

Women's Autonomy and Their Role in Decision Making at Household Level: A Case of Rural Sialkot, Pakistan

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Abstract: The present study aims at understanding the impact of women's autonomy and their role in decision making at household level. Women are becoming more autonomous due to enhancement in their education, exposure towards media, awareness, high access to resources, strong communication with their husbands, freedom from domestic violence and freedom of movements. For the present study 138 married women were sampled from four villages of Tehsil Sambrail, Sialkot. The results showed a positive relation between women's autonomy and their role in decision making at household level. There should be balance of power between men and women. There is still a need to enhance women's autonomy and their role in decision making at household for the development in Pakistani society.

Key words: Autonomy • Role • Women • Decision Making • Household • Sialkot • Pakistan

INTRODUCTION

Now-a-days there has been an ideological revolution in different theories of human rights and are considered a vital issue. This ideological shift has been accompanied by different efforts to improve the status of women in different societies all over the world. Volunteers, researchers, organizations and governments have implemented programs and policies aimed to make the lives of women better in developing countries and their efforts have produced varying results [1-3]. Societies of Asia are mostly male dominated and male is the decision maker. A few researchers have hypothesis that increasing gender inequalities and women's autonomy are strongly associated with social and demographic behavior in South Asia [4-6]. Women autonomy has been studied in Pakistan in the context of its inhabiting influence on fertility and infant child mortality [7].

The concept of women's autonomy is very important in sociology and social studies for more than two decades [8-11]. Early literature defined autonomy as "the degree of access to and control over material and social resources within the family, in the community and in the society at large" [12]. Recently, the definition of autonomy has been broadened to include "the ability to influence and control one's personal environment [13] or "the ability to obtain

information and make decision about one's private concerns and those one's intimates" [5]. Among women, attaining such control is viewed as a key to improve their living conditions.

Women exert control over their own lives within families in which they live at a given point in time [14]. Autonomy is an individual aspect of power that appears more frequently in quantitative literature on gender and power. Educated women have more control over resources and they play a very important role in economic activities such as budgeting, family matters and shopping for the family members. Educated women have more awareness about their rights and also have better communication with their husbands. A number of factors contribute to make them more autonomous and more independent in decision making at household level. While less educated women have less access to adequate infrastructure and social services that is the result of inequality in access to education for boys and girls.

In most societies of Asia, women have a low social status and low level of autonomy, so they have considerably a small role in decision making at household level. Several reports show a positive relation between autonomy of women and their role in decision making at household level. In the current globalizing economy, where women are increasingly crossing borders for work,

