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Decision Making Power Among Married Women Of Reproductive Age Group Attending OPD In An Urban Slum Of Mumbai.

KEYWORDS: Decision making power, married females, reproductive age.

Poonam P. Shingade
Assistant Professor, Department of Community Medicine, Government Medical College, Aurangabad.

Yasmeen Kazi
Assistant Professor, Department of Community Medicine,Topiwala National Medical College

S.R.Suryawanshi
Professor and Head Of Department, Department of Community Medicine,Topiwala National Medical College

Naveen Khargekar
Fellow in preventive oncology, Tata Memorial Hospital, Mumbai

ABSTRACT *Decision making power among married females is very importantfrom the view point of empowerment of women.A cross-sectional study was carried out in Urban Health Centre,Govandi,Mumbai involving total 108 married females having at least one child and who have attended OPD from June to August 2012. Patientwere-interviewed on the basis of preformed, pretested questionnaire. Results showed that only 38.89% females were more than 18 years of age at the time of marriage and52.78% hadage less than20 years of age at the time of first child birth. Only 13% females had taken decision of their marriage on their own. Husbands were primary decision makers in induced abortions andcontraceptive use.In majority of the cases husband and senior members in family were the decision makers about child rearing, economical, politicaland social issues.*

INTRODUCTION:

The power to take decisions is extremely important from the view point of empowerment of women because it is often seen that their voice is not properly listened. Women are the integral part of family and playacrucialroleinsocioeconomicwelfare of family[1].It has been noted that women's active participation at all levels of decisionmaking is important in order to achieve equality and peace in family as well as the country. Despite the importance of women's participation in family decision-making, women's decision-making power is limited to some extent in third world countries[2].Women's autonomy facilitates access to material resources such as food, land, income and other forms of wealth and social resources such as knowledge, power, prestige within the family and community. "Gender-based power inequalities"can restrict open communication between partners about reproductive health decisions as well as women's access to reproductive health services. Decisions about contraceptive use and childbearingmay be confounded by unequal power relations, especiallyin more patriarchal societies[3].This in turn can contribute to poor health outcomes[4].Women are traditionally less involved indecisionmaking at all levels.Their importantrole isnot re cognizedandtherefore,stillnotacceptedin decision-making[1]. Without theactive participation of womenandincorporation ofwomen'sperspectives at alllevelsofdecision making, the goals ofequality development and peace cannot be achieved[5].

SETTINGS AND DESIGN:

Study Design- Cross-sectional study

Study Duration- June to August 2012.

Study Area -Shivaji Nagar, Govandi, Mumbai

Study Participants-Total 108 married females of reproductive age group at least having one child attended OPD in Urban Health Centre, Shivaji Nagar, Mumbai.

Materials & Methods:-Study was conducted among the married females attending OPD in Urban Healh Centre, Shivaji Nagar, Govandi, Mumbai. Patient were interviewed on the basis of preformed, pretested, semistructured questionnaire aboutsociodemographic profile and decision making power regarding decision of marriage, reproductive health, health of children, involvement in sale/purchase of property and income generation activity. Inclusion criteria allows only married females of reproductive age group at least having one child and willing to participate in the study. Unwilling participants, widows and divorcees are excluded from the study.

Statistical analysis is done by using SPSS 17 version.

RESULTS:-

Table 1 shows maximum i.e. 41.68% of females were in age group of 21-25 years of age followed by 27.79% in age group of 15-20 years. Maximum (34.25 %) participants

Table 1. Sociodemographic Profile of Study Participants.

Sociodemographic characteristics		Percentages(%)
Age Groups in years	15-20	27.79
	21-25	41.68
	26-30	26.81
	31-35	3.72
Level of Education	Illiterate	24.07
	Primary	13.88
	Secondary	34.25
	Higher secondary	19.44
	Graduate	8.33
Socio-economic status	CLASS I	12.03
	CLASS II	25.92
	CLASS III	35.18
	CLASS IV	23.14
	CLASS V	3.70

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Type Of Family	Joint	30.55
	Nuclear	56.48
	Extended	12.96

have passed secondary level of education followed by 24.07% of females who were illiterate. Most of females (35%) werebelonging to Class III followed by class II according tomodified kuppuswami's classification for socioeconomic status. Majority of females were living in the nuclear (56%) followed by joint (30.55%) type of family.

