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A Study to Explore Women Empowerment in Terms of Education, Financial Independence, and Decision Making on Reproductive Health Among the Women of Reproductive Age Group in a Rural Community in the District South 24 Parganas, West Bengal.

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Abstract: *A study was conducted to assess the level of women empowerment in terms of education, financial independence and decision making on reproductive health among women of reproductive age group in selected rural community of West Bengal. The conceptual framework was adopted from the study "Women education, empowerment and socio-economic development: A theoretical framework" conducted by A.M. Sultana. An exploratory study design was adopted for the study. Total 200 samples were taken from rural community under Besra mallighati subcentre under Padmerhat Rural hospital, South 24 pgs by non-probability purposive sampling technique. A validated structured interview schedule was used to assess the empowerment status of women. The findings of the study revealed that more than two-third (76%) of the women was less empowered on the basis of education, whereas majority (62%) of the women was more empowered on the basis of financial independence and in the context of empowerment level on the basis of decision making on reproductive health also majority (67%) of the women was more empowered. Statistically significant association was observed between level of empowerment on the basis of education and age of the women (χ^2= 11.075 p< 0.05 at df 1), caste (χ^2= 17.042 p< 0.05 at df 3). Highly statistically significant association was observed between level of empowerment on the basis of financial independence and religion (χ^2= 17.323 p< 0.05 at df 1), caste (χ^2= 31.223 p< 0.05 at df 3), employment status (χ^2= 29.98p< 0.05 at df 1), income (χ^2= 18.64p< 0.05 at df 1), type of family (χ^2= 7.427p< 0.05 at df 1). No statistically significant association is observed between level of empowerment on the basis of decision making on reproductive health and age of the women (χ^2= 0.256p> 0.05 at df 1), religion (χ^2= 2.984p> 0.05 at df 1), caste (χ^2= 7.422p>0.05 at df 3). The study has a great implication in nursing service, education, research and administration. Based on the study findings recommendation is made for a qualitative study with focused group discussion regarding empowerment. It is concluded that similar studies should be done in the field of women empowerment to look for its outcomes related to health.*

Keywords: *Women empowerment, Education, Financial independence, Decision making on reproductive health.*

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I. Introduction

Woman is the heart of human existence on this planet. She plays an important role in the society, but her importance and roles are underestimated all over the world. Since India has a patriarchal society women are held back and even though about 50% of world population consist of women, but unfortunately most of them are denied basic rights of education, freedom of speech, voting power and independent identity. Theoretically women enjoy a status of equality with men as per constitutional and legal provision but with headlines about killing, female fetocide, domestic violence still making the newspaper put a silent question mark behind the two word i.e. women empowerment and autonomy. Nobel Laureate Malala Yousafzai famously said that she raise up her voice-not so she can shout, but so that those without a voice can be heard, she also added women cannot be succeed when 50% of them are held back------- and that emotion exactly outlines the basis of new age women empowerment[47]. All these views supported that women get less educational opportunity, remain at home, where they get very little exposure, financially they are dependent, most of which can only be achieved by empowering a woman in terms of education, economic independence, decision making power, awareness regarding her own health. Empowering women means not only to make her lead a healthy reproductive and

sexual life but also offer a healthy background for the future generation. It is also very distressing fact that even when a woman is earning but she has no right to spend the money on her own, or purchases any valuables without male permission. In spite of Constitutional rules, women are legally discriminated against land and property right. Most women do not possess any property in their own names

BACKGROUND OF THE STUDY:

In the 21st century majority of poor women are home makers. The elementary reason for this suffering is illiteracy and this creates a hindrance for the women to earn their livelihood. Illiteracy along with social orthodoxy not only adds to the problem but makes it impossible for the women to work outside. Therefore it is observed that the Women Labour force participation in India 28.5% in 2017 compared to men 82% [49]..

Reproductive and sexual ill health is accountable for 20% of global burden of ill health for women according to the report by WHO in 2008[41]. World's 25% maternal death occurs in India and most occur in rural area. Early pregnancy is a cause of maternal mortality because 50% of Indian girls get married less than the legal age of marriage[28]. Many women become pregnant below 18 years old[35.] By 2017, the world maternal mortality rate had declined 44% since 1990, but still everyday 830 women die from pregnancy and child birth related causes[38] MMR in India is 174(2015). Eighty percent of maternal death is due to direct cause that is complication of pregnancy during and after delivery and15% death occurs due to infection in reproductive tract.[28].

Over the last two decades, discussion on women's empowerment has become an important topic as a developmental effort worldwide because in 2000, 189 countries signed on to the eight millennium development goals, which included a commitment to promoting gender equality and empowering women[44]. It has been identified that it is necessary to educate women for empowering them. Many NGOs and the government both are working for bringing women out of this condition. They are not only encouraging women's employment but also helping them to save and get financial support, a prerequisite for getting equal status in the society. Various Govt scheme like Rastriya Mahila Kosh and STEP(support to training cum employment programme for women) are playing major role to make them financially independent which in turn is increasing decision making power in different health related issues within family including family planning.

A ray of hope is that in India[49] 27% of women are enrolling for tertiary education compared to men 27%. Different surveys are showing the declining trend of T F R with increasing literacy rate, employment and decision making power among married women. Demographic trend in rural community of West Bengal shows TFR is 1.7 in 2015 where it was 2.1 in 2008. TFR among literate women passed class XII is 1.1 where it is 2.3 among illiterate women in West Bengal[18]. Various developmental effort has been undertaken by government of India for women empowerment e.g. 33% seat reserved at the Parliament[48]. In India educational development has been occurred rapidly but to keep pace with this development are the women really empowered to take education, are they really financially independent and empowered to take decision on reproductive health?

So, the investigator felt the need to study and explore women empowerment in terms of education, financial independence and decision making on reproductive health among the women of reproductive age group in a rural community.