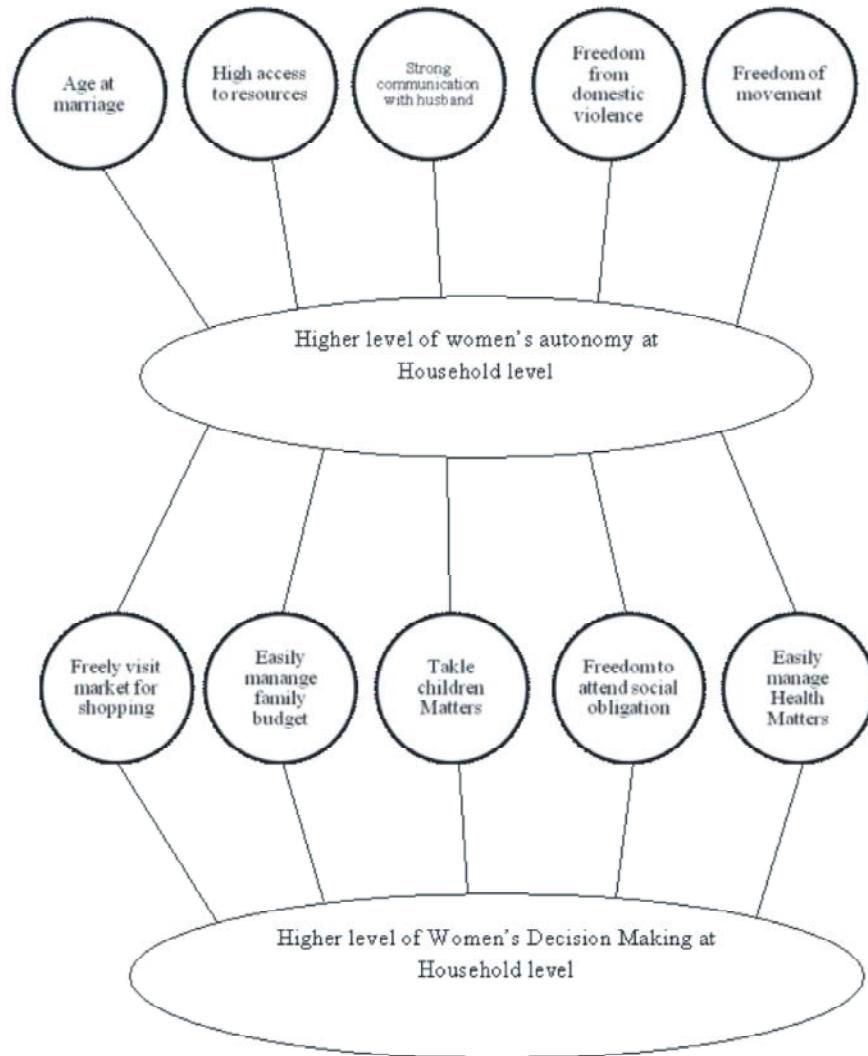


Fig. 1: Showing preposition for present study

it is important to understand women's relative power across various contexts and it is essential that measures of autonomy remain flexible enough to accommodate contextual changes [15].

Pakistani society is also a traditional male dominated society in which male has power, control over resources and has a higher status and position than female. Women's autonomy has been studied in the context of its inhibiting influence on fertility and infant child mortality [7]. Women are getting education and are becoming more aware of their rights, obligations and freedom etc. Women who are more educated have more empowerment than women with less education or uneducated [16].

The women empowerment in economic decision making and in household decision making is satisfactory but empowerment in physical

movement is low. The situation of women empowerment and autonomy was not very good in Bangladesh [17].

Women's autonomy is influenced because of religion and region in India and Pakistan. Region had a significant effect on position and level of autonomy of women because the social settings were different from one another [18]. People in urban areas had gender equitable attitude, women had involvement in decision making and had better family relations. Whereas in rural areas women had a fear of partner's position or negligence, resultantly women are given less important in decision making [19].

Women's decision making authority was clearly related to the context in which they live, as urban women had more roles in decision making at household level but women lived in rural settings were not having active role

in decision making. Women's enhanced role in household decision making had its effect relevant to achieving gender equality and fertility reduction outcomes in Pakistan. Education is hardly associated with the perception of economic autonomy and decision making inside or outside the home. This is the first indication that female education, perhaps because of its low overall attainment levels in rural areas, is not a strong indicator of women's status in Pakistan [20].

The present research has been conducted in the framework of "The Patriarchy Theory" that addresses the financial and social processes which indirectly and directly support a patriarchal social order and family system in society. Patriarchy is a social system in which the male acts as primary authority figure central to social organization; it has manifested itself in the social, legal, political and economic organization. The main theoretical argument is that patriarchy is a social system that leads to oppression and subordination of women.

Objectives of the Study: This study aims;

- ▶ To explore the demographic profile of the respondents
- ▶ To analyze the level of women's autonomy at household
- ▶ To analyze the role of women in decision making at household level
- ▶ To find out the relationship (if any) between women's autonomy and their role in decision making at household level.

