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REVIEW OF LITERATURE

NEED/IMPORTANCE OF THE STUDY

STATEMENT OF THE PROBLEM

OBJECTIVES

HYPOTHESES

RESEARCH METHODOLOGY

RESULTS & DISCUSSION

FINDINGS

RECOMMENDATIONS/SUGGESTIONS

CONCLUSIONS

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CONTRIBUTIONS TO BOOKS

- Sharma T., Kwatra, G. (2008) Effectiveness of Social Advertising: A Study of Selected Campaigns, Corporate Social Responsibility, Edited by David Crowther & Nicholas Capaldi, Ashgate Research Companion to Corporate Social Responsibility, Chapter 15, pp 287-303.

JOURNAL AND OTHER ARTICLES

- Schemenner, R.W., Huber, J.C. and Cook, R.L. (1987), "Geographic Differences and the Location of New Manufacturing Facilities," Journal of Urban Economics, Vol. 21, No. 1, pp. 83-104.

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- Garg, Bhavet (2011): Towards a New Natural Gas Policy, Political Weekly, Viewed on January 01, 2012 http://epw.in/user/viewabstract.jsp

WOMEN EMPOWERMENT AND PREGNENCY COMPLICATIONS

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ABSTRACT

Empowerment is recognized both as an outcome by itself and as an intermediate step to long-term health status and disparity outcomes. Within the first pathway, a range of outcomes have been identified on multiple levels and domains: psychological, organizational, and community-levels; and within household/family, economic, political, programs and services (such as health, water systems, education), and legal spheres (WHO, 2006). Hence there are several studies on women's empowerment, status of women or the health of the women. However, very few studies relate the empowerment of the women with their own health in such context. Some studies conducted in developing countries shows that women are facing different type of health problems especially reproductive health problems.

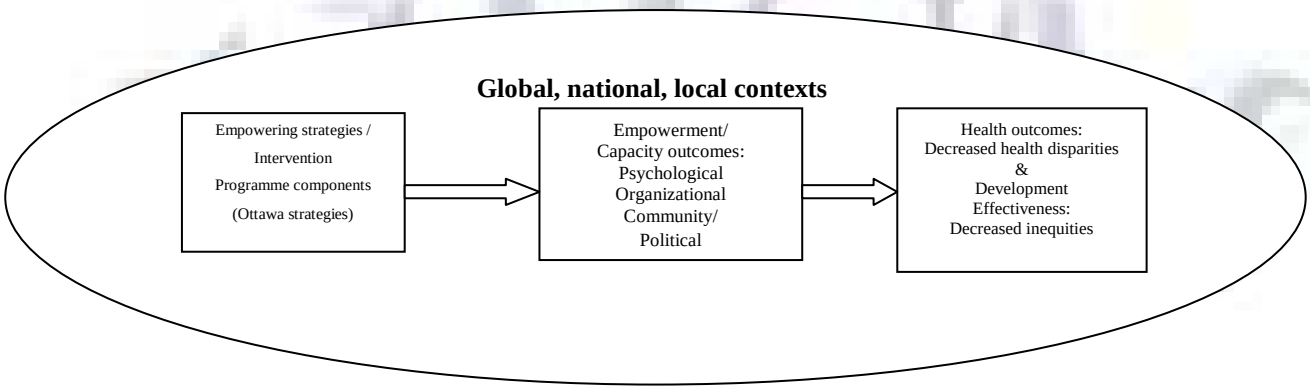
KEYWORDS

women empowerment, pregnancy complications.

INTRODUCTION

The empowerment and autonomy of women and improvement in their social, political, economic, and health status are recognized in the *International Conference on* Population *and Development in 1994.* It has recognized in this conference that discrimination based on gender starts at the earliest stage of life. The document assert that greater equality for girls in regard to health, nutrition and education is the first step in ensuring that women realize their full potential and become equal partner in development. The literature available on gender studies and research makes it clear that the terminologies of women's status, women's positions, women's autonomy and women's empowerment are very often used interchangeably. But Dixon and Mueller (1998) have tried to differentiate between women's status, women's autonomy and women's empowerment. They define that "The status of women refers to the positions that women occupy in the family and in society relative to those of men and of women of other classes, other countries, other times. Female autonomy refers to an individual's capacity to act independently of the authority of others. Autonomy implies freedom, such as the ability to leave the house without asking anyone's permission or to make personal decisions regarding contraceptive use. Although household decision-making is often used as a measure of autonomy (for example, having the final say over how much of the family budget to spend on food), it is not necessarily a measure of power because such decisions may be delegated to women by other household members. Female empowerment refers to the capacity of individual women or of women as a group to resist the arbitrary imposition of controls on their behavior or the denial of their rights, to challenge the power of others if it is deemed illegitimate, and to resolve a situation in their favour". Empowerment is a process, by which women gain greater control over material and intellectual resources, which increases their self reliance and enhance their rights. It also enable them to organize themselves to assert their autonomy to make decision and choices, and ultimately eliminate their own subordination in all the institutions and structures of society (Malhotra, 2002). Thus empowerment of women is essential for society and their household but it also essential for their own health. Traditionally, the health of women has been seen as synonymous with maternal or reproductive health. But this is limited concept of women's health. The current concept of women's health should be expanded to embrace the full spectrum of health experienced by women, and preventive and remedial approaches to the major conditions that afflict women (Women's Health in Today's Developing World, 2005). A woman's health is her total well-being, not determined solely by biological factors and reproduction, but also by effects of work load, nutrition, stress, war and migration, among others" (van 1991). World Health Organization 1948, health is defined as `a state of complete physical, mental, emotional, intellectual, environmental, spiritual health, and social well-being and not merely the absence of disease or infirmity' (WHO, 2004). Research on the effectiveness of empowerment strategies has identified two major pathways (Figure 1): the processes by which it is generated and its effects in improving health and reducing health disparities. Empowerment is recognized both as an outcome by itself and as an intermediate step to long-term health status and disparity outcomes. Within the first pathway, a range of outcomes have been identified on multiple levels and domains: psychological, organizational, and community-levels; and within household/family, economic, political, programs and services (such as health, water systems, education), and legal spheres (WHO, 2006). Hence there are several studies on women's empowerment, status of women or the health of the women. However, very few studies relate the empowerment of the women with their own health in such context. Some studies conducted in developing countries shows that women are facing different type of health problems especially reproductive health problems. In present study pregnancy complication has been selected as indicators of women health.

