Extended Abstract:

Autonomy among Muslim Women and its Effect on the use of family planning and fertility: A study of Lucknow city, Uttar Pradesh, India

By

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Introduction:

Women autonomy refers to the role of women in political, Social, educational, gender, and economic etc. decision making which define and strength of individuals and communities of women. In this contemporary age of globalization women equal status or empowerment becomes an important issue. Empowerment means to increase the spiritual, political, social or economic strength of individuals and communities by developing confidence in their own capacities. Half of the world population are female and more than half of population women in South-East Asia region face what is often egregious discrimination (WHO), discrimination in education and the opportunity to learn to read and write, discrimination in access to nutrition and the chance to grow healthy and strong and discrimination to excess the economic resources. Contribution of male and female are equally important for the development of a community, society and country at large. Many developed nations are witness it. But in developing nations, women are more often have to compromise their choice, wishes and their equal chance with men. Today the state of women empowerment has become one of the most important concerns of this century. But practically women empowerment or equal status as is still an illusion of reality in developing nations. Without ensuring the equal status of women it is not possible to develop the overall socio economic and political condition of any community and country. Autonomy or having equal chance of decision making, this process brings the equal status as men or state of empowerment which is use to judge the status of a country in terms of social, political, economic, health and other development aspect of society, community and a nation. Social cultural and religious barriers in developing countries that hinder the women to get their equal chance as men have, play an important role to slow or restrict development process. Women's autonomy, which is ideally defined as self-sufficient or capability of a woman in decision making. It is considered as a way to achieve or fulfill the women

wishes according to them. It can also consider as a way or channel to achieve the state of women well-being.

Composition of women autonomy:

Women's autonomy is a composition of decision-making capacity of women within and outside the family, mobility, freedom from threatening relations with husband, and access to and control over economic resources (Caldwell 1986; Caldwell 1993; Dyson and Moore 1983; Jejeebhoy 1998; Mason 1984; Ghuman, Lee & Smith 2002). It is the degree of women's access to (and control over) material resources (including food, income, land, and other forms of wealth) and to social resources (including knowledge, power, and prestige) within the family, in the community and in the society at large" (Dixon 1978).

The dimensions of women's autonomy in terms of access to and control over economic resources, involvement in the household decision-making process and outside mobility are found to have an association with maternal health and other important demographic behaviours. While women value prestige it is the level of personal autonomy that appears to influence the health of women, their child, their demographic behaviour and resulting outcomes (Basu, 1992; Jejeebhoy, 1991).

Women's autonomy has been defined as the capacity to manipulate one's personal environment through control over resources and information in order to make decisions about one's own concerns or about close family members (Basu, 1992; Dyson and Moore, 1983; Miles-Done & Bisharat, 1990). Hence, women's autonomy refers to both the respect accorded to individuals and the personal power available to them (Mason, 1993). Women's autonomy thus can be conceptualised as their ability to determine events in their lives, even though men and other women may be opposed to their wishes (Safilios-Rothschild, 1982). The dimensions of women's autonomy in terms of access to and control over economic resources, involvement in the household decision-making process and outside mobility are found to have an association with demographic behaviors. While women value prestige it is the level of personal autonomy that appears to influence the health of women, their child, their demographic behaviour and resulting outcomes (Basu, 1992; Jejeebhoy, 1991).

The meaning of women's autonomy:

The literature suggests several separate but interdependent components of autonomy; these include the autonomy conferred by knowledge or exposure to the outside world, decision- making authority or the extent to which women have a say in family decisions and decisions concerning their own lives and well-beings; physical autonomy in interacting with outside world or the extent to which women are free of constraints on their physical mobility; emotional autonomy or the extent to which women enjoy close bonds with spouses and are free from the threat of violence and abuse; and economic and social autonomy and self-reliance, namely the extent to which women have access to and control over their own and their households economic resources (Mason, 1984; Caldwell, 1979; Reddy, & Caldwell, 1982; Jejeebhoy, 1995).

