Linkages of Mother's Status and Autonomy in the Household With Childhood Stunting in Indonesia

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Abstract

Maternal status and autonomy play a crucial role in achieving gender equality, which in turn has the potential to decrease the incidence of stunting, a persisting challenge in Indonesia. This study explores the correlation between stunting and factors such as maternal status and autonomy at the provincial level across Indonesia. It employs methodologies like cross-tabulation and odds ratio, complemented by the Mantel-Haenszel test for analytical purposes. The research utilizes data from the 2017 Indonesia Demographic and Health Survey (IDHS), the Indonesian Nutrition Status Survey (SSGI) of 2022, and publications by the Central Statistics Agency from 2021 and 2022. Findings indicate a notable correlation between the prevalence of stunting and women's participation in decision-making, particularly regarding physical mobility and the Net Enrollment Rate (NER) for junior high school females. To address this discovery, there is a pressing need for governmental and other relevant entities to focus on enhancing educational attainment and ensuring that all initiatives are grounded in principles of gender equality.

Keywords

Malnutrition; mothers' autonomy; mothers' status; stunting; women's empowerment

Introduction

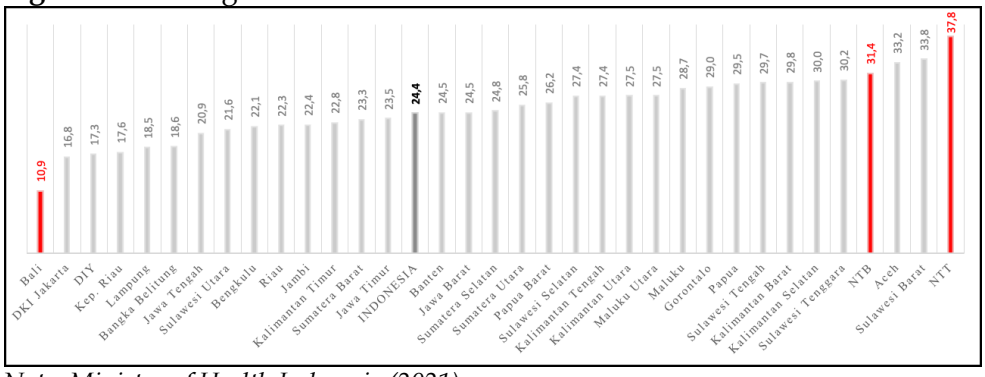
Stunting is one of the global issues in the health sector, which is the main focus in all countries. The Sustainable Development Goal (SDG) 2: Zero Hunger, specifically Target 2.2, mentions eliminating all forms of malnutrition in children under five by 2030. In addition, by 2025, it is hoped that it will be able to achieve international standard targets for the prevalence rate of stunting and wasting in children under five years of age and meeting the nutritional needs of young women, pregnant and lactating women, and the elderly (Ministry of National Development Planning [Bappenas], 2017).

Stunting is a sign of chronic malnutrition in the long term since in the womb. The impact of stunting that occurs before a child is two years old can increase the risk of cognitive decline, leading to a lower IQ than normal children. When they are adults, they are prone to obesity and vulnerable to various diseases, including degenerative diseases. On a broader scale, stunting can hamper economic growth, increase poverty and social inequality, and decrease the nation's competitiveness. This is in line with Barker's hypothesis, which stated that malnutrition in early life, including prenatal as measured by birth weight, will increase susceptibility to metabolic syndrome and complications, which include coronary heart disease and stroke (Edwards, 2019).

Ross-Suits (2010) stated that the problem of malnutrition in developing countries is critical because it contributes to as much as 50% of child deaths. For example, stunting in Indonesia is in an emergency status with a prevalence of 24.4% in 2021, placing Indonesia at 108 out of 132 countries and the fourth highest in ASEAN in stunting (Ministry of Health Indonesia, 2021). Based on the prevalence of stunting in 2021 at the provincial level of 58.82% (Figure 1), which is above the national prevalence number (24.4%), which means it is above the World Health Organization standard of 20% (United Nations Children's Fund [UNICEF] et al., 2021; Pitoyo et al., 2022), even though the prevalence of stunting in the nation continues to decline until it is in 21.6% in 2022 (Ministry of Health Indonesia, 2023).