FIGURE 1: PATHWAYS TO HEALTH



Sources: WHO, 2006

REVIEW OF LITERATURE

Women's empowerment has been conceptualized and defined in many ways in the literature, and different terms have been used, often interchangeably, including "autonomy", "status", and "agency". Kabeer (2001), whose definition is widely accepted, defines empowerment as, "the expansion of people's ability to make strategic life choices in a context where this ability was previously denied to them." There are two central components of empowerment; agency and resources (Kabeer 2001; Malhotra et al. 2002). Alsop Ruth, Heinsohn Nina (2005), have laid emphasis on outcomes of empowerment. They said that

empowerment is defined as a person's capacity to make effective choices; that is, as the capacity to transform choices into desired actions and outcomes. So the body of researcher has captured this instrumental concept of women empowerment and they started to argue that women's empowerment is closely linked to positive outcomes for families and societies (Dixon-Mullar 1987; Kishor 2000; Woldemicael 2007; Yesudian 2009; Dyson and Moore 1983; Bloom , David and Gupta 200; Murthiand Dreze 1995; Jejeebhoy 1995; Bhatia and Cleland 1995; Schuler and Hashemi 1994; Eswaran 2002; Nirula and lawoti 1998; Mason 1987; Basu and Koolwal 2005; Qureshi and Shaikh 2007; Matthews, Brookes, Stones, and Hossain 2005). But there are lots of controversies in present literatures. Empowerment factors such as education, exposure to media and standard of living showed positive relationship towards maternal health care utilization as well as full autonomy and decision makings such as staying with siblings or parents, self health care and buying important household items had significant impact on maternal health care utilization (Yesudian, 2004), but Govindaswami (1997) found that education is positively related to health care utilization but it is nonsignificant in southern states. likewise Jejeebhoy (2000) found that, in India, decision-making, mobility, and access to resources were more closely related to each other than to child-related decision making, freedom from physical threat from husbands, and control over resources, while Durrant and Sathar (2000), found that mothers' decision-making autonomy on child-related issues demonstrated a weak, statistically insignificant effect on child survival. This may be due to the use of different measures of empowerment that capture differing dimensions of the construct and contextual challenge of empowerment.

Next issue of this study is that much work has been done on women's empowerment and health care utilization. They have found that there is close connection between women empowerment and health care utilizations (Yesudiian, 2009; Qureshi and Shaikh 2007; Matthews, Brookes, Stones William and Hossain 2005; Bloom 2001;) Singh and Yadav (2000) have stated that literacy of women is the key to improve antenatal care (ANC) of pregnant women. They also mentioned that information, education and communication (IEC) activities be targeted to educate the mothers especially in rural areas. Another study by Bloom et.al (2001) as dimensions of women's autonomy and their relationship to maternal health care utilization in North Indian cities clearly indicated that the levels of ANC is higher among women who are younger, better educated and with have fewer children. A closer look on these studies would reveal the main purpose was of these studies is to find out indirect relationship between women empowerment and reduction of pregnancy complication for safe motherhood. One study by Mistry and Galal (2009) has focused on "Women's autonomy and pregnancy care in rural India: a contextual analysis". But women's autonomy is subset of women empowerment. Concept of women empowerment is more extended concept of women's empowerment.

OBJECTIVES OF THE STUDY

1. To identify the dimensions women empowerment across all states of India.
2. To identify the health status on women in all states of India.
3. To determine whether empowerment has positive relationship with pregnancy complication.

HYPOTHESIS OF THE STUDY

There is no significant relationship between women empowerment and reduction of pregnancy complications.

NEED OF THE STUDY

Basu and Koolwal (2005), have identified the role of women empowerment in women health outcomes in West Bengal. In this study they find that instrumental attribute of empowerment are always negative and insignificant, but we cannot generalize this result for others states, because empowerment has different meanings in different contexts. A behaviour that signifies empowerment in one setting may indicate other setup in another. For example, going to the market may signify empowerment in Bangladesh, but not in Bolivia (Narayan 2006). Hence any particular model of empowerment and demographics cannot generalize for any particular place, region, religion, states or country. It is necessary to identify the pathway for empowerment and women's health outcomes in particular context, particular place, and particular states and in particular nations. It means which indicator of empowerment in relevant for women's health in which states. As indicated by many studies, proper utilization of maternal care depends on the knowledge as well as on decision making power of women. Educated, employed women are more empowered and they are more concerned about their health. But no study has tried to identify the direct relationship between women's empowerment and pregnancy complications. Only one study by Mistry and Galal (2009) have focused on "Women's autonomy and pregnancy care in rural India: a contextual analysis". But women's autonomy is subset of women empowerment. Concept of women empowerment is more extended concept of women's empowerment. This study helps in filling the gap in the empirical literature, by measuring empowerment in terms of evidence, sources and setting of empowerment.

