CODEN [USA]: IAJPBB ISSN: 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES

http://doi.org/10.5281/zenodo.1473022

Available online at: http://www.iajps.com Research Article

A CROSS-SECTIONAL RESEARCH TO EVALUATE THE AUTONOMY OF WOMEN (OF REPRODUCTIVE AGE) IN A FAMILY ABOUT USE OF ANTENATAL-CARE SERVICES

[1]Amara Mateen, [2]Dr Imama Tul Bushra, [3]Dr Hafiz Umer Hussaan Ahmad

[1]THQ Hospital, Chichawatni

[2]Hamdard University Medical College

[3]Medical Officer, THQ Hospital, Pattoki

Abstract:

Objective: *This research endeavours to evaluate the freedom of household women and utilization of gynaecological services they offer being married women of propagative age group.*

Material and Methods: *We conducted this cross-sectional research at Mayo Hospital, Lahore from February – August 2017 at Community Medicine Department. Researchers selected two hundred and eighty-nine women as their research population.*

Results: *On the whole, this study explored that women's autonomy was (33.2%) high, (37.8%) medium and at low level it was (29%). The frequency of autonomy was much higher among young women as forty percent utmost autonomy in (20 – 24) years age group as compared to (30 – 35) years who enjoyed (36.7%) prominent autonomy. Educated and uneducated women had an antithetical ratio of autonomy as (42.3%) enjoyed the least autonomy. On the other hand, the women who went to college had astonishingly high autonomy rate that is (61.2%). In terms of the application of parental services, the utilization was poor as (47.1%), fair as (22.8%) and good as (30.1%).*

Conclusion: *Findings of the research showed that all the women who had formal education, whose husbands are educated and have had the job somewhere, having good income and increased number of sons, enjoy high frequency of autonomy, therefore, (1/3) women enjoy high autonomy. Moreover, family agents mistreat around half of the women. The exploitation of antenatal services is absolutely correlated with maternal age, their education, their husbands' education, employment of the head of the family, the total number of residing children, number of surviving sons, the total income of the family, and autonomy of the women.*

Keywords: *Women Autonomy, Antenatal Services and Antenatal Care.*

Corresponding author:

Amara Mateen,
THQ Hospital,
Chichawatni

QR code

Please cite this article in press Amara Mateen et al., ***A Cross-Sectional Research to Evaluate the Autonomy of Women (Of Reproductive Age) In a Family about Use of Antenatal-Care Services.,*** *Indo Am. J. P. Sci, 2018; 05(10).*

INTRODUCTION:

The idea of women freedom and autonomy has great significance in sociology & social studies for the last two decades. The term "autonomy" is described as "the certain amount of access & command over material and other social means within the aura of family, community and in the circle of the society at large". If we take a broadened picture of autonomy it covers, "the potential to make decisions on the grounds of acquired information, regarding individual's own concerns, priorities and privacy in term of intimate relationships". This research took a look into such matter that in what way women attain such autonomy that can help them to satisfy their living conditions.

A number of definitions of autonomy are available but no single definition satisfies the generalized opinion with multiple dimensions [1]. Generally, it encompasses the potential and liberty of women to make decisions independently at their own disposal and to exercise the authority to travel alone and taking decisions in relation to their household shopping and health care. Many types of research, conducted in the past, make the case that status and position of women is significant for maternal health [2,3]. Women sovereignty and its connection to generative behaviour is a key and significant area of consideration because it is an essential factor of maternal fatality and illness. Women sovereignty is completely swappable with women equality, liberation and women's reputation. Autonomy can be articulated via many mediums i.e. regarding the right to literacy, health care, empowerment through employment, and the right to make decisions.

Around half of the world's population comprises of women and consequently, the rest of the proportion is dependent on them, either directly or indirectly [3]. Some researchers make the case by examining the factors like socioeconomic and cultural norms that around the underdeveloped countries the empowerment of women has taken under consideration as a multilayered concept [4]. In 1985, at Nairobi, the International Women Conference (IWC) introduced the concept of women empowerment. Therefore, such recurrent debates and consideration made the issue of women empowerment very popular in the last two decades. Astonishingly, in this world, more than half billions of women are Muslims [5]. And unfortunately, these Islamic countries fail to provide the appropriate status and empowerment to this stratum. Moreover, the gender gap is much widened.