Statement of problem

A study to explore women empowerment, in terms of education, financial independence and decision making on reproductive health among the women of reproductive age group in a rural community in the District South 24 Parganas, West Bengal.

Objectives:

1. To assess the empowerment status of women related to education among the women of reproductive age group.
2. To assess the empowerment status of women related to financial independence among the women of reproductive age group.
3. To assess the empowerment status of women related to decision making on reproductive health among the women of reproductive age group.
4. To determine association between levels of empowerment on education, financial independence, decision making on reproductive health of women and selected demographic variables.

II. Review Of Literature

The literature review for this study is carried out in the following headings

1. Literature related to women empowerment and education.
2. Literature related to women empowerment and financial independence.
3. Literature related to women empowerment and decision making on reproductive health.

III. Methodology

Research design: Nonexperimental exploratory type.
Population: Women of reproductive age group
Setting: Rural community under Besra Mallighati subcentre, Joynagar I block, Dist South 24 parganas.
Study duration: Data collected by the investigator herself from 15/10/18 to 17/11/18.
Sampling technique: Non-probability Purposive sampling technique.
Sample size:
For the present study sample size was 200. Though by power analysis method considering the proportion of literacy rate among women (15-49 years age) and decision making on own health care as 71% (NFHS- 4, 2015-16 in West Bengal, India) the calculated sample size was 182 at 90% confidence interval.

Inclusion Criteria:
1. All the respondents who were willing to participate in the study.
2. Women who understand Bengali.
3. Adult Married women and currently live with their husbands.

Exclusion criteria:
1. Women who were mentally challenged.
2. Women who were deaf and dumb.
3. Women who were acutely ill.

Procedure for final data collection: Formal permission was sought to conduct the study from Ethical Committee, Medical College & Hospital, Kolkata, Director of Health Service, Joint Director of Health Services (Nursing), Director of Medical Education &Ex-officio Secretary, Chief Medical officer of Health ,South 24 Pgs, Block Medical Officer of Health, Padmer hat RH, DPHNO South 24pgs, Senior PHN Joynagar Block I, ANM of respective subcentre.
As the sampling technique selected for the study was non probability purposive sampling technique so, after obtaining permission from concerned authorities eligible couple register collected from the selected sub center. As per inclusion criteria, married women of reproductive age were listed down.
The investigator visited door to door to collect data with the help of ASHA in the community. The women were informed on the day before actual day of data collection.
On the day of interview, after entering the home self introduction and thorough explanation was given regarding the purpose of the interview schedule. Written informed consent was taken from the participant ensuring anonymity and confidentiality. Each participant was asked to choose a suitable place of her residence where she can feel comfortable to answer the questions. It was ensured that no other family member who might influence her responses remained present during interview. Thus privacy was maintained. They were asked to answer the interview schedule without any hesitation. At first the semi-structured interview schedule for demographic data was applied, then structured interview schedule for education, financial independence and decision making on reproductive health were applied one by one.
After collecting data the investigator left the subject with thanks.
Total time taken for one interview was approximate 20-25 minutes. The investigator got 28 working prefixed days. Every day average seven women were interviewed. So, total 200 women were interviewed in data collection period.

Tools:
Tool 1: Semi-structured interview schedule for socio-demographic variable
Tool 2: Structured interview schedule to collect data for empowerment related to education
Tool 3: Structured interview schedule for financial independence
Tool 4: Structured interview schedule on decision making on reproductive health
Structured interview schedule regarding empowerment criteria was used to calculate the empowerment score. The women scored below 50% of total score was classified as less empowered and scored at or above 50% as more empowered.

ETHICAL CONSIDERATION:
The study protocol was approved by Institutional Ethics Committee, Medical College, Kolkata,West Bengal., India. Informed consent was obtained from the participants prior to data collection.

IV. Findings of the study

Socio-demographic profile of the respondents:

The table 1 shows sample characteristics in terms of frequency and percentage distribution by age, religion, caste, occupation, education of husband, occupation of husband, socioeconomic status and type of family. Out of total 200 participants maximum (52%) women in reproductive age group belong to 18-26 years of age group and 48% belong to 27-49 years of age group. the majority (61.5%) of the women are Hindu by religion and 38.5% of the women belongs to Islam religion and there is no woman belongs to Christianity & other religion. Maximum (39%) women are belongs to general caste 32.5% belongs to schedule caste, 16% OBC A and 12.5% OBC B. There is no women belongs to schedule tribe. Majority (61%) women are housewife, 30% daily labour, 6% self-help group member, 2% service holder and 1% business women. majority of women (76%) earn Rs. 1000 per month, 15.5% earn Rs. 1001- 3000/ month and only 8.5% earn Rs > 3000/ month. Majority (62%) husbands of women are educated up to primary level, 21% belongs to illiterate group, 7% educated up to secondary only 5% educated up to higher secondary and 5% qualified as graduate and above. that majority (61%) husband of women are daily labour, 26% earn by business, 6% by agriculture only 5% do service and 2% unemployed. that majority (64%) of the women belongs to BPL category and 36% are APL category. majority (60.5%) of the women lives in nuclear family and 39.5% in joint family.

Findings related to Empowerment on Education:

Data presented in the figure 1-6 showing that maximum (51%) of the women are educated up to primary level, 31.5% educated up to secondary level, 9% educated up to higher secondary, 7% are illiterate and only 1.5% qualified as more than higher secondary. Majority (93%) of the women were educated and 7% illiterate, and among the literate women majority (71%) not willing to continue their study, 23% willing but not able to continue study and 6% women willing and continued study further. Maximum (57%) of the women did not demanded for extra support, 28% women demanded for extra support and get it 15% women demanded but not allowed to take extra support. Majority (65%) of the women were not allowed to buy necessary item for study purpose, 25% women partially allowed and 10% women are allowed to buy books, necessary logistic support for study according to demand. Majority (88.7%) women were educated below higher secondary and only 11.3% educated higher secondary or more. Among the women educated higher secondary or more majority (81%) allowed and choose stream for study with their own, 14% partially allowed to choose the stream study and only 5% not allowed to choose the stream of study. Overall empowerment on the basis of education shows majority (76%) of women is less empowered and only 24% more empowered.