DATA

The National Family Health Surveys (NFHS) provides national and state level estimates of fertility, family planning, infant and child mortality, reproductive and child health, nutrition of women and children, the quality of health and family welfare services, and socioeconomic conditions. Present study is based on NFH-III 2005-06. The third National Family Health Survey (NFHS-3) was conducted in 2005-06. In third NFH 1, 24,385 ever and never married women were interviewed in age group of 15-49 and from all 29 states of India. NFHS-3 collected data on a large number of indicators of women's empowerment for both women and men.

METHODOLOGY AND VARIABLES

VARIABLES

Independent variable: Kishor's and Gupta (2004), conceptual framework, have lot of common thing with those proposed by Kabeer (1999). For example, Kabeer's conceptualization of empowerment in terms of agency, resources, and achievements, are similar to the concepts of sources and evidence of empowerment. Thus this study will use Kishor's and gupta's framework, because it is the best facilitates the translation of 'empowerment' as a concept into meaningful quantitative measures available from of cross-sectional data. So, in present study independent variables related to women's empowerment has divided into three categories, Evidences, Sources and Setting of empowerment.

Evidences of Women Empowerment: Two sets of indicators of evidence of empowerment are available in NFHS-III. The first set purports to measure women's degree of control over their environment by measuring their participation in household decision-making and their freedom of movement. The second set addresses women's attitudes with regard to gender equality. This set includes women's justification for wife beating and their different reason for not having sex with the partner.

Sources of Women Empowerment: These indicators measure women's access to education, the media and meaningful employment.

Setting of Women Empowerment: These indicators focus on the circumstances of women's lives, which reflect the opportunities available to women. Hence in this category living slandered of women and type of residence has been taken in present study.

The dependent variables include: Reproductive health problem such as pregnancy complications such as during pregnancy daylight vision, night blindness, convulsions not from fever, leg, body or face swelling, excessive fatigue, during pregnancy: vaginal bleeding have been taken as dependent variables.

Statistical Tools: Due to the case of binary data binary logistic regression statistical technique has been used for fulfilling the specific objectives of the study. In order to empirically estimate the individual effects of household and respondent characteristics on women's food consumption and her health related outcomes logistic regression is used for all India data set. Odds ratios are used to interpret the effects of the explanatory variables for each of the outcome variables.

For analyzing the role of women empowerment in women health, present study has used the major dimension of women empowerment and women health for all selected states of India. To understand the table in a better way we divide the whole India in six regions like north (Delhi, Haryana, Himachal Pradesh, Jammu & Kashmir, Punjab, Rajasthan and Uttaranchal), Central (Chhattisgarh, Madhya Pradesh and Uttar Pradesh), East (Bihar, Jharkhand, Orissa and West Bengal), Northeast (Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura), West (Goa, Gujarat and Maharashtra), South (Andhra

Pradesh, Karnataka, Kerala, Tamil Nadu). There are large numbers of indicators of women empowerment in NFHS-III data. Hence for easier, only dimension of empowerment has been taken.

Dimension of Evidence of Empowerment: In NFHS-III, there are number of variable of evidence of empowerment for selected states. But in present study only dimensions of evidence of empowerment has been taken. Such as women have power for refusing sex if her husband has STD or her husband have sex with other women or she feels tired or not in mood. Second dimension is women's decision making power for use of contraceptives or spend of money in households or decision for own health or large purchasing for households or daily needs purchasing for households. Third dimension is women's support for wife beating by partner if she burn foods or if she goes without telling him or if she neglects children or if she argue with him or if she refuse sex with him. Fourth dimension of evidence of empowerment is freedom of movement of women to go to visit relatives and friends or to go to the outside of the village and community or to go to the market or to go to the health facilities. Table 1.1 presents percentage these dimensions of evidence of empowerment for all 29 states of India. Table shows that women Sikkim have highest percentage in refusing for different reasons; hence these women have control on her own body, while women of Mizoram have highest percentage for freedom of movement. But For decision making women of all states have less for power and nearly more than fifty percent women supports for wife beating in all selected 29 states of India.