As almost half of the portion of any county encompasses the women, therefore, the participation of women in the development of that country in all the spheres of life is. Women have proven their capabilities and great potential, though, the social reformers and workers have failed to empower women. As a result, progress and expansion of the country in real spirit are impossible achieved without the liberation of women population [6].

Many types of research coded that women's autonomy has become inevitable for generative behaviour. These researches revealed that women's education & empowerment through employment were used as substitute remedies of women's autonomy [7]. It is widely acknowledged that education plays a vital role to inculcate awareness among women regarding their health matters as well as in decision making [8]. Moreover, family background and the age of women are other determinant factors to determine their right to make decisions. Elder women have more opportunity to interfere in family matters [9]. Autonomy and fundamental maternal health care exploitation are interdependent. More evidently in Asian researches, many new vistas are opened on the recurrent issue of women empowerment [10]. But statistics showed great disparity in Pakistan between men and women, specifically, in the field of management, education, decision making, job employment, political participation, and resources management [11]. Considering such conditions, this research is organized to assess the impacts of women autonomy on the utilization of maternal services that can anticipate the development programs and policies and programs [12]. Such steps would help to recover the utilization of prenatal health services and resultantly, it will the gynaecological deaths and ailments.

MATERIAL AND METHODS:

We conducted this cross-sectional research at Mayo Hospital, Lahore from February – August 2017 at Community Medicine Department. Researchers selected two hundred and eighty-nine women as their research population. The research includes two hundred and eighty-nine women research participants.

We considered reproductive age limit from (15-49) years for all those women who have at least one surviving child of less than one year of age regardless of their existing pre-birth period. We asked the questions from the females having more than one alive child regarding precautions of their last pregnancy.

We did not include the women who were not willing to respond.

We collected the research through pretested and well-structured questionnaire that had two parts. We counted in all possible demographic variables like women's age, family income, education, number of live children, family background, employment status in Part-I. Whereas, Part-II comprised of research variables as women empowerment through autonomy and exploitation of antenatal services.

We collected the data regarding women autonomy through a questionnaire that included the questions like, freedom to spend money, the decision regarding the size of their family, autonomy regarding their friends and family, consultation regarding children's schooling and freedom to express their views. We used SPSS to analyzed collected data. We considered women's autonomy as high, medium and low and utilization of antenatal services as poor, fair, good as qualitative variables. Moreover, we calculated the mean and standard variation for numerical data, for instance, age. Stratification of the research population based upon the age, women's education, husband's literacy, employment of women, monthly income, number of living sons, class of family, number of living children. We applied Chi-square to determine any numerical difference between groups if subsisted. The significant P value was (≤ 0.05).

RESULTS:

This research included two hundred and eighty-nine research participants of reproductive age group with mean age (28.26) years and standard fluctuation was (6.038). By considering the overall autonomy, we noted the maximal medium autonomy that is (37.8%) among (109) participants that followed high as (33.2%) with (96) and low was (29%) for (84). The distribution of sample according to their age group the respondents from age group (20-24) years reported high autonomy in twenty-two (40%) respondents that followed the age group of (30 – 34) years in which thirty-three (36.7%) respondents claimed high autonomy. Whereas, in (15 – 19) years age group, we determined the least autonomy as (48%). Forty-nine (42.3%) respondents coded low autonomy, who were uneducated. On the other hand, the ladies who went to college showed high autonomy as (61.2%). Those women, who only acquired the secondary level education, (27%) of them had high autonomy. Similarly, we noted (24.1%) high autonomy among primary educated women. The women who were employed confessed high as (46.6%) and medium as (45.4%) autonomy. On the other hand, housewives had (36.5%) low autonomy. As for as the utilization of antenatal services is concerned, it reported as (47.1%) in the sample of (136) as poor, (22.8%) in the sample of (66) as fair and (30.1%) in a sample of (87) as good. In terms of women's autonomy, the women who enjoy high autonomy had (53.1%) good utilization of ANC, while, the women with medium freedom had (22.9%) good and low sovereign women enjoy (13.1%) good utilization of ANC. High self-sufficient women experience (21.9%) poor ANC exploitation, medium empowered had (41.2%) poor ANC use and low independent had (83.3%) poor ANC application.