Only six provinces have a less than 20% stunting prevalence, namely Bali, DKI Jakarta, DIY, Riau Islands, Lampung, and the Bangka Belitung Islands (Figure 1). The regions with the highest stunting prevalence rates in Indonesia are East Nusa Tenggara (NTT), West Sulawesi, Aceh, and West Nusa Tenggara (NTB). This problem is a big task for this nation to reduce the prevalence rate according to World Health Organization standards, which is less than 20% (UNICEF et al., 2021; Pitoyo et al., 2022) because if left unchecked, it will have an immense impact on individual children and the environment down to the country level.

Figure 1: Stunting Prevalence at Provincial Level in Indonesia 2021



Note: Ministry of Health Indonesia (2021)

Many factors that can cause stunting have been studied previously. Based on several research results that have been conducted show that household characteristics that influence stunting can be grouped into individual factors (gender, place of birth, birth weight, breastfeeding, early initiation of breastfeeding (EIBF), history of diarrhea), family (socioeconomic status, parental characteristics) and the environment (sanitation and decent housing) (Beal et al., 2018; Tahangnacca et al., 2020; Yani et al., 2023). Besides that, Berkefeld (2019) stated that the leading causes of stunting are social determinants, which consist of fundamental determinants (sociocultural context, urban and rural areas of residence, household economic status, mother's education, empowerment, and gender), underlying determinants (water, sanitation and hygiene, health and health services, maternal weight, and body mass index/BMI, feeding, and caregiving) as well as immediate determinants (diversity of food intake, infections, and diseases).

The social determinants proposed by Berkefeld (2019) align with the World Health Organization (WHO) (2014) conceptual framework, developed based on the United Nations Children's Fund (UNICEF) (1990). Further, de Groot et al. (2017) adopted the same UNICEF conceptual framework, showing that the determinants of child stunting are influenced by the mother's care for the child, which needs to be controlled by various resources, including women's empowerment, avoidance of domestic violence and the mother's status. This aligns with the framework for the causes of stunting by the National Team for the Acceleration of Poverty Reduction (TNP2K) (Secretariat of Vice President of the Republic of Indonesia, 2018).

According to Duflo (2012), women's empowerment can be defined as increasing women's ability to access development constituencies, especially health, education, income opportunities, rights, and political participation. The patriarchal system prevents women's autonomy rights from being fully operational. The term women empowerment is also known as autonomy. Mangimela-Mulundano et al. (2022) found that in Zambia, the definition of women's autonomy is when women are said to be autonomous if they can create knowledge, make their own choices, and act as the final decision-maker in a household.

The term autonomy is better known as empowerment. Based on some definitions above, women's empowerment can be associated with the processes and actions that give women the right to make meaningful life choices. The experience of empowering women is an essential step in making progress in the field of gender equality and in efforts to achieve The Millennium Development Goals, which are about achieving gender equality and empowering women (Upadhyay et al., 2015). It also became one of the approaches to attaining population development, initiated at the 1994 International Conference on Population and Development (ICPD) in Cairo (United Nations Population Fund [UNPF], 2014).

The study of women's empowerment is significant because it can improve the quality and welfare of women and positively affect the lives of children and families, in line with research by Pratley (2016) about women's empowerment, which comes from demographic studies and health surveys. Women's autonomy can reduce children's malnutrition risk (Kumar & Lakhtakia, 2020; Sharma & Subramanyam, 2021). Other research shows that women's autonomy or empowerment significantly reduces and prevents stunting (Chilinda et al., 2021; Haselow et al., 2016; Siddhanta & Chattopadhyay, 2017).