TABLE 1.1: DIMENSION OF EVIDENCE OF EMPOWERMENT

	Different reason for refusing sex		Decision making power		Support for Wife Beating		Freedom of Movement	
States	Yes	No	Yes	No	Yes	No	Yes	No
J & K	85.7	14.3	22.37	77.63	58.16	41.48	73.18	26.82
HP	93.19	6.81	37.44	62.56	20.27	79.73	84.18	14.46
Punjab	91.65	8.35	42.8	57.2	42.05	57.95	58.94	41.06
Uttaranchal	93.17	6.83	32.01	67.99	41.37	5863	63.87	36.13
Haryana	90.04	9.06	39.69	60.31	41.8	58.2	57.13	42.87
Delhi	86.88	13.12	42.58	57.42	25.19	74.81	80.73	19.27
Rajasthan	95.86	4.14	33.27	66.73	49.19	50.81	56.51	43.49
UP	91.17	8.83	34.35	65.65	36.22	63.78	51.77	48.23
Bihar	94.19	5.81	31.94	68.06	45.18	54.82	51.08	48.92
Sikkim	98.35	1.65	40.07	59.93	59.93	40.07	88.97	11.03
Aru. P	88.47	11.53	48.96	51.04	61.27	38.73	74.94	25.06
Nagaland	91.84	8.16	38.75	61.25	70.54	29.46	66.68	33.32
Manipur	93.55	6.45	36.69	63.31	79.88	20.21	78.61	21.39
Mizoram	93.93	6.07	40.42	59.58	71.79	28.21	96.61	3.39
Tripura	74.54	25.46	33.91	66.09	45.33	54.67	65.25	34.75
Meghalaya	79.26	20.74	25.92	74.08	47.46	52.54	70.92	29.08
Assam	87.06	12.94	19.53	80.47	35.92	64.08	71.97	28.03
West Bengal	85.99	14.01	37.78	62.22	27.59	72.41	61.94	38.06
Jharkhand	94.96	5.04	26.92	73.08	40.54	59.46	57.6	42.4
Orissa	83.22	16.76	37.15	62.85	49.93	50.07	35.88	64.12
Chhattisgarh	95.72	4.28	33.43	66.57	24.47	75.53	53.61	46.39
MP	96.71	3.29	36.6	63.4	31.45	68.55	61.66	38.34
Gujarat	86.61	13.39	50.6	49.3	51.46	48.54	69.19	30.81
Maharashtra	80.67	19.33	43.7	56.3	39.51	60.49	74.46	25.54
AP	76.75	23.25	33.73	66.27	54.95	45.05	61.54	38.46
Karnataka	83.73	16.37	32.26	67.74	59.79	40.66	52.97	47.03
Goa	86.73	13.27	37.57	62.43	34.62	65.38	81.61	18.39
Kerala	80.86	19.14	35.86	64.14	56.79	43.21	64.89	35.11
Tamil Nadu	83.31	16.69	49.52	50.48	65.01	35.99	88.36	11.64
ALL	87.97	12.3	36.62	63.38	45.7	54.3	65.33	34.67

Dimension of Sources of Empowerment: Table 1.2 presents dimension of sources of empowerment such as women are educated or not, women's have exposure to media (reading news paper or listening radio or watching television), women's work type (paid or not paid). According to this table percentage of educated women is higher in Kerala and lowest in Rajasthan while media exposure is highest in Northeast (Manipur, Nagaland) and south (Tamil Nadu and Kerala). In Delhi, Kerala, Tamil Nadu, West Bengal, Assam more than ninety percent women are getting paid in Cash or kinds or both. But in Uttaranchal 60 percent women get nothing for their work, which reflects their low status to empowerment.

TABLE 1.2 DIMENSIONS OF SOURCES OF EMPOWERMENT

	Education level		Media exposure		Type of work	
States	Educated	Not Educated	Yes	No	Paid	Not Paid
J & K	59.88	40.12	87.87	12.13	67.59	32.41
HP	84.1	15.9	92.08	7.92	52.86	47.14
Punjab	71.6	28.4	90.87	9.13	88.04	11.96
Uttaranchal	67.92	32.08	81.25	18.75	39.51	60.49
Haryana	61.57	38.43	76.21	23.79	75.6	24.4
Delhi	74.1	25.9	95.19	4.81	96.42	3.58
Rajasthan	41.33	58.67	58.02	41.98	74.5	25.5
UP	51.86	48.14	76.18	23.82	81.85	18.15
Bihar	44.82	55.18	64.52	35.48	81.2	18.8
Sikkim	76.53	23.47	89.37	10.63	81.83	18.17
Aru. P	58.87	41.13	82.51	17.49	61.45	38.55
Nagaland	80.89	19.11	87.05	12.95	61.16	35.84
Manipur	79.88	20.12	98.87	1.13	87.28	12.71
Mizoram	91.11	5.89	96.19	3.81	65.44	34.56
Tripura	78.34	21.66	84.11	15.89	87.17	12.83
Meghalaya	74.59	25.41	82.22	17.78	63.64	36.36
Assam	71.91	28.09	82.11	17.89	90.19	9.81
West Bengal	69.04	30.96	85.52	17.48	90.61	9.39
Jharkhand	46.96	53.04	59.92	40.08	63.01	36.99
Orissa	63.46	36.54	79.61	20.39	86.12	13.88
Chhattisgarh	54.2	45.8	80.18	19.82	55.13	44.87
MP	60.61	39.39	75.4	24.6	73.92	26.08
Gujarat	67.25	32.75	81.01	18.99	66.63	33.37
Maharashtra	81.97	18.03	89.01	10.99	82.08	17.92
AP	65.81	34.19	88.51	11.49	90.06	9.94
Karnataka	65.81	34.19	83.17	16.83	76.22	23.78
Goa	86.97	13.03	94.98	5.02	87.52	12.48
Kerala	96.17	3.83	97.16	2.84	93.78	6.22
Tamil Nadu	80.01	19.99	96.34	3.66	92.3	7.7
ALL	68.08	31.92	83.58	16.42	77.55	22.45

Dimension of Setting of Empowerment: Table 1.3 shows percentage of dimension's setting of empowerment. There four dimension in this table. First related to women's age at first marriage, is it 18-30 or not. Because An early age at marriage can cut women's access to education and the time needed to develop and mature unhampered by the responsibilities of marriage and children. In addition, a very young bride tends to be among the youngest members of her husband's family and, by virtue of her age and relationship, is unlikely to be accorded much power or independence. It is, thus, usually assumed that low ages at marriage are negatively associated with women's empowerment. Percentage of such women, who get marry in particular this within age is highest in Kerala and percentage of such women not get marry within this year is highest in Mizoram. Second dimension is age gap with partner. A person's relative age is a resource which can affect the perception of strength when power and entitlements are negotiated within the cooperative conflict context of the family (Sen, 1990). In present study it can assume that women, whose age gap with partner is less than five year is more empowered compare to whose age gap is more than five year.

