











**Figure 4:** Percentage distribution of left behind women according to economic background, India, NFHS (2005-2006)

## 6. Decision Making Power

The flow of remittances along with the diffusion of secular ideas are expected to enhance the standard of living of left behind women and provide greater access to resources that subsequently enable them to change their position [16]. The adjustment process depends upon several factors such as their relationship with migrants, the length of stay of migrants abroad and the socio-cultural context in which they live [21]. However, women are capable of adapting to the new situation and managing household chores in their husband's absence [12]. The change of women's position may result in greater mobility, reduced dependence on traditional patrons and increased self-confidence [21]. On the other hand, it is quite possible that the presumed change of women's role is only temporary and a reflection of the changed conditions in which they are forced to live [16].

Affordability of medical help for self reveals that higher percentage of women in nuclear household (81 percent) has no problem in getting permission compared to women in non-nuclear household (74 percent). Women in non-nuclear households are in a better situation in having no problem in getting money needed for treatment or to go alone than their counterparts. Decision on spending money is taken mainly by self in both categories. Final say on health care is mostly taken by self (69 percent) or are taken collectively by self and husband (19 percent) in the former and self or someone else (39 percent) in the latter category. Decisions on large household purchases are done mainly by self (35 percent), husband (19 percent) or collectively (44 percent) among women in the nuclear family whereas by someone else (53 percent) among women in non-nuclear household. Similarly, decisions on making household purchases for daily needs or visit family or relatives are mainly taken by self or collectively in former whereas by someone else in the latter category. Decision on spending money earned by husband is done mostly collectively by husband and wife in both categories. Having bank account or savings do not make the difference between the two categories (Table 3).

## 7. Bivariate and Multivariate Analysis

Bivariate analysis (Table 4) shows that maternal health services utilization with socio-demographic characteristic and family structure (nuclear and non-nuclear) among left

behind women due to male out-migration. those women belong to age group 25-29 are higher antenatal care utilization compare other age group but there indicate that nuclear family more utilized antenatal care (ANC) than non-nuclear family. Further which women's marital duration between 5-9 years, these are higher utilization of antenatal care, in this group, antennal care of utilization is higher than the nuclear family. Interesting finding indicate that, in the birth order 2nd and 3rd, nuclear family more likely use of in use of antenatal care compare non-nuclear family. Furthermore antenatal use increases with birth interval, while according the birth interval utilization of antenatal care is more in non-nuclear family than the nuclear family. Those women belong to the rural area, which are more use of compare counterpart. In both rural and urban are higher ANC in non-nuclear than the nuclear family. Moreover, use of ANC increased with education qualification. According education, use of ANC is more likely non-nuclear family than the nuclear family. OBC and other castes more utilized of ANC in non-nuclear family than counterpart. Interestingly Hindu nuclear family more utilized ANC services compare non-nuclear family and Muslim non-nuclear family marginal high in used of ANC services compare of the nuclear family. It could be one of the reason that In Muslim, most of living in non-nuclear family. Moreover, exposure group having more utilization in non-nuclear family compare their counterpart. Now move on wealth quintile, poorer and middle group having high utilization of ANC in the nuclear family than non-nuclear, while richer group used more ANC services in non-nuclear family. Behind such type of result, it could be reason that most of nuclear middle class family in the urban area that's why use of ANC high in the nuclear family.

Now we tend to utilization of institutional delivery, also there, which woman belong age group 25-29 years, these women go to institutional delivery as well as this group has used more institutional delivery in non-nuclear family than the nuclear family. Similarly, result found in marital duration 5-9 years. According birth order, I found that higher utilization of institute delivery in non-nuclear family. Place of residence interestingly finding that institution delivery has more utilized in the rural area than urban, it could be one of the reason behind this that urban women amore aware about delivery precaution. Other hands we can say that rural women not much aware about delivery that's why maybe they faced complication is more than urban women and habitually complicated delivery go to institutional delivery. As well as government programme also focuses in especially in the rural area. But in the rural area, institutional delivery has more in non-nuclear family than the nuclear family. Further, all education groups have more intuitional delivery more likely in non-nuclear family. Similarly, result shows that in caste group and religion group. Moreover, one more interesting result we found that in mass media exposure, institutional delivery high in the nuclear family than non-nuclear family. Similar result found that wealth quintile.