Research on maternal autonomy has been conducted mainly in South Asian and African countries. However, studies in Indonesia are still minimal. Only two relevant studies were found where a bibliometric analysis was carried out using the keywords stunting, women's empowerment, and Indonesia. The first study by Haselow et al. (2016), which examined Helen

Keller International Enhanced Homestead Food Production, one of the program implementation locations in Indonesia, is a multi-aspect program where one of the programs to reduce stunting is to promote women's empowerment. Second, the results of a literature review conducted by Margatot and Huriah (2021) recommended further study aspects of empowerment in women's role in decision-making, especially in the context of life in Indonesia, where fathers still have a significant influence in decision-making.

Maternal autonomy is related to maternal status, which describes the mother's condition in a socioeconomic context. This is in line with the approach of Mosley and Chen (2003), who stated that maternal factors are one of the determinants of population health dynamics. The variable most often used to see women's status is their educational attainment (Shimamoto & Gipson, 2015).

Other research found that empowering women in decision-making did not reduce stunting (Abreha et al., 2020; Margatot & Huriah, 2021; Shafiq et al., 2019). This means that the contextual influence of women's empowerment will differ according to the socioeconomic conditions of the region and the status position of women. Thus, it is interesting to research the influence of mothers' autonomy and status on child stunting amidst life in Indonesia, which generally still adheres to patriarchy.

Even though women have the right to make decisions, men still strongly influence the process as husbands who provide consideration and permission. This research framework will examine mother autonomy from each explanatory dimension and the individual characteristics of mothers that reflect their status. It is hoped that the results of this research can provide new understanding and strategies for providing intervention programs to control stunting and improve children's health.

Research methods

Data overview

This research employed data from 34 provinces in Indonesia. The variables for the mother's status used in this study came from data published on the official website of BPS-Statistics Indonesia, while the variables for the mother's autonomy used data from the 2017 Indonesia Demographic and Health Survey (IDHS). The 2017 IDHS was carried out jointly by the BPS-Statistics Indonesia and the National Population and Family Planning Agency (BKKBN) et al. (2018), which aimed to provide the latest fundamental demographic and health indicators estimates.

The sampling method in the 2017 IDHS used two stages. The first step was to select census blocks using a systematic probability proportional to size (PPS) method based on the size of the number of households listed in the Sensus Penduduk 2010 [2010 Population Census]. In the second stage, 25 ordinary households in each census block were selected systematically from the results of household updates (BKKBN et al., 2018). The unit of analysis for the variable mother's autonomy was women of childbearing age aged 15–49 years who were married or live together. The number of women of childbearing samples that became the unit of analysis in this study was 17,848 respondents. The stunting prevalence variable was taken from the Indonesian Nutrition Status Survey (SSGI) 2022 (Ministry of Health Indonesia, 2023).

Variable description

The dependent variable used in this study was the prevalence of stunting (Y) in 34 provinces in 2022 (Ministry of Health Indonesia, 2023). All research variables are in percentage units. The independent variables included:

1. Mothers' autonomy data were from the 2017 Indonesia Demographic and Health Survey (IDHS) Module for Women of Reproductive Age (National Population and Family Planning Agency [BKKBN] et al., 2018), which consists of the following:

    - Economic decision-making (X_{11}): The decision to use the husband's income, the decision to use the wife's income, and the final decision on household expenses.
    - Household decision-making (X_{12}): Wife's final health decision, child's final health decision, contraceptive use decision, and attitude towards domestic violence.
    - Physical mobility decision-making (X_{13}): The final decision to visit family and go to a health facility

All indicators for each variable were processed into an index score by calculating them using a formula approach to estimate the Human Development Index (HDI) for each dimension (UNDP, 2014). As for the final index score, it was made in percent units.

2. Mothers' status; data from the Central Bureau of Statistics website and all units of this variable were in percent.

    - Women's Net Enrollment Rate (NER) in 2022 (NER from elementary school until university / X_{211} - X_{214}). The net enrollment rate showed how much the school-age population had taken advantage of educational facilities according to their level of education (BPS-Statistics Indonesia, 2022c).
    - Female labor force participation rate for August 2022 (X_{22}) (BPS-Statistics Indonesia, 2022b).
    - The 2021 Gender Development Index (GDI) (X_{23}) consists of dimensions of a long and healthy life, knowledge, and a decent life by exposing the achievement inequalities between men and women (BPS-Statistics Indonesia, 2022a).
    - The 2021 Gender Empowerment Measure (GEM) (X_{24}) indicates whether women can play an active role in economic and political life. Its dimensions include representation in parliament, decision-making (managerial position), and income distribution (BPS-Statistics Indonesia, 2022a).