Table – I: Autonomy and Antenatal Service Utilization

Autonomy and Antenatal Services		Percentage
Autonomy	Low	29.00
	Medium	37.80
	High	33.20
Antenatal Services Utilization	Poor	47.10
	Fair	22.80
	Good	30.10

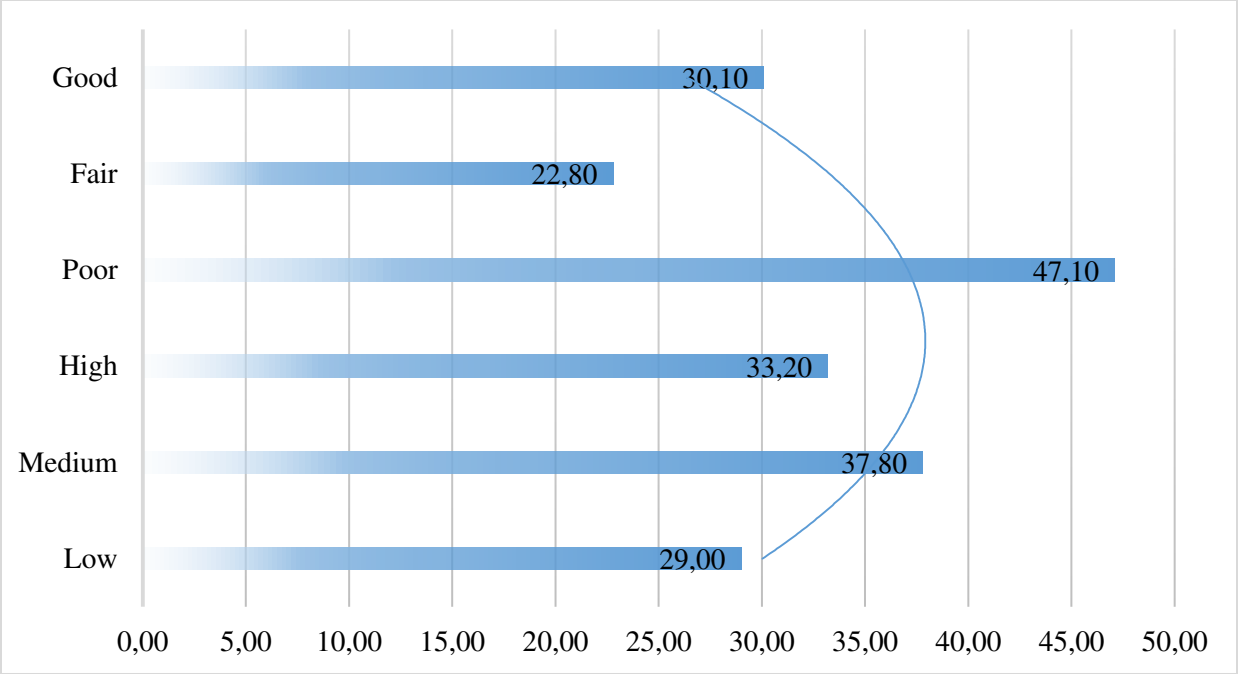


Table – II: Age, Female Education and Female Employment Stratification

Age / Female Education and Employment		High	Percentage	Medium	Percentage	Low	Percentage	Total
Age	15 - 19 Years	4	16.00	9	36.00	12	48.00	25
	20 - 24 Years	22	40.00	19	34.50	14	25.50	55
	25 - 29 Years	26	30.30	37	43.00	23	26.70	86
	30 - 34 Years	33	36.70	34	37.80	23	25.50	90
	> 34 Years	11	33.30	10	30.30	12	36.40	33
Female Education	Uneducated	25	21.50	50	43.10	41	35.40	116
	Up to Primary	14	24.10	27	46.60	17	29.30	58
	Up to Secondary	28	42.40	23	34.80	15	22.80	66
	College	29	59.20	9	18.40	11	22.40	49
Female Employment	Unemployed	61	28.50	75	35.00	78	36.50	214
	Employed	35	46.60	34	45.40	6	8.00	75

