

Factors Influencing Women's Decision-Making Authority and Autonomy in Rural Rajasthan

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Abstract

Gender equality is a concern for achieving universal health coverage, peace, prosperous and sustainable world. The article attempts to understand women's autonomy and its dynamics and associated elements contribute to decision making for three districts of Rajasthan. Bivariate analysis and multinomial regression analysis suggest that decision making for preparation of food was different for the joint and nuclear family, for purchasing household assets joint decisions were taken by husband and wife. Variables namely marital duration, educational level, media exposure, religion, and standard of living index were significantly associated at with decision making whereas marital duration, educational level, caste, religion and exposure to media found statistically significant with autonomy. The multinomial regression analysis shows that the probability of such an occurrence was 15.5 percent. Policymakers and practitioners must consider two factors i.e., decision-making capability of women and their autonomy, while designing the policy and intervention plan.

Keywords: *Women Decisions making, Autonomy, Empowerment, SDG 5, Rural.*

Introduction

Women's active involvement at every level of decision-taking is essential to accomplish egalitarianism and reconciliation in the households and at the Nation¹. Regardless of significance of women's involvement in deciding for the households, in developing nations, their decision-making capacity is limited². Muzamil concluded in his study that the participation of the females in decision-making procedure is largely affected through wisdom they have and understanding between spouses³. Both of these factors are contributing to the collective growth of autonomy⁴.

Women's decisions making authority and autonomy is controlling their desires, setting their own priorities in life, helping each other for a fruitful result and to generate demand for the support from the society⁵. Safilios found that taking a decision by the women within the households should be looked through two different lenses⁶. First may impact on the wellbeing of the households while the second is the significance of joint judgment with each other. It is concluded in the studies that the second factor have a greater women's autonomy as compared to the earlier⁷. The National Family Health Survey-4 revealed that 59 percent women participated in decision-making.

The article attempts to understand the women's decision-making authority, autonomy and factors associated in three districts of rural Rajasthan. It tries to understand a Four-Dimensional Model of women's autonomy to integrate as a multifaceted process as:

1. Family structure and the restrictions imposed on her.

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2. Involvement purchasing household's major assets.
3. Decisions on own health-seeking and children's education.
4. Freedom of movement in public by family and society.

Methods

To understand variability in women's status and independence i.e. autonomy, explorative study design with pretested schedule was used. Multistage sampling was used; districts and blocks were selected randomly. Villages were selected through population proportionate to size (PPS), and households by systematic random sampling. A total 2160 sample was calculated using the formulae $X = Z\alpha^2 * p*(1-p)/MOE^2$ where prevalence of decision making from a previous study in India was reported 65.2 percent. Analysis was made with the help of SPSS 21.0 version. Chi-square and multinomial regression were conducted to find influence on decision-making and autonomy with socio-demographic characteristics. Two indices namely decision-making, and autonomy were constructed by giving scores (Cronbach's alpha 0.88 and 0.82 respectively).

Results

Socio-Demographic Profile

The result shows that majority (89.8 percent) of women belonged to Hindu family and Other Backward Caste (48 percent). Around 35 percent families had BPL card and 45 percent were nuclear family. Interestingly, the number of nuclear families in Muslim community was more than their Hindu counterparts. Seventy percent of the respondents had any media exposure. Two-fifth (38 percent) of the respondents were illiterate and 12 percent educated for more than 12 years. Two-fifth (43 percent) were from low Standard of Living Index (SLI), half from medium, and remaining in the high SLI category. Results related to duration of marriage revealed that 43 percent married for fewer than 5 years, 33 percent for 6-10 years and 24 percent for more than 10 years.

Decision-making authority

Further, analysis shows around three-fifth women

had a say to decide food to be prepared for the family. Women of nuclear family had more say (71 percent) than women staying in a joint family (48 percent). Husband played a major role in purchasing daily household needs. It was found that in a nuclear family, women reported decided jointly with husbands (43 percent), whereas in a joint family (39 percent) decisions about the same were taken by parents in law. Pertaining to purchase of household assets, in joint family, 68 percent of the decisions were taken by both the spouse compared to 25 percent in nuclear family.