Statistical analysis

The descriptive analysis method uses cross-tabulation and maps. Cross tabulation is a method that can be used to summarize trends in data from two variables simultaneously (Anderson et al., 2014; Azen & Walker, 2011). Cross tabulations/contingency tables describe the relationship between two variables in one matrix. Maps provide an overview of data distribution from one or more variables.

The inferential analysis uses the odds ratio. Odds are the chances of an event occurring relative to the probability of that event occurring does not occur (Azen & Walker, 2011). If it

is possible that an event that occurs in the population is π, then the odds of the event occurring is

$$Odds = \frac{\pi}{1-\pi} \ldots (1)$$

When the odds ratio is estimated based on a random sample taken from a population, it is estimated using a confidence interval to calculate the odds ratio of the parameter (population value). In addition to providing an estimate of the value of the odds ratio in a population, a confidence interval for the odds ratio can be used to test whether independence is reasonable in the population.

If the confidence is 90%, the interval for the odds ratio includes the Value 1; hence, the null hypothesis of independence will not be rejected at the 0.1 significance level. Likewise, suppose the confidence interval is 90%, and the odds ratio does not include the Value 1. The independence hypothesis is null and can be rejected at the 0.1 significance level since the odds ratio must be positive. The odds ratio is usually transformed by taking its natural logarithm, denoted by ln, to get what it is referred to as the 'log odds ratio':

$$\log odds\ ratio = (odds\ ratio) = ln(\theta) \ \ldots (2)$$

Testing the odds ratio and the significance level of the relationship using the Mantel-Haenszel test. The Mantel-Haenszel chi-square statistic for the significance of the overall degree of association is:

	Success	Fail
Success	a	b
Fail	c	d

$$O = \sum_{i=1}^{k} O_i = \sum_{i=1}^{k} n_i \quad E = \sum_{i=1}^{k} E_i = \frac{(a_i+b_i)(a_i+c_i)}{n_i}$$

$$V = \sum_{i=1}^{k} V_i = \frac{(a_i+b_i)(c_i+d_i)(a_i+c_i)(b_i+d_i)}{n_i^2(n_i-1)}$$

$$\chi^2_{MH,df=1} = \frac{(|O-E|-0.5)^2}{V} \ \ldots (3)$$

Where:

O: Observed O_i: Obseved i-th variable
E: Expected E_i: Expected i-th variable
V: Variance V_i: Variance i-th variable
χ^2_{MH}: Mantel-Haenszel chi-square statistic

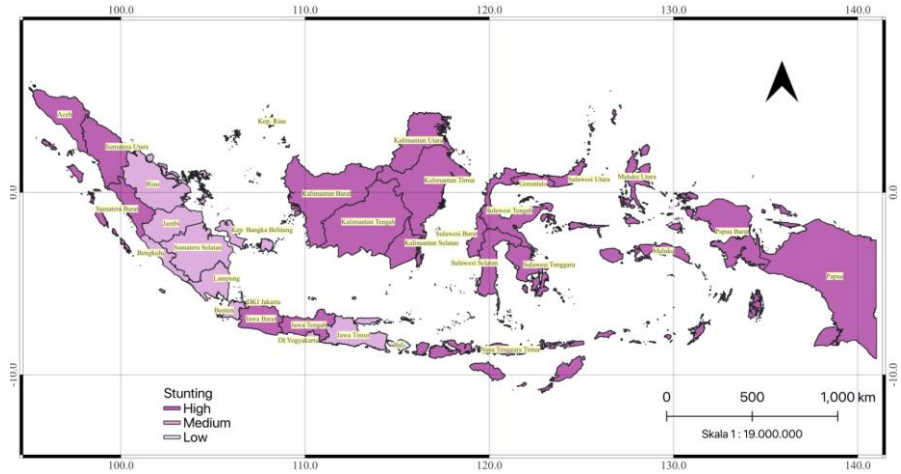
Result and discussion

The independent variables used in this research were maternal autonomy and maternal status, with ten independent variables. The first stage was making a cross-tabulation to see the tendency of grouping the independent variable data based on the dependent variable. Next, we conducted a binary logistic regression analysis to determine the probability and significance of the relationship between the dependent and independent variables. The pattern of relationships between variables is depicted using a map.