MATERIALS AND METHODS

For the present study 138 married women were selected through proportionate random sampling, because sampling frame was available at concerned union council office. Sample was selected from four villages on the basis of the characteristics like, married women having at least one child, two years marriage duration and living with their husbands in concerned four villages of Tehsil Sambrial, Sialkot. A well structured questionnaire was administered by the researchers which contained different parts like a) demographic profile of the respondents; b) age at marriage; c) access to resources; d) communication with husband; e) freedom from domestic violence; f) freedom of movement; g) visit to market/shopping centers; h) family budget; i) children matters; j) social obligations; and k) health matters. Measurement tool was pre-tested from 15 randomly selected married women from

the target population. Further, the data was analyzed by using Statistical Package for Social Sciences (SPSS) version 16.0. Percentages and statistical test were used to draw the conclusion.

RESULTS AND DISSUSSION

Table no.1.1 describes the age group of the respondents. The 5.8 percent of the respondents belonged to the age category of up to 25 year, 26.1% respondents fall in the age category of 26-30 years, 21.7% belonged to 31-35 years, 21.7% respondents also belonged to 36-40 year, 15.9 were under 41-45 years of category and only 8.7% of the respondents belonged to the age category of 46 years and above. Results demonstrate that the majority of the respondents belonged to mature age group.

Table no.1.2 depicts the monthly income of the respondents. Field data reveals that 46.4 percent of the respondent income was more than 40000 Rs. per month. While 17.4 percent fall in the monthly income category of 20001 to 30000, 15.2 percent were in income bracket of 10001 to 20000 and only 8.7 percent of the respondents had up to 10000 monthly incomes in rupees.

Table no.1.3 shows the family structure of the respondents. More than half (52.2%) of the respondents were living in a nuclear family system while 30.4 percent belonged to joint and only 17.4 percent of the respondents were living in extended family structure. The results demonstrate that the role of media, level of education, emerging concept of globalization, modernization and industrialization change the structure of the families in urban as well as in rural areas of the society. Labor force participation, higher educational attainment and increase in household wealth had also a positive effect on married women's autonomy in Indonesia [21]. But in some areas economic class had a weak and ambivalent influence on women's autonomy; class influenced both education and employment of women, these factors remained as routes to empowerment in rural areas of Pakistan [22].

Women were highly influenced by the level of their education and family system. Women had a higher level of education and living in nuclear family system reflects the level of autonomy. Nuclear family system and higher level of education is positively associated with the level of autonomy [23]. Table no.1.4 reflects the educational status of the married women. Data collected from the field shows that 23.2 percent of the respondents had the qualification at matic level, 29.0 percent of the

Table 1: Demographic Profile of the Respondents

1.1 Age of the Respondents (Years)			1.4 Education of the Respondents		
Categories	Frequency	Percentage	Categories	Frequency	Percentage
Up to 25	08	05.8	Illiterate	28	20.3
26-30	36	26.1	Primary	24	17.4
31-35	30	21.7	Middle	14	10.1
36-40	30	21.7	Metric	32	23.2
41-45	22	15.9	Intermediate	19	13.8
46 & Above	12	08.7	BA & Above	21	15.2
Total	138	100.0	Total	138	100.0

1.2 Respondent's Monthly Family Income (Rs.)			1.5 Family Size of the Respondents (#)		
Categories	Frequency	Percentage	Categories	Frequency	Percentage
Up to 10000	12	08.7	Up to 3	13	09.4
10001-20000	21	15.2	4-5	33	23.9
20001-30000	24	17.4	6-7	39	28.3
30001-40000	17	12.3	8-9	21	15.2
40001-Above	64	46.4	10 & Above	32	23.2
Total	138	100.0	Total	138	100.0

1.3 Family Structure of the Respondents			1.6 Respondent's Age at Marriage (Years)		
Categories	Frequency	Percentage	Categories	Frequency	Percentage
Nuclear	72	52.2	Up to 20	54	39.1
Joint	42	30.4	21-25	64	46.4
Extended	24	17.4	26-30	20	14.5
Total	138	100.0	Total	138	100.0