Women's autonomy is a composition of decision-making capacity of women within and outside the family, mobility, freedom from threatening relations with husband, and access to and control over economic resources. (Caldwell 1986; Caldwell 1993; Dyson and Moore 1983; Jejeebhoy 1998; Mason 1984; Ghuman, Lee & Smith 2002). Autonomy is defined as the capacity to manipulate one's personal environment. Autonomy indicates the ability; technical, social and psychological to obtain information and to use it as the basis for making decision about one's private concerns and those of one's intimates'. Thus, equity of autonomy between the sexes implies equal decision making ability with regard to personal affairs (Dyson & Moore 1983) and "the degree of women's access to (and control over) material resources (including food, income, land, and other forms of wealth) and to social resources (including knowledge, power, and prestige) within the family, in the community and in the society at large" (Dixon 1978).

Need for the study:

Autonomy of women is likely to have a significant impact on the demographic and health outcome. It has widely been acknowledged as a major factor that contributes to better health, social, economic and demographic outcomes. Many scholars have argued that autonomy of women constructed with tradition and religious inspiration and poor demographic and health outcome among Muslim is due to the restriction of the autonomy of the women. Poor health and demographic outcome among Muslim societies due to Islam limits the women's exposure to outside world and Islam promotes restrictions on women's power and autonomy in ways that

compromise women's ability to achieve good health for themselves and their children**.** Muslims are considered as a homogeneous community and having the strong religious impact on their life. In the contrast of it, many researchers have argued that autonomy of women constructed with culture and tradition and not in religious inspiration. There are different Sects of Muslim with different religious belief and having different religious inspirations and Islam has been used to legitimize conflicting positions on gender and reproductive choice. Several countries with majority Muslim populations have achieved low levels of fertility with broad-based religious-governmental support for family planning (e.g., Bangladesh, Indonesia and Iran). Poor demographic and health outcome among Muslims may be due to low female autonomy or due to the differentials in socioeconomic characteristics or due to different religious beliefs and inspirations. In this context, this study attempts to understand the factors determining female autonomy and the relative significance of some proxy variables of autonomy among Muslim women in the study area. More important is to understand the indicators of the wellbeing of women, which often expected as the outcome of exercising their autonomy. Hence, the relationship between female autonomy and fertility behaviour will be the focus of the study. As the study attempts to understand the relationship between female autonomy and fertility behaviour among Muslim women, it addresses the following specific research questions:

Objectives of the Study:

1. To examine the level of women autonomy among currently married Muslim women with selected background characteristics.
2. To examine the influence of women's autonomy on their family planning and fertility.
3. To understand the beliefs of women regarding autonomy, family planning and fertility.

Study Area:

The study area will be the Lucknow city from Uttar Pradesh. As per the census 2011, the population of Lucknow city is 2.8 million out of which, 1.4 million are male and 1.3 million females. As per 2011 Census 7,42,529 Muslims reside here, which is 26.4 percent of the total population. Lucknow (M.Corp.) is purposively selected for the study by considering the presence of followers of different Sects of Muslims in the city and the resources available with the researcher.

Table 1: Muslim population among major cities of Uttar Pradesh, India

City (Municipal Crop)	Total Population	Muslim population	% of Muslim population
Moradabad (M Corp.)	887871	415448	46.8
Saharanpur (M Corp.)	705478	323748	45.9
Bareilly (M Corp. + OG)	904797	351025	38.8
Meerut (M Corp.)	1305429	470595	36.0
Varanasi (M Corp.)	1198491	345461	28.8
Lucknow (M Corp.)	2817105	742529	26.4
Allahabad (M Corp. + OG)	1168385	256402	21.9
Kanpur (M Corp. + OG)	2768057	549421	19.8
Agra (M Corp.)	1585704	243784	15.4
Ghaziabad (M Corp.)	1648643	233837	14.2

Source: Census 2011 India, Population by Religion

Eligibility criteria:

All the currently married Muslim women in the age group of 15-49 with at least one living child will be the eligible individuals for the study. This study will be based on the household survey. Household and individual information will be collected from the currently married Muslim women in the age group 15-49 from the households selected for the study. To collect the qualitative information for the study through in depth interviews, three married women and three religious leaders/Ulemas (Ulemas are Muslim scholars who are recognized as having specialised knowledge of Islamic sacred law and theology) from each locality will be selected. One Focus Group discussion will be conducted from each locality. The FGDs will be conducted with a group comprising 5-10 women. The women for IDIs and FGDs will be different from the women interviewed for the quantitative data.

