion

All the factors under consideration has explained 13.4 per cent of variation in autonomy and a large chunk of variations are explained by factors that are not included in the model.

Even though education has shown a negative and moderately significant relationship in the regression analysis (gross effect of eta = 0.13), its net effect has reduced considerably (beta = .046) after making allowances to other explanatory variables, indicating that education does not have a significant bearing on women's autonomy in Kerala. Same is the case with work status where eta is 0.15 and beta has reduced to 0.061 though it is significant at .001 level. The gross effect of family structure and area of residence remained same after making allowances to other factors and both are highly significant statistically indicates the

independent influence of these two variables on women's autonomy. The gross effect of the work status (eta = 0.15) also has reduced after controlling for other explanatory variables (beta = 0.06 significant at .001 level). The age of women do have large net effect (beta = .30) on autonomy and in the younger age groups it is negatively significant and a threshold age group 35-39 above which the relationship has turned out to be positive. The threshold age of 35-39 implies that women are less autonomous during their reproductive career, which might adversely affect their reproductive decision making. However, their enhanced autonomy in the higher ages may influence positively the reproductive decisions of their daughters or daughter in laws.

Female Autonomy and Women's Well-being

It is expected that women exercising their autonomy lead to better socio-demographic outcomes and their overall well being. Hence a multivariate analysis has been carried to understand the impact of women's autonomy in determining the two selected outcomes viz. current contraceptive use, incidence of domestic violence

(1) Current contraceptive use - whether using any methods of contraception or not

(1) Incidence of domestic violence – even beaten up since the age of 15 or not

Similar Multiple classification analysis has been carried out with each of the above two variables as dependent variable and considered female autonomy index as one of the explanatory variables. Other explanatory variables are the same that we have considered for determining female autonomy. Table providing adjusted and unadjusted values of each category of explanatory variables is not provided here.

In the case of contraceptive use, the model explained 21 per cent of the total variations. Autonomy is having a significant positive association with contraceptive use with where as education is not showing a similar significant relationship with contraceptive use**.** The NFHS report has also mentioned about the slight reduction in contraceptive use with higher levels of education, which is unexpected in its direction. Religion is showing significance in terms of Muslim women having considerably low levels of contraceptive use compared that of Hindus or Christians. Also, the family structure is statistically significant and women belongs to nuclear family do have more contraceptive use. All other explanatory variables are insignificant in explaining contraceptive use.

The model on domestic violence has explained only very less variation (0.04) indicating that there are many other factors that determine the incidence of domestic violence. Quite contrary to our expectation, it is found that autonomy index has a positive and significant relation. Also, the household standard of living has a negative and significant relation with domestic violence. The work status also shows positive association and it is significant too. This indicates that poor women who are working and are more autonomous are more likely to experience the violence within home. It may be true that the exercise of autonomy might leads to violence in any society under cultural transition.

Summary

The above analysis have shown that the relative insignificance of women's education in determining their autonomy in Kerala. The influence of autonomy on two selected indicators of women's well being reveals that it is not unidirectional. The impact of less autonomy of young women irrespective of their educational achievements on their reproductive decision-making needs to be further looked into. Also, the increase in violence along with enhancement in autonomy that emerged out of our analysis has to be further probed with primary inquiry.

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