Table 2: Women's Autonomy and Their Role in Decision Making at Household Level

Women's Autonomy				
Role in Decision Making at Household Level	Low % (f)	Medium % (f)	High % (f)	Total % (f)
Low	08.6(12)	08.6(12)	0.7(01)	18.11(25)
Medium	04.3(06)	13.7(19)	15.2(21)	33.33(46)
High	00.0 (00)	08.6(12)	39.8(55)	43.55(67)
Total	47.36(18)	31.15(43)	55.79(77)	100.0 (138)

Somers's Value = .577 with p-value < .05
 Kendall's tau-b value = .577 with p-value <.05
 Gamma value = .820 with p-value <.05

Table 3: Variables Code and List of Variables

Code	Indicators/Variables
1 Age at Marriage	Independent Variable (Women's Autonomy)
2 Access to Resources	
3 Communication with Husband	
4 Freedom from Domestic Violence	
5 Freedom of Movement	
6 Visit to Market/Shopping Centers	Dependent Variable (Decision Making at Household Level)
7 Family Budget	
8 Children Matters	
9 Social Obligations	
10 Health Matters	

Table 4: Non-parametric Correlations Kendall's tau-b

Codes	1	2	3	4	5	6	7	8	9	10
1	1.000	.229**	.184**	-.201**	.293**	.241**	.246**	.217**	.211**	.255**
2		1.000	.342**	-.487**	.591**	.638**	.646**	.602**	.519**	.577**
3			1.000	-.384**	.381**	.368**	.369**	.367**	.326**	.407**
4				1.000	-.530**	-.454**	-.479**	-.475**	-.402**	-.469**
5					1.000	.595**	.617**	.588**	.509**	.657**
6						1.000	.713**	.648**	.585**	.708**
7							1.000	.754**	.666**	.705**
8								1.000	.681**	.665**
9									1.000	.673**
10										1.000

**. Correlation is significant at the 0.01 level (2-tailed).

respondent's educational level was intermediate and above. While on the other side 20.3 percent of the respondents were illiterate and 27.5 percent had primary and middle level of education. This educational background of the married women shows the changing trend in rural areas of Pakistan. Education is an important factor which improves the position and status of women within their families. The women who were working and had more income had a significant position in their families [24].

Education of the women is one of the main determinants of women's autonomy. Education of women is a measure widely used to judge their relative status and autonomy [25, 26]. Many researches show that education is directly linked to education [26] patriarchal structure [27]. Education as a source base, women are better able to gain independence from the constraints of patriarchal traditions [28].

Table no.1.5 describes the family size of the respondents. Data presented in the table shows that 28.3 percent of the respondents had six to seven family members, 23.9 percent had four to five, 23.2 percent of the respondents had more than nine and only 9.4 percent of the respondents had up to three family members.

Table no.1.6 depicts the age of the respondents at the time of marriage. Data indicates that 39.1 percent of the respondents' age at their marriage was up to 20 years, 46.4 percent of the respondents' age category was 21 to 25 years and only 14.5 percent of the respondents' age group was 26 to 30 years. It shows that majority of the respondents' age at marriage was less than 26 years. There are four types of women's household decision making; own health care, making major household purchase, making purchase for daily household needs and visit to her family or relatives were also measured in Nepal by Nepal Demographic Health Survey in 2006 [29]. Each of the determinants had influence on autonomy but

education and socioeconomic status were the most important factors which influenced the level of autonomy at Bolivia, Peru [30].

The given cross table has been formulated to check the relationship between women's autonomy and their role in decision making at household level. Both constructs and factors were measured on ordinal scale (Low, Medium, High), for this type of data Kendall's Tau-b or Kendall's tau-c are appropriate. Results of these tests (0.577 and 0.820) showed that these two factors have positive relationship with each other. It means as the women's autonomy increases their role in decision making at household level increases and vice versa. In other words we can say that women's autonomy has positive effect on their role in decision making at household level. P-value which is less than level of significance (0.05) shows that results are significant. The findings of the study also indicate a surprising fact that it was not employment but it was employment outside their husband's farm that contributes to women's autonomy and enhances their role in decision making in rural areas of Bangladesh [31]. If the level of women empowerment is low, its impacts were bad on development and it also increases poverty [32].