Findings related to empowerment on financial independence:

Figure 7-8 showing maximum (49%) of women had no freedom to work outside, 18.5% had to some extent and while 32.5% had to great extent freedom to work outside. Forty one percent women had to some extent freedom to have money in hand, 34.5% had to great extent freedom and 24.5% have no freedom to have money in hand. Thirty eight percent women had to some extent freedom to spend/hold money according to wish, 37% have no freedom while 25% had to the great extent freedom to spend/hold money according to wish. Majority (63.5%) women had no freedom to say how overall family income should spent, 31% had to some extent freedom while only 6% had freedom to the great extent to say how the overall income should be spent. Maximum (45%) women had no freedom to say about daily expenditure, 33% had to some extent freedom and 22% had to great extent freedom to say about daily expenditure. Maximum (44.5%) women had no freedom to use money for fulfilment of personal need, 23% had to some extent freedom and 32.5% had to great extent freedom to use money for fulfilment of personal need. Majority (61%) women had no freedom to use money for recreational purpose, 29% had to some extent freedom and only 7% women had to great extent freedom to spend money for recreational purpose. Majority (64.5%) women had no freedom to keep money for saving purpose, 29% had to some extent and only 6.5% had to great extent freedom to keep money for saving purpose. Majority (71%) women had no freedom to purchase land or property in own name, 25.5% had to some extent and only 3.5% had to great extent freedom to purchase land or property in own name. Fifty percent women had single functional bank account. The overall empowerment on the basis of financial independence showing majority (62%) women were more empowered while 38% women less empowered.

Findings on empowerment related to decision making on reproductive health:

Figure 9-10 showing that more than half (50.5%) women were able to decide about contraception jointly with husband, 34% not at all able to decide and only 15.5% can take decision independently. More than half (55%) women decided about first pregnancy jointly with husband, 42% not at all able to decide and only 3% were able to decide about first pregnancy. Maximum (54%) women take decision about spacing jointly with husband, 33% not at all able to decide and only 13% were able to decide about spacing. Maximum (54%) women decide jointly with husband about not to become pregnant, 30.5% not at all able to decide and only

15.5% were able to decide independently about not to become pregnant. More than half (54.5%) women decide jointly with husband about family size, 31.5% were not at all able to decide and only 15.5% were able to decide independently about family size. Maximum (45.5%) women were not at all able to decide to seek treatment for illness related to RH, 42.5% able to decide jointly with husband and only 12% were able to decide independently to seek treatment for illness related to RH. Majority (63.5%) women were able to decide independently to refuse sex with husband if not willing, 18% can decide after discussing with husband and 18% not at all able to decide to refuse sex with husband if not willing. Majority (74%) women were not at all able to ask husband to use condom 17% can independently decide and only 9% were able to ask to use condom after discussing with husband. Overall empowerment on the basis of decision making on reproductive health majority (67%) of women were more empowered and 33% were less empowered.

Association between demographic variable and level of empowerment:

Table 2-5 showing that statistically significant association is present between level of empowerment on the basis of education and age of the women (χ^2= 11.075 p< 0.05 at df 1), caste (χ^2= 17.042 p< 0.05 at df 3) and no significant association is observed between religion and level of empowerment on the basis of education (χ^2= 1.402 p> 0.05 at df 1) as evident from chi square value. There is statistically significant association observed between level of empowerment on the basis of financial independence and religion (χ^2= 17.323 p< 0.05 at df 1), caste (χ^2= 31.223 p< 0.05 at df 3), employment status (χ^2= 29.98 p< 0.05 at df 1), income (χ^2= 18.64 p< 0.05 at df 1), type of family (χ^2= 7.427p< 0.05 at df 1) and there is no association observed between age and level of empowerment on the basis of financial independence(χ^2= 2.491p> 0.05 at df 1) as evident from chi square value. No statistically significant association is observed between level of empowerment on the basis of decision making on reproductive health and age of the women (χ^2= 0.256 p>0.05 at df 1), religion (χ^2= 2.984 p> 0.05 at df 1). There is significant association between level of empowerment on the basis of decision making on reproductive health and caste (χ^2= 11.329p< 0.05 at df 1) as evident from chi square value. No statistically significant association observed between level of empowerment on the basis of decision making on reproductive health and employment status(χ^2= 0.714 p> 0.05 at df 1), type of family (χ^2= 0.11 p> 0.05 at df 1) and significant association is observed between level of empowerment on the basis of decision making on reproductive health and income (χ^2= 4.228 p< 0.05 at df 1).