Now move on postnatal check-up (PNC), also there, woman's age 25-29 better formations in use of PNC in non-nuclear family. We also found that similar results in place of residence, women education, marital duration and caste

religion. Moreover, birth order, birth interval, mass media, and wealth quintile shows that use of PNC has more in the nuclear family than non-nuclear family.

Logistic regression (Table 5) revealed that mostly socio-demographic indicators highly significantly associated with the use of maternal health services. Male out-migration and non-nuclear family positively and highly significantly associated with the use of ANC, institutional delivery and PNC. It can explain on the basis of the fact that the economic status of women in non-nuclear households is better than their counterparts. May be due to a low standard of living, the affordability for health care among women in nuclear households is overshadowed.

## 8. Summary And Conclusion

Who left behind woman's age group 25 to 44 years mostly, lived in the nuclear family. Mostly women age group 25-29 lived in the non-nuclear family while woman's age group 40-44 lowest almost less likely lived in a nuclear family thereby retaining their independence. Older women of preferred lived in non-nuclear family their by the social support and remain supremacy in the family. Follow by Place of residence, women education, marital duration and caste religion. That's why Place of residence, women education, marital duration and caste religion likely in use of all three maternal services in the non-nuclear family compared nuclear family. Moreover, the young and newly married left behind women (15-19) preferred to the nuclear family, because Indian newly married women want more privacy, it could be reasoned to prefer to the nuclear family. Follow by the birth order, birth interval, mass media, and wealth quintile. That's why birth order, birth interval, mass media, and wealth quintile likely in use of three maternal services in the nuclear family compared non-nuclear family. Apart from this, mostly background characteristics show that the non-nuclear family more likely used of maternal services than the nuclear family. Male out-migration and non-nuclear family positively and highly significantly associated with the use of ANC, institutional delivery and PNC. It can explain on the basis of the fact that the economic status of women in non-nuclear households is better than their counterparts.

The lives of left behind women differ widely depending on the type of household structure in which they live. The young and older women are mostly in non-nuclear household whereas the women in 30-40 year's age group prefer living in nuclear household thereby retaining their independence. However, women in non-nuclear household do not have much decision-making power as it has the decisions about health care, large household purchases, household purchases for daily needs, visit to family or relatives mostly taken by someone else in the household. On the other hand, women in nuclear household mostly take their decisions or are taken collectively with their husband's. Left behind women due to male out-migration in non-nuclear households has better in use of maternal health services condition compared to those in nuclear households. It can explain on the basis of the fact that the economic status of women in non-nuclear households is better than

their counterparts. Due to the low standard of living, the affordability for health care among women in nuclear households is overshadowed.

The trickledown effect is subjected to certain anomalies when fertility preference is the question. It can see that most of the women in nuclear households prefer up to four children while women in non-nuclear households prefer up to three children. When sex of the child is considered, preference to have male child is strong among women in the former category. However in general it can be concluded that women desire at least two male children and at least one female child irrespective of household structure. The present analysis portrays the general scenario of lives of left behind women. There are certain queries that remain unanswered like why women of non-nuclear households prefer better health care utilization more than women in nuclear households in spite of the fact that the latter category has more decision-making power than the former. Since, this is only quantitative study, in order to get these queries answered; one has to undertake qualitative survey. It could be one of the limitations of the paper that one can get the answer of "what" but not of "why."