Sample size estimation:

In order to determine the required number of women for the study, appropriate sample size for the study will be determined by the following statistical formula:

$$n = \frac{Z^2.p.q.De.Nr}{d^2}$$

Where, **n=** estimated sample size

Z= Z value (1.96 for 95% confidence level)

p=proportion of individuals with specific characteristic (p is determined by prevalence of

contraceptive use in the study area). According to Annual Health Survey 2012-13 of Lucknow district, the prevalence of contraceptive use in urban areas of Lucknow is 65.1.
q=1-p
De. = Design effect, which occurs due to the sample design (1.2 percent) **Nr.** = Non-response rate which always occur in the study (10 percent) **d=** Margin of error (5 percent)

By applying these value total estimated sample size is **465** approximately.

Sampling Methods:

This study will be based on primary data. The selection of sample will be performed in three steps. In the first stage, four urban wards of Lucknow city with considerable proportion of Muslim households will be purposively identified with the help of key informants. In the second stage, one Muslim majority locality in each ward will be selected for the study. In all, four Muslim majority localities will be selected from four wards. These four localities will form as primary sample units (PSUs) for the study. In the third stage, all the households will be listed from the selected PSUs. After listing the households from PSUs, simple random sampling method will be used at this stage to select the households for the study (If the selected PSUs are bigger in size, they will be segmented for the house listing, if necessary). This method is least biased of all sampling techniques as there is no subjectivity- each household has an equal chance of being selected. In the third stage, after the house listing, only those household will be selected for the interview wherein the currently married women age 15-49 with at least one living child reside. The sample of 465 women will be equally distributed across the four selected localities.

Survey instruments:

For this study, both quantitative as well as qualitative data will be collected from the selected households. The quantitative data from eligible women will be collected through women's questionnaire. For this, in-depth interview of eligible women will be conducted in the selected household. Qualitative data from eligible women and religious leaders (Ulema) in the selected block/Locality will be collected through interview guide. As the purpose of this study is to understand the female autonomy and fertility, a combination of both qualitative and quantitative technique will be used for the data collection. Quantitative data of selected households will be collected from the currently married women aged 15-49 years with at least one living child. Data

will be collected by using structured interview schedule (Women's Questionnaire). Qualitative data will be collected from eligible women and religious leaders from each locality. For this in-depth interview of 3 eligible women will be conducted from the selected households in each selected PSUs and 3 religious leaders (Ulema) from each of the selected PSUs will be interviewed to get more insights on religion, autonomy and fertility of Muslim women. In all, 12 in-depth interviews of women and 12 in-depth interviews of Ulemas will be conducted. For focus group discussion, one group from each locality will be organized (two Sunni and two Shia).

Results and discussion:

The dimensions of women's autonomy in terms of outside mobility, access to economic resources and involvement in household decisions. All these dimensions are positive with socio-economic, linked to autonomy of women. In this study, the findings are the social –economic demographic factor of women is not affecting their autonomy in similar way. From younger ages to elder ages women are getting autonomous and a certain point come when they start losses the autonomy. As the level of education of women increase mean of autonomy start increase spousal age difference and age at marriage is very crucial with autonomy of women. Sex of the house hold heads, no. of male children and having property or wealth are vital in the construction of women autonomy. Women whose marriage was love marriage having higher autonomy. Women social economic status influence by some selected backgrounds which contribute to the construction of autonomy and ultimately autonomy of women effects the use family planning methods and no of children. Religious believe have been found as major factor which effect the many aspects of women life such as their decision making, use and non-use of family planning methods, numbers and composition of children. Different sects of Muslim have slightly different believes and having different ideology which shape their family life their knowledge and use of family planning and composition of children.