The Table 3 indicates variable codes and a list of variables. First column shows the code of variables which are used in table no.4 along with the labels showing independent and dependent variables.

Table no.4 reflects the non parametric Correlations Kendall's tau-b statistical test. The statistical results showed that there is a positive and significant relationship between variables while some variables have negative relationship. According to the analyzed data, age at marriage had a significant relationship with freedom of movement ($\tau_b=.293$) and decisions about health matters ($\tau_b=.255$) as compared to all other variables. It had negative significant correlation with facing

domestic violence ($\tau_{ub} = -.201$). Freedom from domestic violence leads women to have autonomous position and enhances their role in decision making at household level. There are evidences that autonomy influences domestic violence. Women who are educated are likely to be less abused by their partner than women with lower level of autonomy.

Access to resources had high correlation with decision about visiting market for shopping ($\tau_{ub} = .638$), family budget making ($\tau_{ub} = .646$) and decision making about children matters ($\tau_{ub} = .602$) as compare to communication with husband ($\tau_{ub} = .342$) and freedom of social movement ($\tau_{ub} = .591$). Access to resources is largely pre-determinate by resources available to the family. Mobility, emotional autonomy, or the extent to which women enjoy close bound with spouses and free from the threat of violence and abuse; and economic and social autonomy and self-reliance, namely the extent to which women have access and control over their own and their household economic resources [11, 4, 25]. Mobility means women can go alone to the market, to the field, to the health center and to visit relatives [22].

Communication with husband is a determinant which had been used in various studies for measuring the autonomy of women and their role in decision making. Respondents' education does not seem to be strong explanatory factor except to access the resources and for reducing fear of husband and for increasing communication with spouse [22].

It had negative moderate relationship with facing domestic violence ($\tau_{ub} = -.487$). The same findings of the study show that with greater freedom to mobility and involvement in household purchases variable had greater effect in decision making at household level and this effect was greater in rural areas. The major decisions within household such as marriage of children, sale and purchase of livestock had been decided by male members of the family especially in rural areas. Women's decision making power at household level plays an important role in achievement of gender balance in every society [33].

Respondents' communication with husband had moderate positive correlation with freedom of movement ($\tau_{ub} = .381$) and decisions about health matters ($\tau_{ub} = .407$) and attending social obligations ($\tau_{ub} = .326$). It had also negative moderate relationship with facing domestic violence ($\tau_{ub} = -.384$).

Facing domestic violence by women had negative correlation with all other variables. Freedom of movement had highly positive correlation with family budget making ($\tau_{ub} = .617$) and decisions about health matters

($\tau_{ub} = .657$) as compare to decisions about attending social obligations ($\tau_{ub} = .509$). Family budget making had a high positive correlation ship with decisions about children matters ($\tau_{ub} = .754$) and health matters ($\tau_{ub} = .705$) as compare to decisions about attending social obligations ($\tau_{ub} = .666$). Decisions about attending social obligations and decision about health matters were also highly positively correlated. All the results were significant with 0.01, level of significance.

CONCLUSION

Many factors affect the ability of women to take part in the decision-making process in the household. Some of these factors relate to the type of decision that is taken and some to the background of the women. Women autonomy has significant effect on their role in decision making at household level. Increased women's autonomy significantly enhances their role in decision making at household level. It is concluded that majority of women had a high level of autonomy with respect to their access to resources, good communication with their husbands, freedom from domestic violence, high level of personal autonomy and freely visit parental, friends and relatives home. They had a high level of movement. Women's autonomy in reference to economic resources had an average level because they were having relatively low level of access to family income but had high access to their husband's income and to some extent had control over it. Mostly women had a significant role in decision making at household level. Majority of the respondents visit market for shopping or to buy items for family members and some other household needs and perform their role in the decisions about their children and health matters.

Findings of the study show that if women autonomy will be higher, it will increase their role in decision making at household level. Autonomy of women had a great link with education, age, access to resources and communication with their husband as well.

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