TABLE 1.3: DIMENSION OF SETTING OF EMPOWERMENT

	Age at First Marriage		Age Gap	
States	Yes (18-30)	No (less or more than 18-30)	Yes (5>)	No (5<)
J & K	62.6	37.4	36.5	63.5
HP	69.6	30.4	40.6	59.4
Punjab	66.9	33.1	40.6	59.4
Uttaranchal	65.2	34.8	35.8	64.2
Haryana	67.7	32.3	32.3	67.7
Delhi	64.1	35.9	33.8	66.2
Rajasthan	65.4	34.6	28	72
UP	70.8	29.2	36.3	63.7
Bihar	72.3	27.7	36.5	63.5
Sikkim	60.8	39.2	47.1	52.9
Aru. P	58.3	41.7	40.9	69.1
Nagaland	57.4	42.6	36.8	63.2
Manipur	52.4	47.6	45.7	54.3
Mizoram	46.3	53.7	41.2	58.8
Tripura	67.5	32.5	43.8	56.2
Meghalaya	59.6	40.4	40.4	59.6
Assam	72.5	27.5	33.1	66.9
West Bengal	69.7	30.3	31.1	68.9
Jharkhand	68.4	32.6	33	67
Orissa	78.4	21.6	31.6	68.4
Chhattisgarh	70.5	29.5	35.3	64.7
MP	75.7	24.3	31.4	68.6
Gujarat	64.3	35.7	39.7	60.3
Maharashtra	67.7	32.3	37.5	62.5
AP	69	31	31.5	68.5
Karnataka	63.7	36.3	34.5	65.5
Goa	59.5	40.5	42.6	57.4
Kerala	73.1	29.6	34.6	65.4
Tamil Nadu	74	26	34.5	65.5
ALL	66.5	33.5	36	64

Existence of Pregnancy Complication: Table 1.4 presents existence of percentage of pregnancy complications. Pregnancy complications are poor in India. Indian government has introduce a number of policies for safe motherhood but unfortunate a large percentage of women suffering from daylight vision, night blindness, convulsions not from fever, leg, body or face swelling, excessive fatigue, vaginal bleeding during pregnancy. Table 1.4 shows that in Bihar 32.95 percent women had suffered from these complications during her pregnancy and in Mizoram, Tripura, Uttar Pradesh, Jharkhand nearly one third women had suffered from pregnancy complications.

TABLE 1.4: EXISTENCE OF PREGNANCY COMPLICATION

	Pregnancy complication	
States	Yes	No
J & K	15.51	84.49
HP	12.16	87.84
Punjab	15.24	84.76
Uttaranchal	21.06	78.94
Haryana	11.09	88.91
Delhi	13.85	86.15
Rajasthan	18.61	81.39
UP	21.04	78.96
Bihar	32.19	67.81
Sikkim	16.15	83.85
Aru. P	25	75
Nagaland	17.88	82.12
Manipur	13.61	86.38
Mizoram	22.92	77.08
Tripura	24.01	75.99
Meghalaya	21.9	78.1
Assam	18.36	81.61
West Bengal	17.65	82.35
Jharkhand	28.67	71.33
Orissa	16.85	83.15
Chhattisgarh	17.02	82.98
MP	19.88	80.12
Gujarat	19.22	80.78
Maharashtra	11.34	88.66
AP	7.89	92.11
Karnataka	10.56	89.44
Goa	14.38	85.62
Kerala	18.18	81.82
Tamil Nadu	11.93	88.07
ALL	10.89	83.11

ODDS RATIO FOR ANY PREGNANCY COMPLICATION AND EVIDENCE OF EMPOWERMENT

Table 1.5 presents the odds ratio for any pregnancy complication on the basis of evidence of empowerment. Table clearly points out that in northern states like Jammu & Kashmir, Uttaranchal, Haryana, Delhi, Rajasthan source of empowerment are negatively associated with any pregnancy complications. In states like Punjab, Uttaranchal and Haryana women, who have decision making power are less likely to face any pregnancy complications than the women who have no decision making power. When we move through central region of India, we found that women who have decision making power, or not supports for wife beating or who have control on their body have less any type pregnancy complication than the other one. In Bihar who has not decision making power are two times less likely to face pregnancy complication. Almost same type of results we are getting for all states in India. In West Bengal women, have control on their body, are 76 percent less likely to face any pregnancy complication. Also in Nagaland women, have control on their body, are three times less likely to face any pregnancy complication. At national level women who have decision making power are about 37 percent more likely to face pregnancy complication as compared to those who have not. Also women who are exposed of media are 72 percent less likely to face pregnancy complication than the non exposed females in India.

Thus the table concludes that empowered women are less likely to face pregnancy complication in India and states.