Overview of stunting prevalence in Indonesia

Stunting is one of the government's focuses in alleviating nutritional problems, as indicated by the issuance of Presidential Regulation Number 72 of 2021. The government is targeting to reach a prevalence of 14% by 2024; this is quite challenging, especially when looking at the stunting prevalence at the provincial level. Figure 2 illustrates the distribution of the prevalence of stunting in all provinces in Indonesia with intervals of three categories consisting of low < 14%, medium 14.1–20%, and high > 20.1%. The darker color on the map, the higher the prevalence of stunting. The prevalence of stunting is quite diverse in Java and Sumatra. In the other islands, it is relatively uniform in positions that tend to be high, except for Bali, where the prevalence of stunting is already low.

Figure 2: Stunting Prevalence Distribution in Indonesia



Note: Ministry of Health Indonesia (2023)

The prevalence of stunting in Indonesia ranges from 8–35.3% (Figure 3). This figure illustrates that the stunting condition in Indonesia is still quite an emergency, with high variations between provinces. Compared with the international standard data released by the World Health Organization (UNICEF et al., 2021; Pitoyo et al., 2022), only 35 provinces have achieved a prevalence below the WHO standard. They are Bengkulu, East Java, South Sumatra, Bangka Belitung Islands, Jambi, Riau, Special Region of Yogyakarta, Riau Islands, Lampung, Special Capital Region of Jakarta, and Bali. Meanwhile, the five provinces with the highest prevalence of stunting are East Nusa Tenggara, West Sulawesi, Papua, West Nusa Tenggara, and Aceh.

Table 1: Cross Tabulation Overview of the Prevalence of Stunting With Independent Variables in Percent

Variable	Variable Category	Stunting Prevalence 2022	
		High	Low
Economic decision-making	Low	32.4	17.6
	High	32.4	17.6
Household decisions	Low	29.4	20.6
	High	**35.3**	14.7
Physical mobility decision-making	Low	**41.2**	11.8
	High	23.5	23.5
NER of elementary school women	Low	29.4	5.9
	High	**35.3**	29.4

Variable	Variable Category	Stunting Prevalence 2022	
		High	Low
NER of junior school women	Low	**47.1**	8.8
	High	17.6	26.5
NER of senior school women	Low	17.6	5.9
	High	**47.1**	29.4
NER of university women	Low	29.4	17.6
	High	**35.3**	17.6
Female labor force participation rate	Low	**61.8**	32.4
	High	2.9	2.9
GDI	Low	**41.2**	14.7
	High	23.5	20.6
GEM	Low	**55.9**	32.4
	High	8.8	2.9
Total		64.7	35.3

Note: Net Enrollment Rate (NER); Gender Development Index (GDI); Gender Empowerment Measure (GEM)

In the following discussion, the prevalence of stunting is divided into two categories: the medium and low categories are combined into the low category based on cut points 20% from World Health Organization standards (UNICEF et al., 2021; Pitoyo et al., 2022). Table 1 shows that the independent variables that tend to be related to the prevalence of stunting include physical mobility decision-making, Net Enrollment Rate (NER) of elementary school women, NER of junior school women, Female labor force participation rate, Gender Development Index (GDI), and Gender Empowerment Measure (GEM). This is indicated by the highest percentage being in the low category of the independent variable and the prevalence of stunting being high.