Table 2.Decision of Marriage

Decision Of Marriage	Percentage (%)
Parents and Self	37.96
Parents	49.07
Self	12.96

Table 2 depicts that decision of marriage was taken by parents in 49.07% of females while self-decision of marriage taken by only 12.96% of the participants.

According to table 3,Decision about when to have first child is dominated by husbands in 37% of females.Women have some opinion for deciding total number of children they want (47.2% decisions were taken by both husband and wife).
Total 33.33% participants had history of induced abortion. Among 33.33% women, husbands were primary decision makers in induced abortions. In 55.60% and 67.60% women, husbands were primary decision makers about using temporary and permanent methods of contraceptive use. So concluding the fact that husbands have total control on the fertility of females.
Females has the power to some extent to take decision about health of their children (29.6%). In 59.3% of females, decision about joining local government was given by husbands. About 75 % of females, decision about involvement in income generation activity was taken by their husbands. About 48.1% females need permission of their husband to visit their friends or relatives.Only in 1.9% of females, decision of sale or purchase of the property were taken on their own. In majority of the cases husband were the decision makers followed by senior members in the family.

Table 3. Decision Making Power

Decision Making Power	Self	Husband	Both Husband &Wife	Family
Decision of First child	12(11.1%)	40(37%)	23(21.3%)	33(30.6%)
Decision about total no. of Children	3(2.8%)	37 (34.3%)	51(47.2%)	17(15.7%)
Decision of Temporary Contraception	21(19.4%)	60(55.6%)	18(16.7%)	9(8.3%)
Decision of Permanent Contraception	0(0%)	73(67.6%)	14(13%)	21(19.4%)
Whose Decision for Abortion	6(16.81%)	12(33.33%)	7(19.50%)	11(30.63%)
Decision of Health Seeking Behavior about Child	32(29.6%)	41(38%)	23(21.3%)	28(25.9%)
Decision About Joining Local Government	5(4.6%)	64(59.3%)	11(10.2%)	28(25.9%)
Decision about Income Generating Activity	5(4.6%)	81(75%)	2(1.9%)	20(18.5%)
Decision about Visit to Friends/Relatives	28(25.9%)	52(48.1%)	4(3.7%)	24(22.2%)
Decision About Sale/Purchase of Property	2(1.9%)	38(35.2%)	35(32.4%)	33(30.6%)

DISCUSSION:-

In 55.60% and 67.60% women, husbands were primary decision makers about using temporary and permanent methods of contraceptive use respectively in this study with similar findings in a study done in Ethiopia which showed that, women would be forced to bear large numberof children andfound similar results as decision of birth control mostly involves husband's domination indirectly to wives to choose a method of contraception among different types of contraceptives because of the male dominance in the culture[7].

Females has the power to some extent to take decision about health of their children i.e.in 29.6 % in this study with the similar results as in a study done by Muzamil Jan and Shubeena Akhtar among married women[6].

In only 32.4% of the females,decision of sale or purchase of the property was taken by both husband and wife which is high compared to result of the study done by Dr.Niklaus Steiner where less than 10% of women reported that they and their husband make decisions jointly regarding large household purchases[8].While a study done by Muzamil Jan shows similar findings for decisionof participation in local government as in the present study[6].Decision about Visiting to Friends/Relatives was taken by femaleherselves in 25.9% cases in this study. In contrast to these findings, in a study done by Acharya et al showed the equal opportunity for males and females regarding decision making for visiting to family/friends[9].

Decision about when to have first child dominated by husbands in 37% of femalesin this study of which results are comparable to study done by MissManpreet Kaur[10].In rural Bangladesh women decision-making powers are limited to patriarchal ideology[11].

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CONCLUSION:-

Women possess low decision making power in their families. Husband and family has major power to control the abortions. Husband has a dominating role for control on their fertility by using temporary or permanent method of contraception. Women were involved upto certain extent regarding the decisions of health of their children and total number of children they want. Husbands were the main decision makers for purchase or sale of the property and also for joining the local government or involvement in any income generating activity. Most of the women hold familial decision making power for visiting their friends and relatives.

RECOMMENDATIONS:

Women in this study would be educated about the reproductive needs and support should be provided to them in making choices.Government programmes to enhance education of women are in place .so efforts should be put to increase awareness in them.Economic growth of the women through the schemes of self-employment and income generation should be boosted so as to ensure social and health empowerment.Men should be targeted in programme like public education of advocacy campaigns against reproductive health problems.

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