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**Table 1:** Percentage distribution of women living and not living with their husband, India, (NFHS 2005-2006)

State	Women living with husband	Women not living with husband	Total number of women
<b>India</b>	<b>88.28</b>	<b>11.72</b>	<b>61751</b>
<b>North</b>	<b>90.93</b>	<b>9.07</b>	<b>7890</b>
Delhi	98.73	1.27	79
Haryana	91.81	8.19	1221
Himachal Pradesh	86.64	13.36	479
Jammu & Kashmir	93.55	6.45	512
Punjab	93.69	6.31	1378
Rajasthan	90.3	9.7	3732
Uttarakhand	85.71	14.29	490
Central	86.23	13.77	15909
Chhattisgarh	98.2	1.8	1442
Madhya Pradesh	97.69	2.31	4024
Uttar Pradesh	80.17	19.83	10443
<b>East</b>	<b>81.84</b>	<b>18.52</b>	<b>16408</b>
Bihar	66.6	33.4	6380
Jharkhand	87.44	12.56	1792
Orissa	90.69	9.31	2761
West Bengal	92.24	7.76	5474
<b>North East</b>	<b>93.7</b>	<b>6.3</b>	<b>2493</b>
Arunachal Pradesh	96.43	3.57	56
Assam	92.96	7.04	1817
Manipur	92.23	7.77	103
Meghalaya	97.56	2.44	123
Mizoram	96.3	3.7	27
Nagaland	95.31	4.69	64
Sikkim	94.44	5.56	36

Tripura	96.08	3.02	265
<b>West</b>	<b>96.1</b>	<b>3.9</b>	<b>6968</b>
Goa	90	10	50
Gujarat	95.51	4.49	2560
Maharashtra	94.49	3.51	4359
<b>South</b>	<b>92.87</b>	<b>7.13</b>	<b>12083</b>
Andhra Pradesh	94.91	5.09	4771
Karnataka	97.49	2.51	3106
Kerala	80.17	19.83	1659
Tamil Nadu	92.87	7.13	12083

**Table 3** Percentage of decision making power of left behind women, India, NFHS (2005-2006)

Contents of autonomy	Nuclear	Non-
No problem in getting permission to go	81.16	73.88
No problem in getting money needed for treatment	52.65	60.08
No problem to go alone	54.23	56.08
<b>Who decides how to spend money</b>		
Respondent alone	65.87	57.76
Respondent and husband	30.07	18.63
Husband alone	4.06	5.9
Someone else	0	17.7
<b>Final say on own health care</b>		
Respondent alone	69.05	39.13
Respondent and husband	19.19	13.38
Husband alone	8.39	8.57
Someone else	3.37	38.91
<b>Final say on making large household purchases</b>		
Respondent alone	34.53	12.98
Respondent and husband	43.88	20.04
Husband alone	18.71	14.61
Someone else	2.89	52.36
<b>Final say on making household purchases for daily needs</b>		
Respondent alone	75.17	31.01
Respondent and husband	14.86	8.7
Husband alone	6.95	5.12
Someone else	3.03	55.17
<b>Final say on visits to family or relatives</b>		
Respondent alone	40.19	16.07
Respondent and husband	38.47	21.72
Husband alone	18.44	9.49
Someone else	2.89	52.72
<b>Final say on deciding what to do with money husband earns</b>		
Respondent alone	26.64	13.43
Respondent and husband	56.47	37.09
Husband alone	16.06	20.64
Someone else	0.83	28.84
Have bank or savings acct	17.34	16.34

**Table 4** Percentage distribution of left behind women for use of maternal services according to background characteristics among nuclear and non-nuclear family, India, NFHS (2005-2006)

Background characteristics	Antenatal check-up		Institutional delivery		Postnatal check-up	
	Nuclear	Non-nuclear	Nuclear	Non-nuclear	Nuclear	Non-nuclear
<b>Women age</b>						
15-19	12.9	6.7	7.3	8.3	5.6	10.3
20-24	14.3	34.4	25.4	35.3	21.4	34.8
25-29	38.6	36.4	29.4	36.6	26.2	34.5
30-34	20	19.6	24.9	16.2	30.2	16.9
35-39	14.3	1.4	13	3.1	12.7	2.8