Economic and household decision-making show a different trend compared to other variables. In practice, these two variables are carried out simultaneously, but the husband's permission still dominates in 2017 IDHS data (National Population and Family Planning Agency [BKKBN] et al., 2018). In the aspect of household economics in Indonesia, it often happens that even though women help with family finances, they often receive little attention. The number of women aged 15 years and over who are unpaid family workers is more significant than men—roughly 52.5 million women and 5.4 million men—in February 2021 (BPS-Statistics Indonesia, 2021). In addition, in household decisions, women often do not have full authority to access their health services (Acharya et al., 2010).

Regarding household economics in Indonesia, the focus is still on the father's role as breadwinner and women who take care of all household needs. Based on the results, husband and wife make more decisions together. The number of women aged 15 years and over who have the status of unpaid family workers is higher than men— roughly 52.5 million women, 54 million men—in February 2021

The low level of education can be observed from the Net Enrollment Rate (NER) indicator, which shows the accuracy of the age of the population in participating at a certain level of education (BPS-Statistics Indonesia, 2022c). When the NER category for elementary school women is high, the prevalence of stunting also tends to increase. This means that when women's final education is low, only up to elementary school, it tends to encourage a high prevalence of stunting. This aligns with research stating that education is essential in preventing stunting (Beal et al., 2018; Laksono et al., 2022; Tahangnacca et al., 2020; Yani et al., 2023).

Another unique condition is seen in the high school and university NERs for women. Another exceptional condition is seen in female NERs in high schools and universities. The more women with education longer than the nine years of compulsory education, the more a province is in a high category of stunting. This is because the NER for women at the secondary education level (high school and university) is still low when compared to the NER for women at the elementary and middle school levels (NER for high school women 63.73 and NER for university women 24.17) (BPS-Statistics Indonesia, 2022c). So, the high level of female education in cases in Indonesia has not significantly contributed to reducing stunting. Therefore, this should be of particular concern because women who are highly educated will have more knowledge about children's health, and good nutrition can prevent stunting in children (Margatot & Huriah, 2021).

Linkages between women's status and autonomy variables on the stunting prevalence

The descriptive analysis results show varying relationships between each observed variable and the prevalence of stunting. Therefore, it is necessary to examine further the pattern of relationships regarding the tendency for stunting to occur when linked to the condition of each independent variable. Based on Table 2, the results of the Mantel-Haenszel chi-square statistical test, the variables that have a relationship with the prevalence of stunting are Physical mobility decision-making (p value < $\alpha = 0.1$) and NER of junior school women ($p < \alpha = 0.1$).

Table 2: Mantel-Haenszel Common Odds Ratio Estimate

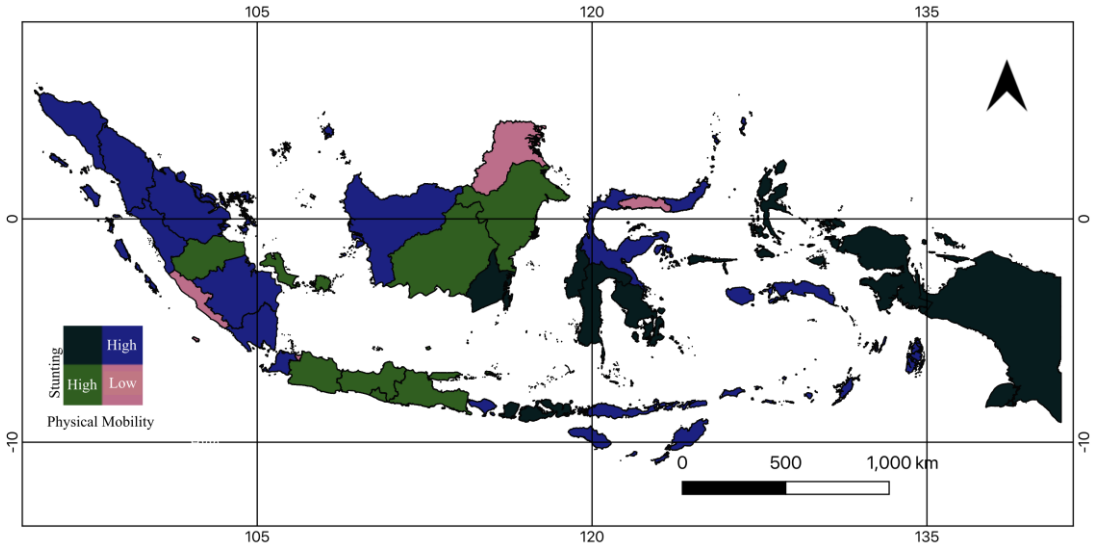
Variable	Estimate	Asymp Sg (2-sided)
Economic decision-making	1.000	1.000
Household decisions	0.595	0.474
Physical mobility decision-making	3.500	**0.097**
NER of elementary school women	4.167	0.107
NER of junior school women	8.000	**0.011**
NER of senior school women	1.875	0.490
NER of university women	0.833	0.800
Female labor force participation rate	1.909	0.658
Gender Development Index (GDI)	2.450	0.222
Gender Empowerment Measure (GEM)	0.576	0.650