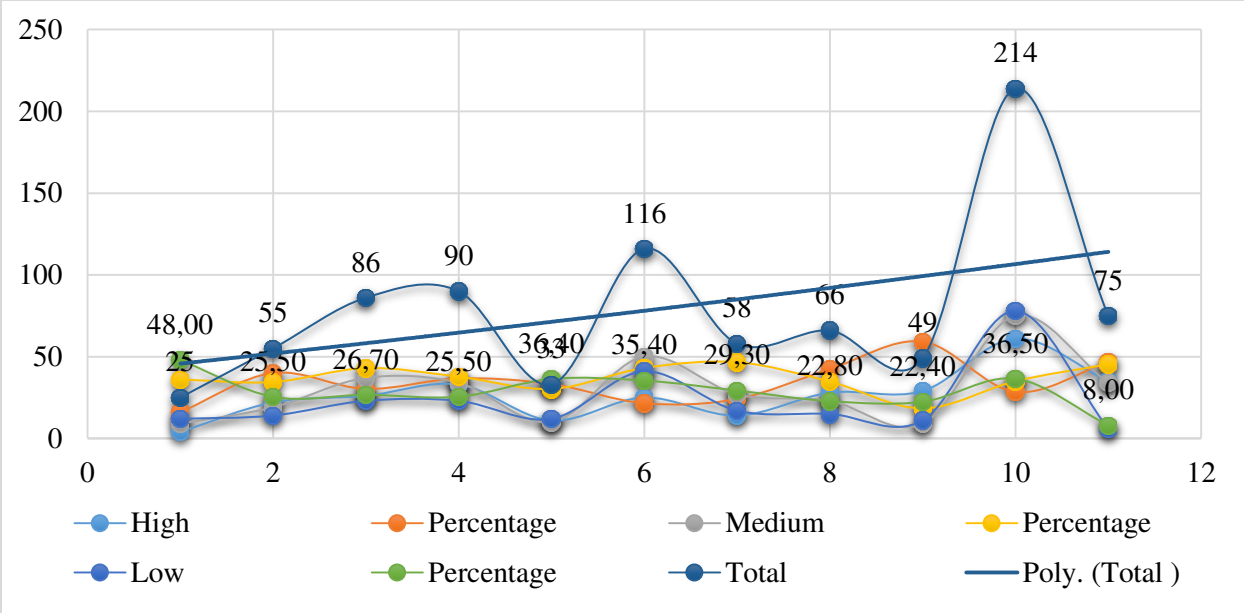
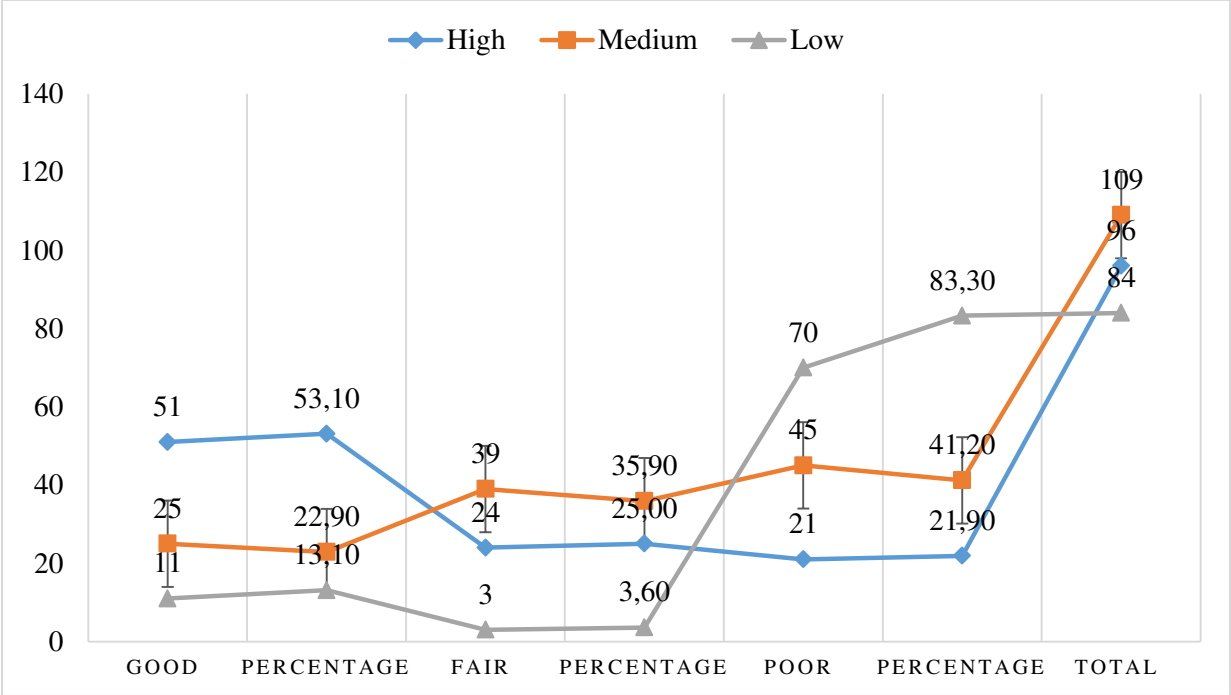