TABLE 1.5: ODDS RATIO FOR PREGNANCY COMPLICATION AND EVIDENCE OF EMPOWERMENT

	Odds ratio for Pregnancy complications and evidence of empowerment			
States	Model 1	Model 2	Model 3	Model 4
J & K	1.411039	1.50003	1.290008	1.62928
HP	0.999037	1.07247	1.547756	0.983818
Punjab	1.342491	1.043969	1.813246	0.589737
Uttaranchal	1.354949	1.209844	2.039384	0.665248
Haryana	1.599468	1.178619	1.308321	0.889464
Delhi	0.685197	1.251546	1.791039	0.643494
Rajasthan	2.63996	0.953724	1.673949	0.772819
UP	1.66086	1.32745	1.717502	0.684244
Bihar	2.239896	1.439188	1.482782	0.918436
Sikkim	1.306482	1.533474	1.749468	0.842021
Aru. P	0.856482	1.026925	2.268214	2.358011
Nagaland	1.104136	1.212772	3.17966	1.140651
Manipur	0.719686	1.127551	2.797164	1.161008
Mizoram	1.004309	1.148714	2.831546	6.611413
Tripura	1.26328	1.120379	1.292038	1.009875
Meghalaya	0.895041	1.831284	2.46632	1.093583
Assam	1.208992	1.320457	1.208992	0.823952
West Bengal	1.105139	1.243206	1.765685	0.673581
Jharkhand	1.489109	1.444627	1.273532	0.659656
Orissa	1.473355	1.217327	1.919308	0.708563
Chhattisgarh	1.706132	0.851991	1.452637	0.62214
MP	1.35234	1.099879	1.635981	0.576695
Gujarat	0.914295	0.965573	1.643024	0.757033
Maharashtra	1.273434	1.005601	1.909595	0.596054
AP	1.33388	2.117896	1.158025	0.697389
Karnataka	1.298728	1.244376	1.223409	0.763898
Goa	1.374453	0.972209	2.406961	0.715732
Kerala	1.122417	1.040211	2.25963	1.161858
Tamil Nadu	0.943605	1.031604	1.540175	0.817783
ALL	1.374321	1.137258	1.66656	0.72556

ODDS RATIO FOR ANY PREGNANCY COMPLICATION AND SOURCE OF EMPOWERMENT

Table 1.6 presents the odds ratio for any pregnancy complication on the basis of Source of empowerment like education, type of earning and media exposure. Table clearly points out that in northern states like Jammu & Kashmir, Uttaranchal, Haryana, Delhi, Rajasthan source of empowerment are negatively associated with any pregnancy complications. In states like Punjab women, who are educated, are 69 percent less likely to face any pregnancy complications than the uneducated women. Also in Rajasthan and Punjab media exposure not reduces the pregnancy complications. When we move through central region of India, we found that women who are paid workers have high pregnancy complication than the non-paid workers. It may be due to the fact that society being patriarchal in nature, and wide spread poverty women have to look after their family responsibilities and other related issues other all related conditions including pregnancy. Same thing is also happening in case of Bihar. But in other eastern region like West Bengal, Jharkhand and Orissa pregnancy complication is negatively correlated with any pregnancy complications. Results show that women who are exposed to media are 67 percent less likely to face pregnancy complication in Jharkhand. But for southern region results are contradicting the fact that education level reduces the pregnancy complication. Results clearly indicating that in Karnataka and Kerala women are who are educated face two times more pregnancy complications as compared to uneducated. Northeast zone also indicates towards the negative association between pregnancy complications and education, media exposure and work type of the women. In northeast media exposure plays the significant role in reducing the pregnancy complications than the other sources of empowerment.

Therefore from the above table we can summarize that media exposure is the most important factor in order to decline the level of pregnancy complications in India.

TABLE 1.6: ODDS RATIO FOR PREGNANCY COMPLICATION AND SOURCE OF EMPOWERMENT

	Odds ratio for pregnancy complications and Source of empowerment		
States	Model 1	Model 2	Model 3
J & K	0.640097	0.755169	0.644914
HP	2.342085	1.013787	0.922642
Punjab	0.696284	0.863829	1.451321
Uttaranchal	0.622522	0.917756	0.888241
Haryana	0.961586	0.940119	1.490448
Delhi	0.835173	0.408911	0.245838
Rajasthan	0.846871	0.900374	1.055151
UP	0.599448	1.308032	0.755724
Bihar	0.571469	1.189997	1.152242
Sikkim	1.164522	0.658447	0.540392
Aru. P	0.987147	1.161204	0.873811
Nagaland	0.744952	0.780767	0.958016
Manipur	0.9837	1.152417	0.932974
Mizoram	0.699777	1.037419	6.80527
Tripura	1.06546	0.798943	0.556688
Meghalaya	0.693103	0.637046	0.812548
Assam	0.539499	0.660311	0.785721
West Bengal	0.792139	0.869369	0.535542
Jharkhand	0.834779	0.771189	0.675208
Orissa	0.86895	0.794992	0.926947
Chhattisgarh	1.190806	0.777924	1.141644
MP	1.011465	0.747012	0.75628
Gujarat	1.16502	1.038001	0.538414
Maharashtra	1.280567	0.765124	0.809079
AP	1.031321	0.575032	0.837557
Karnataka	2.033141	0.825782	0.655129
Goa	0.911017	0.569462	0.847051
Kerala	2.771469	0.822086	0.934457
Tamil Nadu	1.469154	0.8986	1.137975
ALL	0.846327	0.762211	0.685812

ODDS RATIO FOR ANY PREGNANCY COMPLICATION AND SETTING OF EMPOWERMENT

Table 1.7 presents the odds ratio for any pregnancy complication on the basis of setting of empowerment in terms of wealth index and place of residence. Table points out that in northern region of India both wealth index and place of residence play important role in order to reducing the pregnancy complications. In Himachal Pradesh women and Punjab women, who are non poor, are 90 percent less likely to face pregnancy complication whereas in Haryana urban women are 94 percent less likely to have any pregnancy complication. When we see the results for central zone of India, we noticed that in Madhya Pradesh and Chhattisgarh urban women have about 95 percent less likely to face pregnancy complication. The main reason behind this result work status of urban women. In eastern region both wealth index and place of residence are inversely related to pregnancy complication. In eastern states like Bihar, West Bengal and Jharkhand women's economic status and urban place of residence help to reduce about 50 percent pregnancy complication. But in case of southern region wealth index is not significantly associated with the pregnancy complication. Also in northeast zone of India if women are living in urban region and also economically strong then they faces less pregnancy complication.