Discussion in relation to other study:

Discussion on the basis of findings of the present study in relation to other studies is presented below:

- The present study result shows that only 1.5% of women of reproductive age group had completed education up to higher secondary or more than 12 years of schooling and only 7% are illiterate. If we consider our national data, NFHS-4[28] it has depicted that 14% of women of reproductive age group have completed 12 or more years of schooling and 22% of women have never been to school . The data are quite higher than the present study.
- The present study result shows that maximum(38%) women had to some extent freedom to spend/hold money according to wish , 24.% had right to great extent and only 37% had no freedom to spend/ hold money according to wish. A study conducted by Md. Shoiab et al[40] in rural Chinot, Pakistan among the women of reproductive age group also enquired about the same and result shows 46.9% female had to some extent freedom to spend money according to their own choice, 40.7% were totally free and only 12.4% had no freedom to spend money according to their own choice. This study result is partially similar to the present study findings.
- In the present study on enquiring about decision about family size result shows that more than half (54.5%) of the respondent decide about family size jointly with husband 15.5% decide independently . Md. Shoaib et al[40] in his study found that more than half (54%) of the women had to the great extent right to decide about family size . So, these findings are congruent with the present study.
- The present study shows that majority (62%) women were more empowered on the basis of financial independence, on enquiring about bank account 50% had single functional bank account, 29% had either no account or non functioning account and 21% had joint account with husband, on enquiring about having money in hand 24.5% women respond they had not at all freedom to have money in hand, 24% had to great extent freedom to spend or hold money according to their wish only 6% women had to the great extent said how the overall family income should be used. Yadav Sudha et.al [51] conducted a similar study on status of women empowerment in Jamnagar District. In their study she found that more than three-fourth (77.85%) women had no say in financial matters, only 42.95% women had a bank account in their own name or a joint account with their husband, 26.17% women had no money which they could spend according to their wish, only 51.68% women had said how the household income should be spent. So, the present study findings were similar to the findings on bank account. It was also congruent with the findings related to

spend or hold money on this study. But the findings on freedom to say how overall household income will be spend show incompatible result of the present study.

- In the present regarding decision making on reproductive health study result shows that only more than half 50.5% women take decision jointly with their husband , 15.5% take decision independently 34% women did not have the ability to take decision on contraception S.R Patrikar, D.R. Basannar, Maj Seema[30] conducted a cross sectional study on women empowerment and use of contraception among 385 currently married women in Pune, India. Result shows decision making power is low 48.2%, while 27.6% have mediam level and 3.6% have high level of decision making power, which is almost similar to the present study findings. Whereas, study conducted by Dasgupta Aparajita et a[11] at rural community of Hooghly district, West Bengal, in their study found that only 41% of the women were involved in decision making (either alone or with husband) related to contraception.. This study also enquired about whether women had a bank account which they themselves use and it was 23.6% whereas in the present study 50% women had single functioning bank account. These results are different from the present study. Abeda Daniel Belay et al[1] was conducted a cross-sectional study on married women decision making power on family planning use and associated factors among 567 married women in the child bearing age in Mizan city, South Ethiopia. The study result shows that 67.2% of the women respondent was more autonomous regarding the use of family planning .This study result is also incompatible with the investigator's study findings.
- The present study revealed that 33% women had not at all participation in decision regarding spacing of children, family size (31.5%) and use of contraception (34%). Study conducted by Yadav Sudha et.al [51] on status of women empowerment in Jamnagar District , it was found that 18.79% had no participation in decision on spacing, number of children (19.46%) and use of contraceptive methods (20.13%). The situations are worse in investigators' study.

V. Conclusion

Present study has revealed that majority of the women of reproductive age group are less empowered regarding education but they are more empowered on the basis of financial independence and decision making on reproductive health. A close association was observed between level of empowerment on the basis of education with age and caste of the women, level of empowerment on the basis of financial independence and religion, caste, employment status, income and type of family. But there was no association observed between level of empowerment on the basis of decision making on reproductive health with age, religion, caste, employment status and type of family.

Limitations:

1. The study being done in a small population, its results cannot be generalized
2. The criteria for women empowerment used were arbitrary with value judgment which might have included some more relevant variables

VI. Recommendation

- A similar study may be conducted on a large sample, in different setting.
- A qualitative study by focus group discussion with more variables related to women empowerment can reveal some factor which cannot be revealed by quantitative study.
- A more reliable and validate tool may measure empowerment more accurately.
- A comparative study can be conducted in this area.

Acknowledgement

The authors are grateful for the co-operation from local district and block health officials to undertake the study. There has been no conflict of interest, financial or otherwise

Table 1: Sample Characteristics N=200

Demographic variable	Frequency	%
Age of the women		
18-26 years	104	52
27-49 years	96	48
Religion		
Hinduism	123	61.5
Islam	77	38.5
Christianity	-	-
Others	-	-
Cast		
General	78	39
Schedule caste	65	32.5

Schedule tribe	-	-
OBC A	32	16
OBC B	25	12.5
Occupational status of women		
Housewife		
Daily labour	122	61
Self-help group member	60	30
Service	12	6
Business	4	2
	2	1
Income(Rs/month)		
Up to Rs 1000	152	76
Rs 1001-3000	31	15.5
>3000	17	8.5
Socio-economic status		
BPL	128	64
APL	72	36
Type of family		
Nuclear	121	60.5
Joint	79	39.5

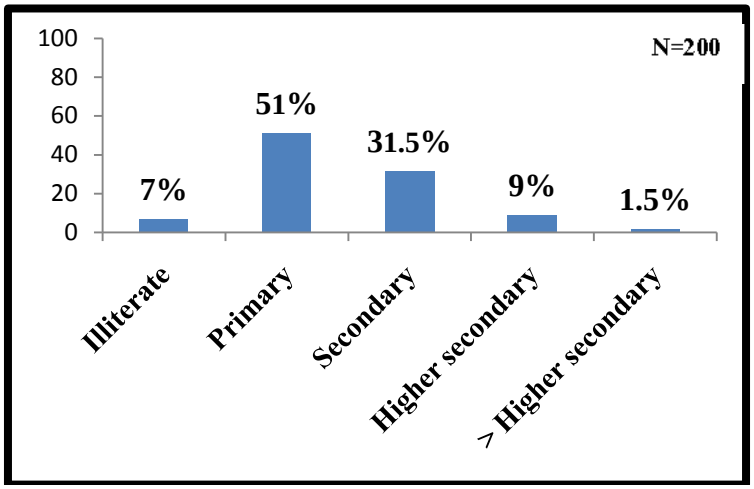

Figure 1: The column diagram showing the percentage distribution of women according to educational achievement