Table – III: Women Autonomy Stratification

Autonomy	Good	Percentage	Fair	Percentage	Poor	Percentage	Total
High	51	53.10	24	25.00	21	21.90	96
Medium	25	22.90	39	35.90	45	41.20	109
Low	11	13.10	3	3.60	70	83.30	84



DISCUSSION:

Liberation and emancipation are a dynamic, multi-perspective process that makes the women understand their identity and rights in all domains of life. The World Bank proposed that empowerment of women plays a vital role to sustain development. In many Asian communities, women enjoy the least autonomy in terms of their rights and opportunity to interfere in family matters. This research focuses on the frequency of women's empowerment at domestic level and utilization of maternal amenities in married women of generative age group (15 – 49) years in the region. We made the sample of two hundred and eighty-nine married women and their mean age was (27.8) years.

This research made the case that most of the respondent enjoy medium autonomy. Situ K.C from Nepal Pauri Garhwal and Pushpa from Himalaya reported the same results [13]. Whereas, the research conducted in Chiniot, Sialkot and Odisha coded contrastive results where all most of the women are experiencing high autonomy [1-7]. This research revealed that there is no one to one relationship between the increase in age and autonomy. Moreover, age group (20-34) years, enjoys the highest autonomy. Bhandari from Western Nepal coded the same findings in his research report that there is a significant association between the autonomy and the increase in women age [14]. Contrasting to this claim, Gargi Das from Odisha, Wado YD from Ethiopia and Acharya from Nepal observed one to one correspondence between age and autonomy. They propound the reason that ladies in their young age were more confident, energetic and conscious. Badar conducted a study in Bahawalpur and claimed a significant correlation between autonomy and education. Because education provides a handsome opportunity to live a productive life in society. According to Economic Health Survey 2014 – 15, literacy rate in Pakistan is (47%) and the literacy rate of research respondent was (60%) that is because of the blessed opportunities [7 – 8]. Moreover, the ladies who make antenatal visits manage their pregnancy complications, treatments and health of their children. These findings of ANC use are comparable with the statistics of other countries like, (64.3%) in Japan, (55%) in rural Bangladesh, (55.9%) in Punjab, (51%) in KPK and (42%) in South West Ethiopia [18-24]. Researchers observed devastatingly changed results in Islamabad (97.2%) and in Vietnam (84.4%) by dint of high literacy rate [26-27]. Haque from Bangladesh claimed an association of ANC use with empowerment [28]. A research in Jhang also testified the claim.

Empowered women in Ethiopia and Bangladesh used to make more ANC visit as compared to those who are less empowered. Additionally, the women who are freer to take decisions attended high frequency of chances to pursue health care services. Less empowered women have had fewer opportunities to take care of their ideal health.

CONCLUSION:

This research reached the conclusion that women autonomy is dependent upon the increase in their literacy rate, their husband's education, number of living sons, employment, and family. In terms of antenatal services use, it was claimed that ANC care is dependent on the increase in maternal age, maternal literacy, husband's qualification and awareness, a number of living children especially sons, their income, women empowerment and type of family.

REFERENCES:

1. Agha S, Carton TW. Determinants of institutional delivery in rural Jhang, Pakistan. J Equity Health. 2011;10-31.
2. Eijik AMV, Bles HM, Odhiambo F, Ayisi JG, Blokland IE, Rosen DH, et al. Use of antenatal services and delivery care among women in rural western Kenya: a community-based survey. J Reprod Health. 2006; 3:2.
3. Ghaffar A, Pongpanich S, Chapman R.S, Panza A, Mureed S, Ghaffar N. Provision and Utilization of Routine Antenatal Care in Rural Baluchistan Province, Pakistan: A Survey of Knowledge, Attitudes and Practices of Pregnant Women, Journal of Applied Medical Sciences.2012;1(1):93-116.
4. Tran Tk, Gottvall K, Nguyen HD, Ascher H, Petzold M. Factors associated with antenatal care adequacy in rural and urban contexts results from two health and demographic surveillance sites in Vietnam. BMC Health Services Research.2012;12:40.
5. Sadiq N, Waheed Q, Hussain M, Rana AT, Yousaf Z, Chaudry Z, et al. Factors affecting the utilization of antenatal care among women of reproductive age in Nurpur Shahan. J Pak Med Assoc. 2011;61(6):616-18.
6. Haque SE, Rahman M, Mostofa MG, Zahan MS. Reproductive health care utilization among young mothers in Bangladesh: Does Autonomy Matter? Jacods Institute of women's health.2012;22(2):171-80.
7. KhanTM. Sociocultural determinants of women's empowerment in Punjab, Pakistan (Ph.D. Thesis). Faisalabad, Pakistan. University of agriculture; 2010.

