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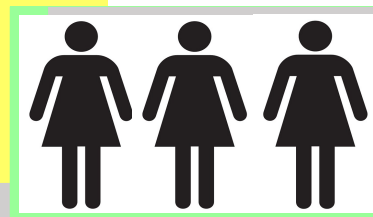
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Women's Autonomy and Hypertension

By Benjamin Fife

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ABSTRACT

Based on a nationally representative sample of 4,869 women in the Dominican Republic, I examine how autonomy and poverty are associated with the diagnosis of hypertension. Using logistic regression techniques, I find that autonomy does not significantly predict the diagnosis of hypertension in the presence of demographic controls, but poverty does. In the case of women in the Dominican Republic, older age, higher weight, urban living and distance to a healthcare facility are better predictors of hypertension diagnosis.

INTRODUCTION

According to the World Health Organization, cardiovascular diseases account for approximately one third of all deaths, or 17 million deaths a year, and of these hypertension accounts for 9.4 million deaths worldwide.¹ Disease prevalence is higher in women than in men and hypertension is present in 35% of the Latin American population, which is higher than in other developing nations such as China, India and those in Sub-Saharan Africa.^{2,3} Household decision-making, higher education, and access to media improve health care practices for both women and their children, even when controlling for socioeconomic status.⁴ Few studies have examined the association between women's autonomy and the health outcome of hypertension.

METHODS

- **Data** – Demographic and Health Surveys (DHS) for the Dominican Republic 2013, sample n=4,869 women who have been screened for hypertension
- **Dependent variables** – Dichotomous variable having been diagnosed by a doctor with hypertension, 1=yes, 0=no
- **Independent variables** – see Table 1
 - Autonomy: A scale created from three items about different aspects of women's autonomy: amount of decision making power in accessing healthcare, making large household purchases, and spending husband's earnings. Coded from 0=decision making power in all categories to 3=no decision making power in any category.
 - Wealth: wealth index based on household wealth, measured in quintiles from 1=poorest to 5=richest
 - Controls: age, weight, education, access to healthcare and living in a rural community
- **Estimation** – models estimated using logistic regression

TABLE 1

Characteristics	Percent /Mean	Standard Deviation	Minimum	Maximum
Dependent Variable				
Diagnosed with hypertension	23.58%		0=no	1=yes
Women's Autonomy				
No decision making power	0.48	0.81	0=say in all three categories	3=no say in all three categories
Categories:	Choosing whether or not to receive healthcare Making large purchases for household Deciding how to spend husband's earnings			
Poverty				
Wealth index	2.80	1.39	1=poorest quintile	5=richest quintile
Controls				
Age	32.88	9.05	15	49
Years of education	9.38	4.51	0	23
Weight in kg	67.96	14.55	32.6	158.7
Rural living	30.58%		0=urban	1=rural
Large distance from health care facility	24.46%		0=not a big problem	1=big problem
Total Sample [N]	[4,869]			

Source: DHS data for the Dominican Republic 2013

TABLE 2

Characteristics	Model 1	Model 2	Model 3
Women's Autonomy			
No decision making power	0.96	0.89	0.97
Poverty			
Wealth index	0.96	0.94*	0.92**
Interaction			
Autonomy & Wealth		1.03	
Controls			
Age			1.04***
Years of education			0.98*
Weight in kg			1.02***
Rural living			0.85*
Large distance from health care facility			1.25**
Total Sample [N]	[4,869]	[4,869]	[4,869]

Source: DHS data for the Dominican Republic 2013

*p<.05 **p<.01 ***p<.001

References

- 1 World Health Organization. 2013. A global brief on hypertension: Silent killer, global public health crisis. Geneva: WHO Press.
- 2 Raina, D J and D S Jamwal. 2009. "Prevalence Study of Overweight/Obesity and Hypertension Among Rural Adults." JK Science 11:20-23.
- 3 Mittal, Bharati V., and Ajay K. Singh. 2010. "Hypertension in the Developing World: Challenges and Opportunities." American Journal of Kidney Disease 55(3):590-98.
- 4 Begum, Sharifa and Binayak Sen. 2009. "Maternal Health, Child Well-being and Chronic Poverty: Does Women's Agency Matter?" The Bangladesh Development Studies 32:69-93.

RESULTS

Table 1

- About 24% of women were diagnosed with hypertension
- On average, women report having relatively high levels of household decision making
- The mean age of respondents is about 33 years of age and they have on average 9 years of education
- Almost one third of respondents live in rural areas and for almost a quarter of respondents distance is a big problem in accessing healthcare

Table 2

- Women's autonomy is not a significant predictor of hypertension in any of the models
- Poverty is not significant until other factors are included; the interaction between autonomy and poverty is also not significant
- Increased weight and age are associated with an increase in the odds of being diagnosed with hypertension
- Although long distance to a health care facility is predictive of being diagnosed with hypertension, those in rural communities have a lower odds of having the illness

CONCLUSION

Hypertension is not associated with the lack of autonomy for women in the Dominican Republic. Assessments of these Latina women with high blood pressure need to look elsewhere for other possible social factors that contribute to their diagnosis. Meanwhile other factors such as weight and distance from a facility can be addressed by public health initiatives that improve lifestyle and health care access for women. Poverty and the stress of healthcare access are risk factors that need further attention.