Background Characteristics of Respondent	Level of Autonomy				Total
	Low		High		
	N	%	N	%	
Current age of respondent					
19 to 25	24	68.6	11	31.4	35
26 to 30	60	45.8	71	54.2	131
31 to 35	56	48.3	60	51.7	116
36 to 40	48	49.5	49	50.5	97
41 and above	43	42.6	58	57.4	101
Spousal Age Difference					
No Age difference	12	23.1	40	76.9	52
1 to 2 years	41	52.6	37	47.4	78
3 to 5 years	109	55.3	88	44.7	197
6 and above years	69	45.1	84	54.9	153
Age at Marriage					
Below 18	22	43.1	29	56.9	51
18 to 20	64	46.7	73	53.3	137
21 to 25	108	47.0	122	53.0	230
26 and above	37	59.7	25	40.3	62
Duration of Marriage					
1 to 5 years	54	60.0	36	40.0	90
6 to 10 years	62	48.1	67	51.9	129
11 to 15 years	43	43.9	55	56.1	98
16 to 20 years	23	43.4	30	56.6	53
21 and above years	49	44.5	61	55.5	110
Level of Education					
Non Literate(but can read and write)	15	35.7	27	64.3	42
Primary (5th)	17	73.9	6	26.1	23
Middle (8th)	33	48.5	35	51.5	68
Secondary (10th)	56	57.1	42	42.9	98
Senior Secondary (12th)	45	40.9	65	59.1	110
Graduate and Above	65	46.8	74	53.2	139
Level of Husband Education					
Non Literate(but can read and write)	21	37.5	35	62.5	56
Primary (5th)	29	72.5	11	27.5	40
Middle (8th)	28	46.7	32	53.3	60
Secondary (10th)	65	58.6	46	41.4	111
Senior Secondary (12th)	35	36.8	60	63.2	95
Graduate and Above	53	44.9	65	55.1	118
Total	231	48.1	249	51.9	480

Table : 1, Level of autonomy by some background characteristics of women

Table: 2, Number of children by Socio economic characteristics of respondent.

Socio-Economic Characteristics	No. of Children						
	Only One		Two		More than two		Total
	N	%	N	%	N	%	N
Who is the head of family							
Self	4	10.5	9	23.7	25	65.8	38
Husband	103	29.3	135	38.5	113	32.2	351
Father-in-Law	22	36.1	27	44.3	12	19.7	61
Mather-in-law	7	25.0	13	46.4	8	28.6	28
Son-in-Law	0	0.0	2	100.0	0	0.0	2
Caste of household head							
General	113	27.1	176	42.2	128	30.7	417
OBC	23	36.5	10	15.9	30	47.6	63
Sect of the household head							
Shia	44	27.5	63	39.4	53	33.1	160
Sunni	48	30.0	61	38.1	51	31.9	160
Deobandi/Wahabi	44	27.5	62	38.8	54	33.8	160
Can you Read and Write							
No	2	7.7	2	7.7	22	84.6	26
Yes	134	29.5	184	40.5	136	30.0	454
Level of Education							
Non Literate	2	7.7	2	7.7	22	84.6	26
No Formal Education but can read and write	1	6.3	7	43.8	8	50.0	16
Primary (5th)	1	4.3	8	34.8	14	60.9	23
Middle (8th)	14	20.6	24	35.3	30	44.1	68
Secondary (10th)	30	30.6	34	34.7	34	34.7	98
Senior Secondary (12th)	31	28.2	54	49.1	25	22.7	110
Graduate and Above	57	41.0	57	41.0	25	18.0	139
Work status							
Not working	116	28.0	168	40.5	131	31.6	415
Working	20	30.8	18	27.7	27	41.5	65
Type of Work							
Others	2	50.0	2	50.0	0	0.0	4
Skilled Manual Worker	12	37.5	5	15.6	15	46.9	32
Sales And Services	3	21.4	5	35.7	6	42.9	14
Professional	3	20.0	6	40.0	6	40.0	15
Not working	116	28.0	168	40.5	131	31.6	415
Religiosity							
Low Religious	18	25.0	27	37.5	27	37.5	72
High Religious	118	28.9	159	39.0	131	32.1	408
As per Islam how a couple should have many children							
As much as they can	0	0.0	2	100.0	0	0.0	2
Two	2	66.7	0	0.0	1	33.3	3
More than two	3	37.5	3	37.5	2	25.0	8
Religion don't say about no. of children	91	28.2	123	38.1	109	33.7	323
Don't Know	40	27.8	58	40.3	46	31.9	144
Total	**136**	**28.3**	**186**	**38.8**	**158**	**32.9**	**480**

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