Note: Net Enrollment Rate (NER)

The involvement of women in decision-making for physical mobility has a statistically significant relationship. Every province with a low proportion of women's participation in physical mobility decision-making tends to experience stunting in the high category, 3.5 times greater than provinces with a high proportion of women's involvement in physical mobility decision-making. There is a relationship pattern between physical mobility decision-making and the prevalence of stunting, as seen in Figure 3. There is a tendency for it to be higher. The proportion of physical mobility decision-making tends to reduce the prevalence of stunting. This can be seen in Figure 3, most of which are in the dark green (high physical mobility decision making, low stunting) and dark blue (low physical mobility decision making and high stunting) categories.

This result aligns with research by Saaka (2020), who stated that physical mobility decision-making will provide opportunities for women to access various facilities for their health and that of their children. The role of women in making physical mobility decisions will be a resource in reducing gender-based violence and growing progressive gender roles (Mehra et al., 2023). Progressive gender is an essential factor of gender equality that influences the health and nutrition of mothers and children (Berkefeld, 2019; Yaya et al., 2018). The better the mother's autonomy, the better the baby's health will be (Tome et al., 2020).

Figure 3: Distribution of Stunting Prevalence Based on Physical Mobility Decision Making

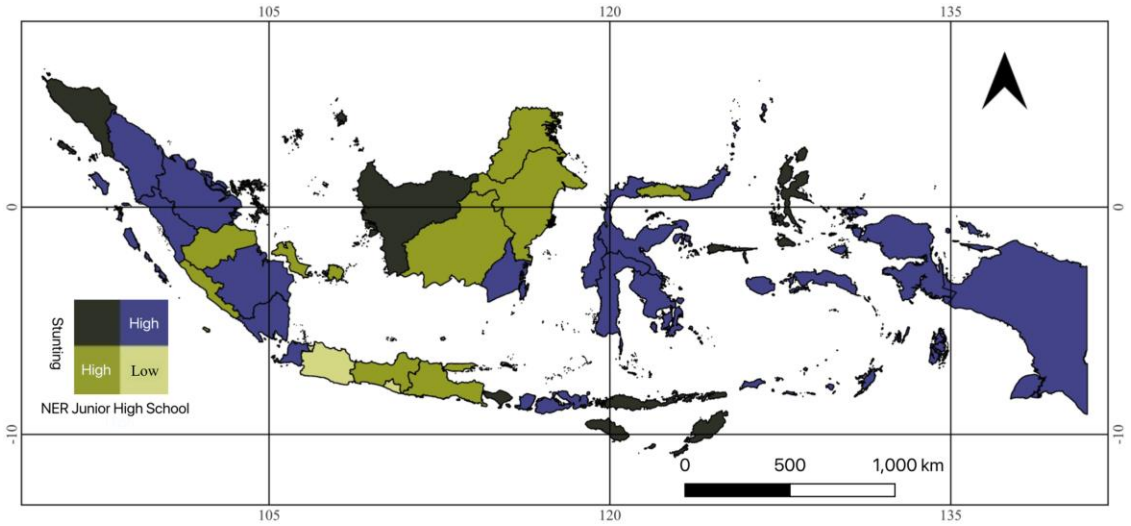


Two variables in the context of women's autonomy are divided into three variables, showing no relationship with the prevalence of stunting. These are the variables of women's involvement in economic and household decisions. This is in line with Santoso et al. (2019), which stated that based on the results of their systematic review, 82–84% of the studies showed that the relationship between the two was insignificant. The relationship between women's autonomy variables and health is still primarily controlled by sociocultural practices or customs that develop in the area (Amraeni et al., 2021; Singh, 2010). Thus, the existence of autonomy in one field does not necessarily guarantee the existence of autonomy in other fields. In Table 1, these two non-significant variables appear to be in the high category. However, because physical mobility decision-making is still low, women are hampered in getting access to go out freely because they devote more time to matters at home.

One of the variables regarding women's status as a driver of women's autonomy is the Gender Development Index (GDI) and Gender Empowerment Measure (GEM). In this research, these two things do not have a significant effect on the prevalence of stunting because, in general, there is still a gender gap as indicated by the national GDI and GEM, which is less than 100%, the gender gap in each province is below the national IPG value of 55.9% and GEM of 88.25%. This condition means women's achievements are still below men's (BPS-Statistics Indonesia, 2022a). Gender disparities can have an impact on low maternal autonomy and the quality of maternal health (Kamiya et al., 2018). Therefore, the government and all elements of society must continue to improve gender values and norms that can benefit mothers so that they are empowered and able to reduce stunting in children (Bliznashka et al., 2021).