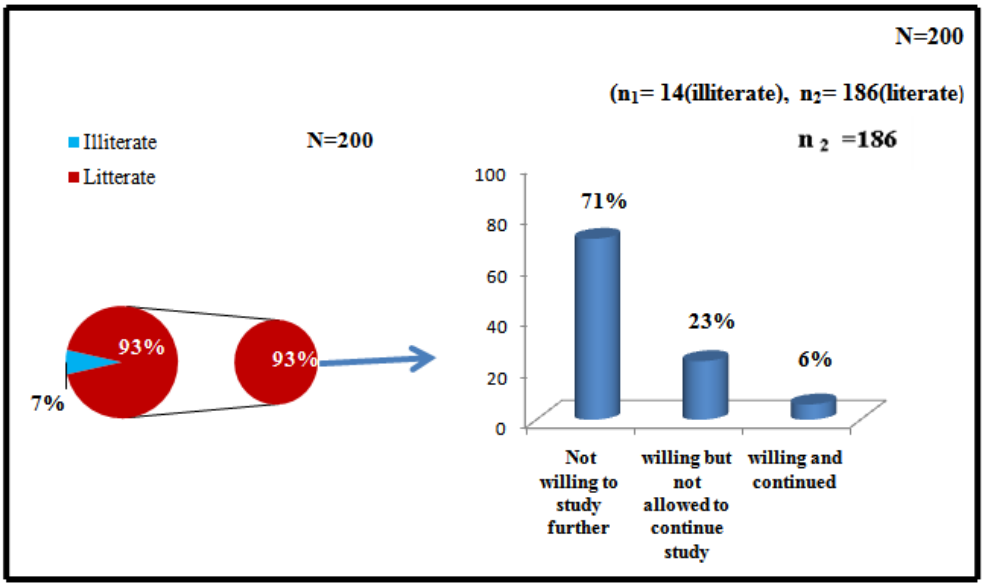

Figure 2: The pie and column diagram showing the percentage distribution of women according to willing and allowed to continue study further

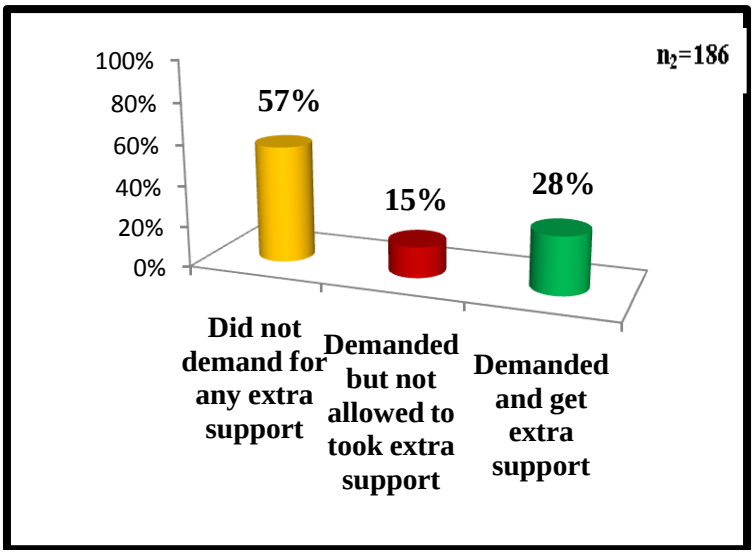

Figure 3: The column diagram showing the percentage distribution of women according to allowed to took extra support for study

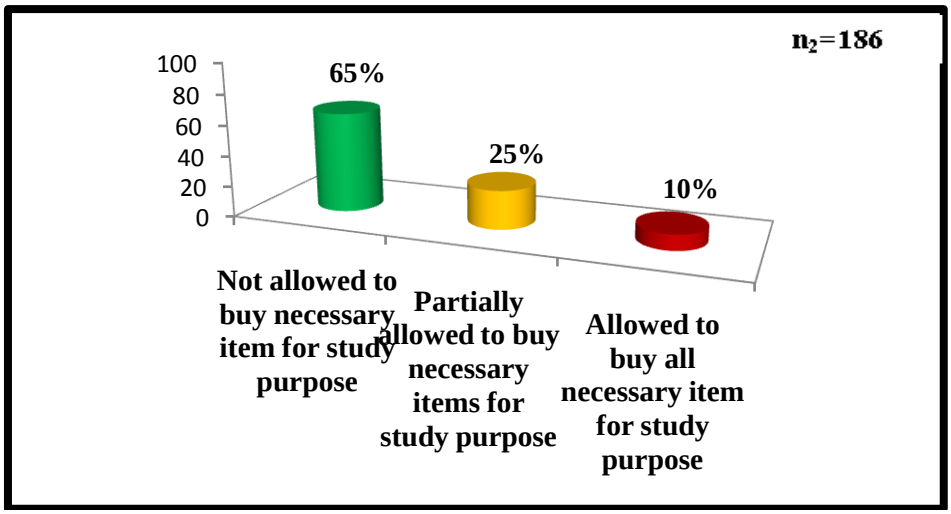

Figure 4: The column diagram showing the percentage distribution of women according to allowed to buy books, necessary logistic support for study according to demand

