



## Women's autonomy: new paradigm in maternal health care utilization

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Autonomy is multidimensional concept and difficult to quantify. It refers independence or freedom of the will or one's action and it is explained as the capacity of an agent to act in accordance with objective morality rather than under the influence of desires.<sup>1</sup> Women's autonomy is a complex and general term which has contextual meaning and is influenced by personal attributes of women as well as socio-cultural norms of the society.<sup>2</sup> Most of researchers prefer proxy indicators such as educational attainment, employment, income, spousal age difference, type of family and so on to measure the women's decision-making autonomy in the utilization of maternal and reproductive health care services.<sup>3</sup> Early literature on women's autonomy focused on education, occupation, and demographic characteristics like age at marriage and age differences between spouses as proxies for women's autonomy.<sup>4</sup> More recently, autonomy has been defined as women's enacted ability to influence decisions, control economic resources, and move freely.<sup>5-7</sup>

The Millennium Development Goal Five aims to improve maternal health and reduce maternal mortality by three-quarters between 1990 and 2015.<sup>8</sup> The maternal mortality is extremely high in low income countries of sub-Saharan Africa and South East Asia. Approximately 800 women die every day and 2,87000 women died in 2010 around the world because of pregnancy related complications. Most of the deaths occurred in low resource countries which could have been avoided by extending the access of maternal health care services.<sup>9</sup> Even though maternal mortality has declined to some extent worldwide,<sup>10</sup> the achievements are still not enough to meet the Millennium Development Goal by the year 2015. Low utilization rate of the maternal health care services is

a major contributing factor for high maternal morbidity and mortality in developing countries.<sup>11</sup>

Increasing of women's autonomy is a well documented strategy to maximize the utilization of maternal health care services in the developing countries.<sup>12</sup> Women who have greater autonomy over physical and financial resources and decision making process are able to manage their own and children's health care and make

fertility decision independently.<sup>13,14</sup> Access to resources, freedom in movement and ability to visit natal kin were identified as major components of women's autonomy in developing countries.<sup>5,12</sup> Physical, financial and decision-making autonomies and autonomy for spousal communication influence the fertility limitation and utilization of maternal health care services. In many developing countries women's education, employment and spousal permission for care seeking were found highly associated with women's autonomy.<sup>8,12</sup> Low level of women autonomy corresponds to the low utilization of maternal health care services and also affects to

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the other maternal health achievements.<sup>14</sup> In most of the South East Asian and Sub-Saharan countries, women have inferior position and less power for making household decision as well as seeking health care for their own and children.<sup>9</sup>

Women's participation in household decision making, physical and financial autonomy and spousal

communication are the main dimensions of women autonomy that determine the utilization of maternal health care services. Limited women's autonomy and male's less involvement in maternal health care are the main underlying causes of poor utilization of maternal health care services and high maternal morbidity and mortality in developing countries.

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