Education reduces stunting (Abdulahi et al., 2017; Akombi et al., 2017; Tahangnacca et al., 2020). Table 2 illustrates that the NER of junior high school women tends to have a significant relationship with the prevalence of stunting. This can be seen in Figure 4. Most provinces are green (high NER Junior High School, low stunting) and dark blue (low NER Junior High School and high stunting). This shows that the nine years of primary education launched by the Indonesian government is mandatory for women. Women's educational attainment strategically improves children's nutritional status and strengthens women's autonomous empowerment (Margatot & Huriah, 2021).

Figure 4: Distribution of Stunting Prevalence Based on NER Junior High School



The NER for elementary school women and the NER for high school and university women did not have a significant relationship with the prevalence of stunting. If you look at the data distribution of NER for the elementary school female category, almost all girls have completed elementary school, which has reached 97.88% nationally. Meanwhile, the NER for high school and college women is generally still low, so their contribution to improving women's education is not yet real (BPS-Statistics Indonesia, 2022c). The condition of women's education requires concrete efforts from all stakeholders to increase the level of women's educational attainment. Because education is often a measure of status for women (Shimamoto & Gipson, 2015), this also has a relationship with decision-making in the household, which can increase women's empowerment (Ranganathan & Mendonca, 2020).

Limitations

This research has a few limitations. First, the data used is the latest survey data, although some are not the latest year's data. Second, the research data is secondary, so social, cultural, and economic conditions related to gender patterns of life in society cannot be disclosed in depth.

Conclusion

Based on the results of this research, women's autonomy can contribute to controlling the prevalence of stunting, especially by involving women in making physical mobility decisions.

Meanwhile, for the maternal status variable group, only the NER for junior high school women was significant. Therefore, there is a need for in-depth studies using primary data or qualitative studies regarding involvement in the household and economic decision-making so that gender equality can be achieved, which can significantly reduce the prevalence of stunting. Furthermore, there needs to be a particular emphasis on women fulfilling the 12-year compulsory education, and there needs to be an increase in educational attainment standards in Indonesia. In further research, there needs to be an expansion of the scope of women's status, including the level of women's involvement in policy-making positions and women's participation in the public sector. Then again, there is a need for spatially based stunting studies with research coverage in smaller areas so that stunting control can be more specific according to local needs. Efforts to increase the status and autonomy of mothers can be made through the government requiring every ministry and institution to prioritize gender mainstreaming-based programs implemented down to the community level. Apart from that, the government and non-governmental organizations collaborate to continue to provide outreach and understanding to the public regarding the importance of improving the status of mothers and autonomy in the household.

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