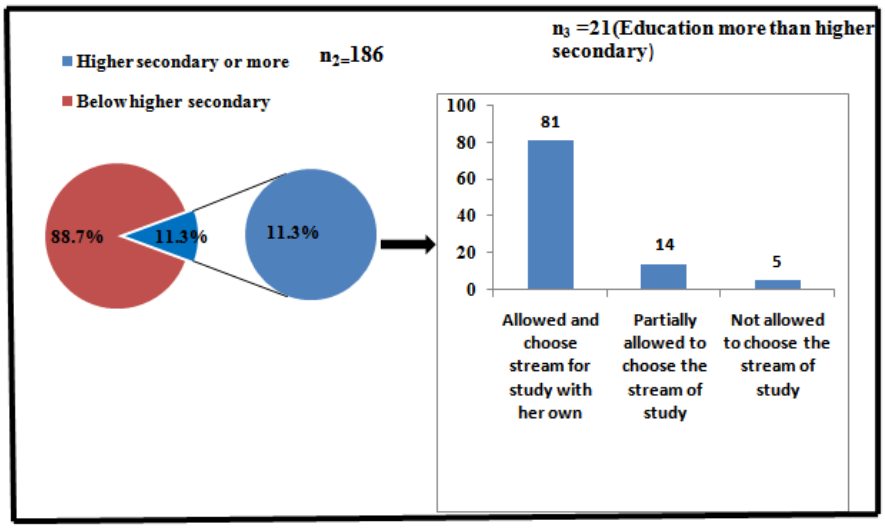

Figure5: The pie and bar diagram showing the percentage distribution of women according ability to choose the stream for higher study

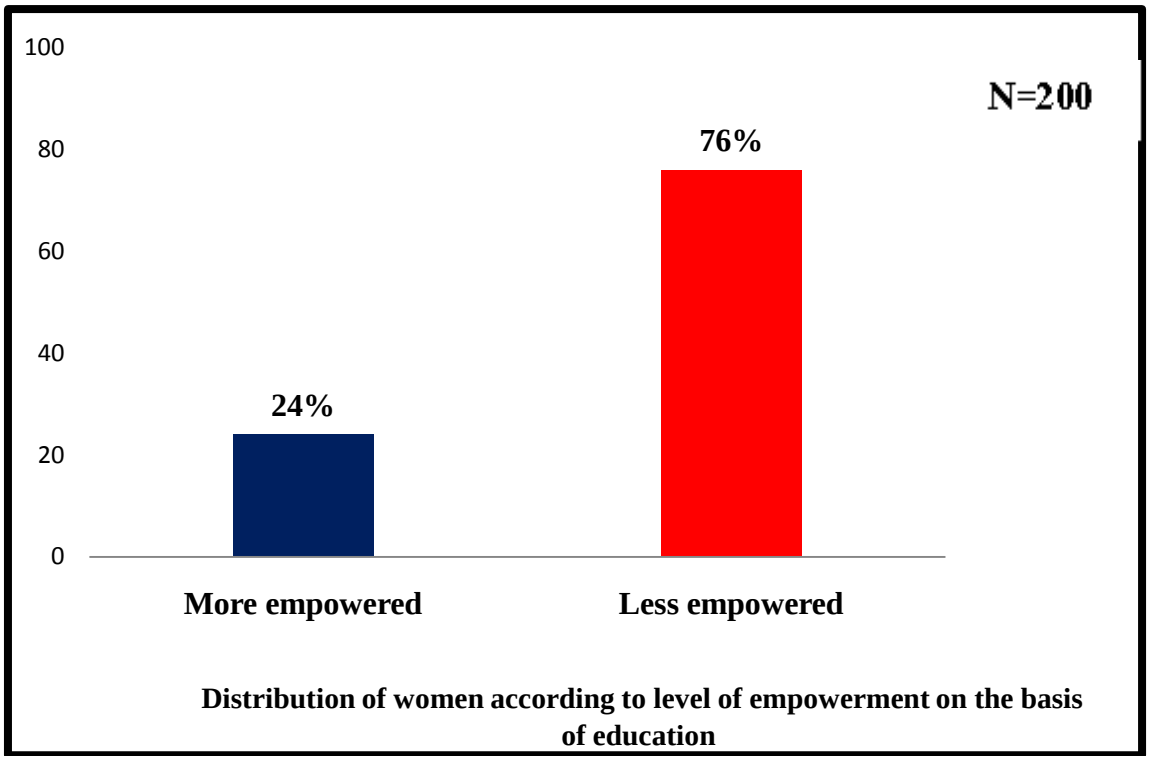

Figure 6: The bar diagram showing percentage distribution of women according to level of empowerment on the basis of education