8. Das G. Autonomy and decision-making role of Tribal women: A case study of Santoshpur Village in Sundergarh District of Odisha. (Master's Thesis).Rourkela. National Institute of Technology;2012.
9. Wado YD. Women's autonomy and Reproductive Healthcare seeking Behavior in Ethiopia. USAID DHS working paper.2013; 91.
10. Khan S, Sajid MR. Effect of women's education and marriage period on their decision-making power at household level in Gujrat. Pakistan. Middle-East Journal of Scientific Research.2011;8(2):207-15.
11. Acharya DR, Bell JS, Simkhada P, Tejlingen ER, Regmi PR. Women's autonomy in household decision making: a demographic study in Nepal. Reproductive Health.2010; 7:15.
12. Khan S, Mohiuddin A, Chaudhry WI. The impact of women's autonomy on the Reproductive behavior in Gilgit-Baltistan, Pakistan. Pensee Journal 2013;75(11):126-133.
13. Kakar ZK, Khilgi BA, Ullah Z. Effect of Female Education on family size in Pakistan: A case study of Quetta city. Jint. Acad research .2011;11(2):37-41.
14. Panwar P, Bahuguna P, Belwal OK. Factors affecting empowerment of women in Garhwal Himalaya (a case study of Pauri Garhwal). IJMSS. 2014 ;2(9):11-21.
15. Bhandari TR, Kutty VR, Ravidran TKS. Womens autonomy and its correlates in Western Nepal: A Demographic Study.PLOS ONE.2016;11(1):1-16.
16. Nigatu D, Gebremariam A, Abera M, Setegn T, Deribe K. Factors associated with women's autonomy regarding maternal and child health care utilization in Bal Zone: a community based cross-sectional study. BMC Women's health.2014; 14:79.
17. Surguna M. Education and women empowerment in India. Zenith International Journal of multidisciplinary research.2011;1(8):198-204.
18. Shoaib M, Saeed Y, Cheema SN. Education and Women's empowerment at household level: a case study of women in rural Chiniot, Pakistan. JSAVAP 2012;2(1):519-26.
19. Ye Y, Yoshida Y, Rashid H, Sakamoto J. Factors affecting the utilization of antenatal care services among women in Kham District, Xiengkhouang Province, Lao. PDR. Nagoya J Med Sci. 2010; 72:23-33.
20. Shahjahan M, Chowdhury HA, Akhter J, Afroz A, Rahman MM, Hafez MA. Factors associated with use of antenatal care services in a rural area of Bangladesh. South East Asia Journal of Public Health.2012;2(2):61-66.
21. Akhtar N, Akhtar S, Zafar MI, Ali T. Impact of Education on the utilization of antenatal and postnatal services in Punjab, Pakistan. Pak J soci Sci-2013;33(2):463-70.
22. Majrooh MA, Hasnain S, Akram T, Siddiqui A, Me mon ZA. Coverage and quality of Antenatal Care Providers at Primary Health Care facilities in the Punjab Province of Pakistan. PLOS ONE.2014;9(11):113390.
23. Khan N, Khan S, Khan N, Khan S. Factors affecting utilization of maternal and child health services: District Swat KPK Pakistan. International Journal of innovative research & development. Aug 2013; 2(8):217-26.
24. Anwar B, Shoaib M, Javed S. Women's autonomy and their role in decision making at Household level A case of rural Sialkot, Pakistan. World Applied Sciences Journal. 2013; 23(1): 129-36.
25. Situ K.C. Women autonomy and maternal health utilization in Nepal. (Master's thesis) University of Tampere school of health sciences;2013.
26. Mahapathro SR. Utilization of Maternal and child health services in India. Does women autonomy matter? The J Fam Wel.2012;58(1):22-33.
27. Badar S, Saeed MA, Yasmeen S, Hussain W, Ali M, Islam R. Effect of Education and duration of marriage on women empowerment at household level in Bahawalpur Pakistan.JSZMC.2014;5(1):549-52.
28. Saeed S. The determinants of women empowerment in Southern Punjab (Pakistan): An empirical analysis. European Journal of Social Sciences.2009;10(2):29.