At national level women who are non poor have 67 percent and who are living in urban region have 86 percent less pregnancy complication. Thus the table concludes that both wealth index and place of residence play very important role to empower the women in India and states.

TABLE 1.7 ODDS RATIO FOR PREGNANCY COMPLICATIONS AND SETTING OF EMPOWERMENT

	Odds ratio For Pregnancy Complication	
States	Model 1	Model 2
J & K	0.752502	0.709712
HP	0.901854	1.088922
Punjab	0.905142	1.183471
Uttaranchal	0.757319	0.850496
Haryana	1.054104	0.944029
Delhi	0.552486	1.068074
Rajasthan	0.842493	1.108869
UP	0.62372	0.836851
Bihar	0.529709	0.809915
Sikkim	0.51141	0.802437
Aru. P	0.433402	1.646341
Nagaland	0.635241	0.91027
Manipur	0.788156	0.817676
Mizoram	0.418253	1.115066
Tripura	0.769532	0.985524
Meghalaya	0.374471	0.937683
Assam	0.496773	0.686912
West Bengal	0.571817	0.789941
Jharkhand	0.478084	0.712432
Orissa	0.696669	0.79766
Chhattisgarh	0.787657	0.967588
MP	0.649808	0.952394
Gujarat	0.603314	1.209022
Maharashtra	0.897665	1.208219
AP	0.626447	0.893411
Karnataka	1.38594	0.78963
Goa	1.124411	0.864053
Kerala	1.178897	0.854173
Tamil Nadu	0.978426	1.086047
ALL	0.669795	0.863191

CONCLUSION

This entire analysis show a mixed result as other literatures has found. Any particular model for determination of women's health cannot generalize. The main issue of behind this problem is lots of challenges for measuring empowerment and conceptualization of empowerment. Some states have empowered in context of some while some in others. Hence, we can follow only a most significant element of empowerment in determination on women health and reducing pregnancy complications for particular states of India. In north states education, women support for wife beating and wealth index has negative and significant relationship with pregnancy complications. In central states decision making power, exposure to media are highly significant. In east states all variable are important for reducing pregnancy complications while in south states freedom of movement, exposure to media and women's paid work is important components for reducing pregnancy complications. In these entire analysis wealth index is an important for determinants of women's health. For the policy implementation, suggestion of the study is follow up the relevant pathway for improving women health conditions through women empowerment for particular state. Such as If exposure to media of women is significant in east states then government of east states should focused on media exposure like radio television and news papers for improving women health. If freedom of movement is significant for north states then government of these states should focused on women freedom of movement for improvements in women health. Hence null hypothesis has been rejected and alternative hypothesis that there is significance relationship has been accepted.

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REFERENCES

1. Alsop Ruth, Mette Frost Bertelsen and Jeremy Holland (2005). "Empowerment in Practice: from Analysis to Implementation", World Bank. www.econ.upd.edu.ph/opac/list.php?year=2006&month=05 - 82k
2. Bloom, Shelah, S., Wypij, David., S Gupta, Monica., (2001). "Dimensions of women's Autonomy and the Influence on Maternal Health Care Utilization in A North Indian City", Demography- vol 38, number 1, 67-78.
3. Basu A. M. and Koolwal G. B (2005). "Two Concepts of Female Empowerment: Some leads from DHS Data on women's status and reproductive health". A Focus on Gender, Collected Papers on Gender using DHS Data. www.measuredhs.com
4. Bhatia J. C. and Cleland J (1995). "Health-care seeking and expenditure by young Indian mothers in the public and private sectors". Health Policy and Planning; 16(1): 55-61.
5. Dixon & Mueller, (1998). Female Empowerment and Demographic Processes: Moving Beyond Cairo Policy and Research Paper N°13.
6. Durrant V.L., Sathar Z.A (2000): "Greater investments in children through women's empowerment: the key to demographic change in Pakistan?" Paper presented at the Annual Meeting of the Population Association of America, Los Angeles, USA
7. Dyson, T. and Moore, M (1983). "On Kinship Structure, Female Autonomy, and Demographic Behavior in India". Population and Development Review 9(1): 35-90.
8. Dreze, Jean and Murthi, Mamta, (2000). "Fertility Education and Development", Discussion Paper No. DEDPS 20.
9. Eswaran, Mukesh (2002). "The empowerment of women, fertility, and child mortality: Towards a theoretical analysis", Journal of Population Economics, Vol. 15, No. 3 (Aug), 433-454.
10. Govindasamy, Pavalavalli and Ramesh B.M. (1997). "Maternal Education and the Utilization of Maternal and Child Health Services in India", National Family Health Survey Subject Reports. .
11. Hadley Craig, Brewis Alexandra and Pike Ivy. (2010). "Does Less Autonomy Erode Women's Health? Yes. No. Maybe", American Journal of Human Biology 22:103–110.
12. Hope Ruth.(2007). "Women's empowerment and HIV prevention – donor experience", Unedited Draft by OECD www.oecd.org