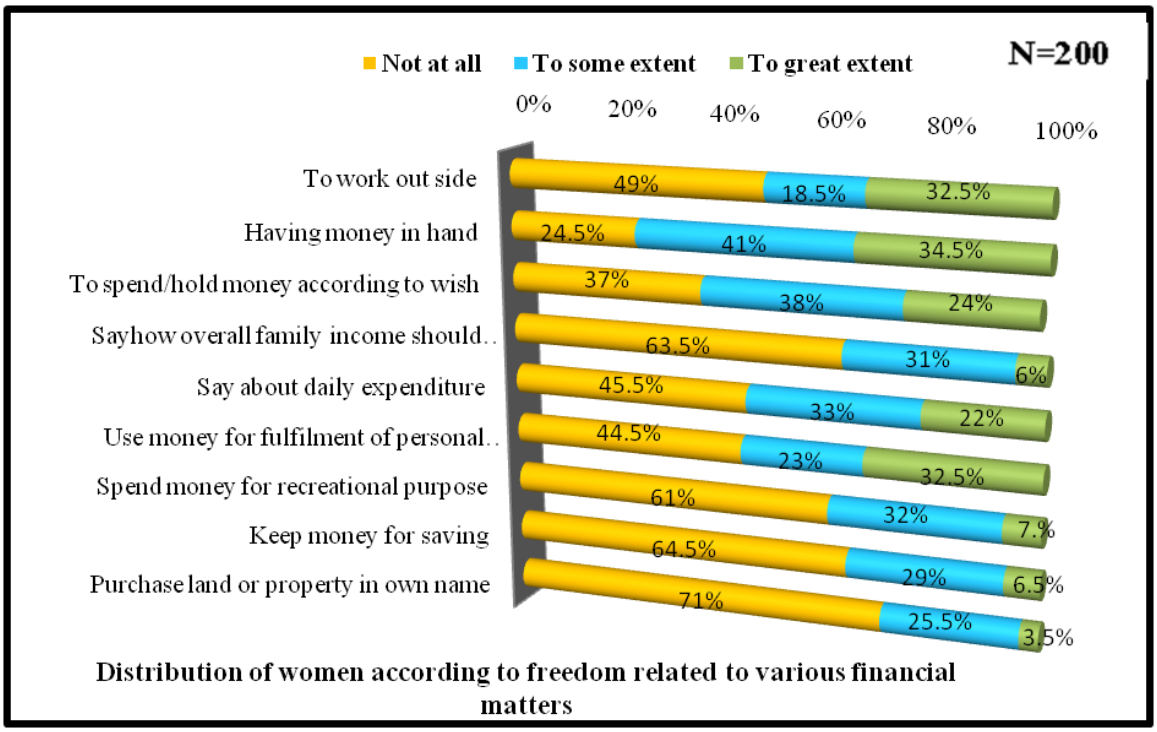

Figure 7: The horizontal multiple bar diagram showing the percentage distribution of the women according to freedom related to various financial matters

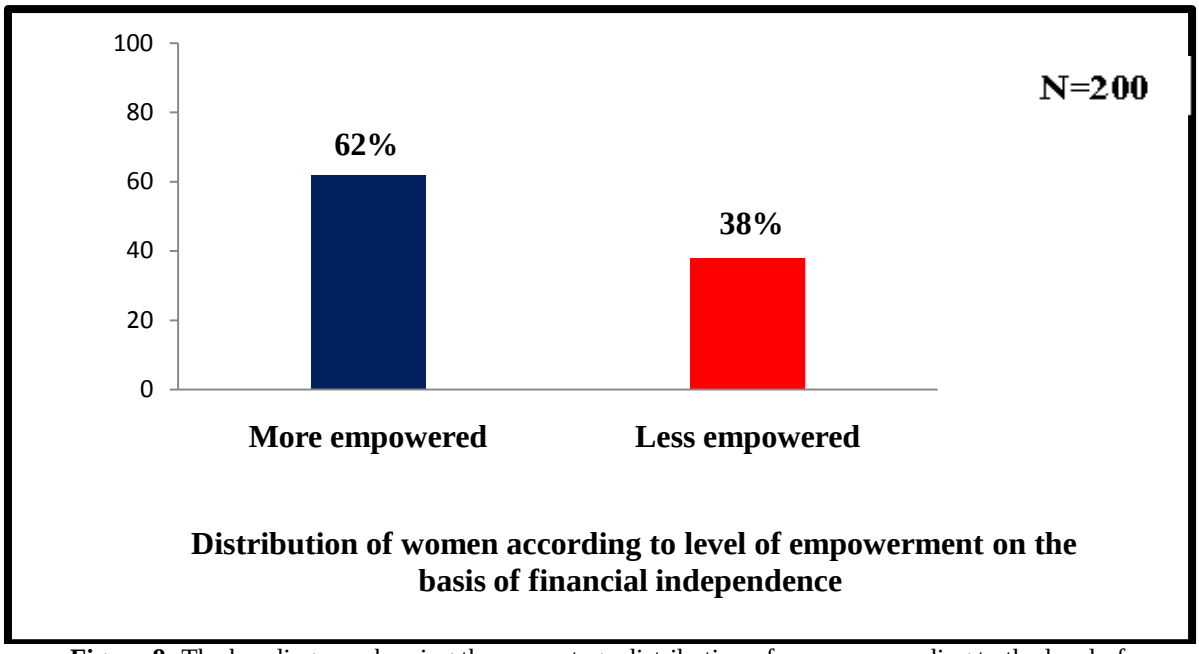

Figure 8: The bar diagram showing the percentage distribution of women according to the level of empowerment on the basis of financial independence