40-44	0	1.4	0	0.5	1.6	0.6
45-49	0	0.6	0	0.4	2.4	0
<b>Marital duration</b>						
0-4 years	12.9	22.9	16.9	31.4	15.7	38.6
5-9 years	41.4	56.2	33.9	46.1	22.8	40.8
10-14 years	27.1	14.3	29.4	14.4	38.6	12.5
15 & above years	18.6	6.7	19.8	8.1	22.8	8.2
<b>Birth order</b>						
1	14.1	43.3	23.3	47.9	15	47.5
2	36.6	35.2	40.9	31.2	39.4	41.1
3+	49.3	21.4	35.8	20.9	25.7	21.4
<b>Birth interval</b>						
<24	16.7	20.2	19.1	18.6	11.7	18.4
24-47	45	52.1	35.9	48.9	44.7	50.9
>48	38.3	39.7	45	46.5	29.7	30.7
<b>Place of residence</b>						
Rural	86.6	87.6	79.1	81.3	76.2	78.6
Urban	11.4	12.4	20.9	18.7	23.8	24.4
<b>Women education</b>						
No education	17	19	19.3	21.4	52	19.2
Primary	25.4	29.5	10.7	13.9	15.7	10.1
Secondary+	36.6	61.4	39	64.7	32.3	70.8
<b>Caste</b>						
SC & ST	26.8	12.4	28.2	10.6	15.4	16.7
OBC	38	50	34.5	44	37.6	37.7
Others	35.2	37.6	37.3	45.3	31	45.6
<b>Religion</b>						
Hindu	75.4	71	71.6	67.6	61.7	64.2
Muslims	24.6	24.8	27.3	28.3	26.8	30.2
Other religion	0	4.3	1.1	4.1	1.6	5.7
<b>Mass media exposure</b>						
No exposure	47.9	18.1	35.2	16.4	32.3	12.2
Exposure	52.1	81.9	64.8	83.6	67.7	87.8
<b>Wealth index</b>						
Poorest	19.7	5.3	26.7	2.7	22	5
Poorer	32.4	18.7	20.5	15.5	16.5	13.5
Middle	28.2	19.6	19.3	18.6	25.2	17.6
Richer	11.3	34	17.6	36.2	19.7	31.7
Richest	8.5	22.5	15.9	27	16.5	32.3

45-49	1.211	2.751***	0.849
<b>Marital duration</b>			
0-4 years			
5-9 years	2.536***	2.641***	3.543***
10-14 years	1.845***	1.934***	1.932***
15 & above years	1.332***	1.244***	1.302***
<b>Birth interval</b>			
<24			
24-47	0.556***	0.534***	0.495***
>48	0.752***	0.603***	0.652***
<b>Place of residence</b>			
Rural			
Urban	1.198***	2.312***	1.632***
<b>Women education</b>			
No education			
Primary	0.429***	0.374***	0.413***
Secondary+	0.848***	0.613***	0.628***
<b>Caste</b>			
SC & ST			
OBC	1.014	0.717**	0.849*
Others	0.974	0.964	0.947
<b>Religion</b>			
Hindu			
Muslims	1.118	0.914	0.937
Other religion	0.907	0.668	0.692***
<b>Mass media exposure</b>			
No exposure			
Exposure	1.611***	1.428***	1.362***
<b>Wealth index</b>			
Poorest			
Poorer	0.443***	0.144***	0.207***
Middle	0.508***	0.238***	0.288***
Richer	0.757***	0.370***	0.444***
Richest	0.802***	0.494***	0.532***
Constant	0.215***	0.942	2.498***

Note: \*\*\* <1%; \*\*<5%; \*<10% level of significance

Table: 5 Determinates maternal and child health care utilization (Odds Ratio from Logistic Regression)

Socio-demographic indicators	Antenatal check-up	Institutional delivery	Postnatal check-up
	Exp(B)	Exp(B)	Exp(B)
<b>Migration status</b>			
Non-migrate			
Migrate	0.787***	0.66	0.526
<b>Family structure</b>			
Nuclear			
Non-nuclear	0.864***	0.915	0.842
<b>Women age</b>			
15-19			
20-24	0.898	1.649	0.451***
25-29	0.991	2.074**	0.505***
30-34	1.063	2.429**	0.603**
35-39	1.083	2.997***	0.692
40-44	1.138	2.812***	0.746