13. ICPD, 1994: www.un.org.
14. Jeheebhoy J. Shrieen (1995). "Women's Education, Autonomy, and Reproductive Behaviour: Experience From Developing Countries"
15. Jejeebhoy, Shireen and Zeba Sathar (2001). "Women's autonomy in India and Pakistan: The influence of Religion and Region" Population and Development Review, Volume 27, 687-712.
16. Kishore, Sunita and Gupta, Kamala, (2004). "Women's Empowerment in India and Its States: Evidence from the NFHS", Economic & Political Weekly, Vol. 39 (Feb), 694-712.
17. Kishor S, Subaiya L. 2008. Understanding women's empowerment: a comparative analysis of demographic and health surveys (DHS) data. DHS comparative reports no. 20. Calverton, MD: Macro International. www.measuredhs.com
18. Kabeer, Naila. (2001). "Reflections on the measurement of women's empowerment." In Discussing Women's Empowerment-Theory and Practice. Sida Studies No. 3. Novum Grafiska AB: Stockholm.
19. Kamiya, Yusuke (2010). "Endogenous Women's Autonomy and the Use of Reproductive Health Services: Empirical Evidence from Tajikistan", OSIPP Discussion Paper: DP-2010-E-010.
20. Malhotra. Anju, Sidney Ruth Schuler & Carol Boender (2002). "Measuring Women's Empowerment as a Variable in International Development", www.letkidslead.org/ Leadershipand Democracy/upload/MeasuringWomen.pdf .
21. Mason,K aren, and Herbert Smith,(1 999). "Female Autonomy and Fertility in Five Asian Countries" Paper presented at the Annual Meeting of the Population Association of America, New York, (March) 25 -27.
22. Matthews Zoë, Brookes Martyn, Stones William R., and Hossain Bazle Mian (2005)."Village in the city: autonomy and maternal health-Seeking among slum population in Mumbai" A Focus on Gender, Collected Papers on Gender using DHS Data. www.measuredhs.com
23. Mistry & Galal (2009). "Women's autonomy and pregnancy care in rural India: a contextual analysis" Social Science & Medicine Volume 69, Issue 6, (Sept.) 926-933
24. Mason Oppenheim Karen, (1987). "The Impact of Women's Social Position on Fertility in Developing Countries" Sociological Forum, Vol. 2, No. 4, 718-745
25. Navaneetham K. and Dharmalingam A.(2002). "Utilization of Maternal Health Care in South States of India. www.cds.edu
26. Narayan, Deepa (2002). " Empowerment and Poverty Reduction: A source Book", www.worldbank.com
27. National Family and Health Survey- III, 2005-06, International Institute for Population Sciences, Mumbai, Department of family Welfare, Government of India.
28. Ndunge Kiiti, Mara Pillinger, Monique Hennink, Mick Smith and Ravi Jayakaran, (2009). "The Intersection between Religion, Health and Empowerment", A Research Study Conducted among International Development Organizations. www.arhap.uct.ac.za
29. Niraula B. Bhanu and Lawoti Dovan, (1998). "Women Autonomy and Reproductive Behavior in Two Urban Areas of Nepal" www.thenepaldigest.org
30. Qureshi and Shaikh (2007). "Women Empowerment and health: the role of institution of power in Pakistan" Eastern Mediterranean Health Journal, Volume 13 No. 6 Pp6-23. www.emro.who.int
31. Roushdy, Rania (2004). "Intrahousehold Resource Allocation in Egypt: Does Women's Empowerment Lead to Greater Investments in Children?" Working Paper 0410, www.erf.org.eg
32. Sathar, Ayesha, Zeba and Kazi Shahnaz, (2000). "Women's Autonomy in the Context of Rural Pakistan", The Pakistan Development Review 39: 2 (Summer 2000) Pp. 89–110.
33. Singh,P. and Yadav, R.J, (2000). "Antenatal Care for Pregnant Women in India" Indian Journal of Community Medicine, 25(3): 112-7
34. Upadhyay D. Ushma,(2009). "Women's empowerment and Achievement of Desired Fertility in Sub –saharan Africa", PAA Extended Abstract Submission (Sept) 21
35. UNFPA, (2005). State of world Population 2005, the promise of equality: gender equity, reproductive health and the Millennium Development goals, UNFPA. (http://www.un.org/millennium/declaration/ares552e.htm,s
36. Van der Kwaak A, (1991). Women and health. Vena Journal 3(1):2-33. http://www.globalhealth.org/womens_health.
37. Woldemicael, Gebremariam (2007). "Do women with higher autonomy seek more maternal and child health-care? Evidence from Ethiopia and Eritrea", MPIDR working paper WP 2007-035.
38. Wang, Guang-zhen and Pillai K. Vijayan (2001). "Women's Reproductive Health: A Gender- Sensitive Human Rights Approach", Acta Sociologica, Vol. 44, No. 3 (2001), pp. 231-242.
39. WHO (2006). "What is the evidence on effectiveness of empowerment to improve health? Regional Office for Europe's Health Evidence Network (HEN) February. www.who.int/2006
40. WHO (2004). "The world health report 2004 - changing history" http://www.who.int/whr/2004
41. Yesudian, P.Princy. (2009). "Synergy between Women's Empowerment and Maternal and Peri-natal Care Utilization", Sessiion 168, IUSS

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