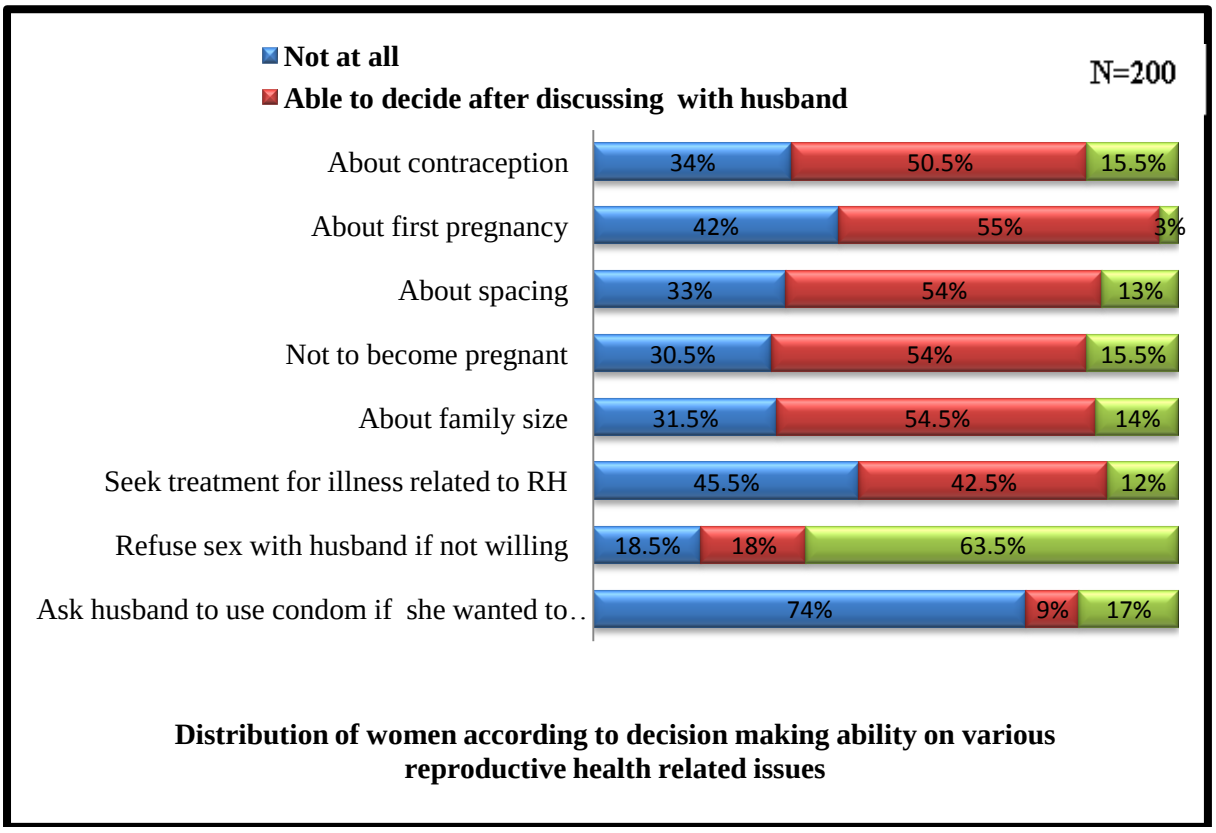

Figure 9: The multiple bar diagram showing the percentage distribution of women on the basis of decision making on various reproductive health related issues.

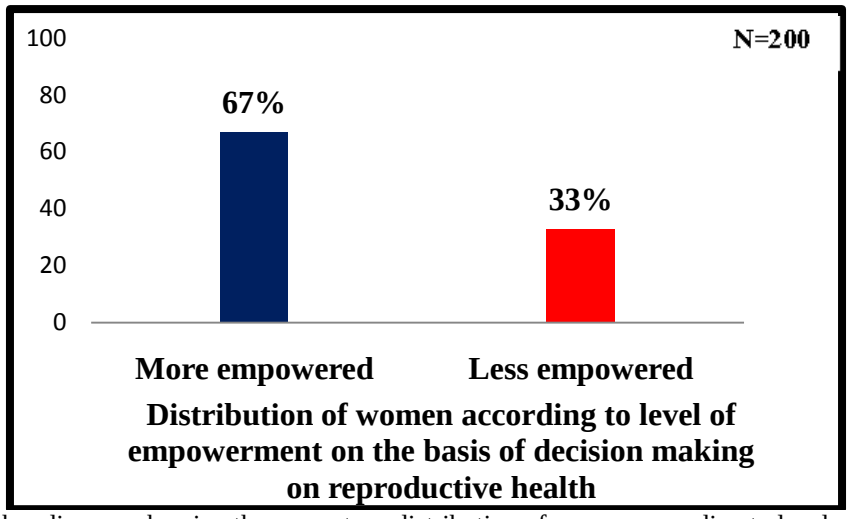

Figure 10: The bar diagram showing the percentage distribution of women according to level of empowerment on the basis of decision making on reproductive health

Table 2: Chi^2 value showing association between demographic variable and level of empowerment on the basis of education **N=200**

Demographic variable	Level of empowerment On the basis education		Chi^2 value	Table value	df
	More Empowered	Less empowered			
Age					
18-26 years	35	69	11.075*	3.841	1
27-49years	13	83			
Religion					
Hindu	33	90	1.402	3.841	1
Islam	15	62			
Caste					
General	10	68			
SC	15	50	17.042*	7.82	3
OBC-A	10	22			
OBC-B	13	12			

* p<0.05 level of significance

Table 3: Chi^2 value showing association between demographic variable and level of empowerment on the basis of financial independence

N=200

Demographic variable	Level of empowerment On the basis of financial independence		Chi^2 value	Table value	df
	More empowered	Less Empowered			
Age					
18-26 years	58	46	2.491	3.841	1
27-49years	64	32			
Religion					
Hindu	89	34	17.323*	3.841	1
Islam	33	44			
Caste					
General	33	45	31.223*	7.82	3
SC	53	12			
OBC A	15	17			
OBC B	21	4			
Employment status					
Employed	66	12	29.98*	3.841	1
Unemployed	56	66			
Income (Rs/month)					
Up to Rs. 1000	80	72	18.64*	3.841	1
>Rs. 1000	42	6			
Type of family					
Nuclear	83	38	7.427*	3.841	1
Joint	39	40			

*p<0.05 level of significance

Table 4: Chi^2 value showing association between demographic variable and level of empowerment on the basis of decision making on reproductive health

N=200

Demographic variabes	Level of empowerment On the basis of decision making on reproductive health		Chi^2 value	Table value	df
	More empowered	Less Empowered			
Age					
18-26 years	68	36	0.256	3.841	1
27-49years	66	30			
Religion					
Hindu	88	35	2.984	3.841	1
Islam	46	31			
Caste					
General	47	31	7.422*	7.82	3
SC	51	14			
OBC A	18	14			
OBC B	18	7			

*p<0.05 level of significance

Table 5: Chi^2 value showing association between demographic variable and level of empowerment on the basis of decision making on reproductive health

N=200

Demographic variable	Level of empowerment On the basis of decision making on reproductive health		Chi^2 value	Table value	df
	More empowered	Less Empowered			
Employment status					
Employed	55	23	0.714	3.841	1
Unemployed	79	43			
Income (Rs/month)					
Up to Rs. 1000	96	56	4.228*	3.841	1
>Rs. 1000	38	10			
Type of family					
Nuclear	80	41	0.11	3.841	1
Joint	54	25			

*p<0.05 level of significance

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