The analysis also reflects that around two-thirds (65 percent) households, it was a joint decision with their husbands to register their children in school. Results regarding decisions for treatment-seeking of children show seven percent respondents took the decision, joint decision with husbands for 65 percent, 10 percent husbands alone, while in eight percent of households' parents in law made decisions on the health-seeking of their grandchild. Three-fifth of the households (60 percent) in case of nuclear and 70 percent in joint family, women consulted with the husband for health care of herself. The decision regarding visiting relatives and kin was mainly taken jointly with husband (49 percent), additionally, in almost one-fourth (22 percent) cases parents in law took the same decisions. In a joint family, 39 percent respondents reported that decisions were taken by parents in law. More than half of the respondents (51 percent) could take their decisions on their own about working outside the home in nuclear families. Overall, 34 percent women said they had to take permission from family elders, another 21 percent required the permission of the husband.

Women's Autonomy

Analysis pertaining to autonomy reflects that one-fifth (20 percent) of the respondents could go to the market alone, but in 69 percent households, women were not permitted to go to the marketplace, health institutions and any other areas alone. In the nuclear family, the women found having little more autonomy, however, 59 percent of women could go outside the home with someone. In a joint family the majority (76 percent) of the females could go outside their community with someone else only. However, women age more than thirty years could go outside the home more while

comparing with women < 30 years. Forty three percent respondents reported spending money on their own. Further, caste wise analysis suggests that restriction in going to the market was more for general category women in comparison to other castes like SC, ST, and OBC.

Relationship between “decision making” and “autonomy” with characteristics of the respondents presented by chi-Square test. It was observed, there was a relationship between decision-making authority of women with duration of marriage, educational level, media exposure, religion, and standard of living index of the respondents (Table1). Similarly, there exists a relationship between autonomy of women with the

duration of marriage, educational level, caste, religion, and media exposure (Table2). Multinomial regression was performed to find the predictors for autonomy of women in the study area. The findings revealed that females who were not engaged in decision making process found having low to moderate autonomy as compared to those who were making decisions. It was also envisioned that education and tenure of marriage in completed years emerged out as significant predictors with low and medium autonomy, implying that less educated women and recently married women within five years were not been able to achieve their autonomy at their households and were primarily depending on others. Exposure to media played a crucial role in developing autonomy.

Table 1: Factors associated with women’s decisions making authority

Indicators		Low Authority	Moderate Authority	High Authority	Total	Chi square test value	P-value
Type of house	Pucca	259 (43.5)	664 (45.9)	41 (34.7)	964 (44.6)	7.287	0.121
	Semi-pucca	215 (36.1)	472 (32.6)	48 (40.7)	735 (34.0)		
	Kachha	121 (20.3)	311 (21.5)	29 (24.6)	461 (21.3)		
Religion	Hindu	555 (93.3)	1281 (88.5)	105 (89.0)	1941 (89.9)	12.593	0.013**
	Muslim	39 (6.6)	163 (11.3)	12 (10.2)	214 (9.9)		
	Other	1 (0.2)	3 (0.2)	1 (0.8)	5 (0.2)		
Caste	SC	128 (21.5)	304 (21.0)	29(24.6)	461(21.0)	3.052	0.802
	ST	120 (20.2)	268 (18.5)	24(20.3)	412(19.1)		
	OBC	283 (47.6)	697 (48.2)	50(42.4)	1030(47.7)		
	General	64 (10.8)	178(12.3)	15(12.7)	257(11.1)		
Education	Illiterate	209 (35.1)	561 (38.8)	51(43.2)	821(38.0)	13.942	0.03**
	Primary	96 (16.1)	290 (20.0)	15(12.7)	401(18.6)		
	Secondary	210 (35.3)	432 (29.9)	36(30.5)	678(31.4)		
	More than Secondary	80 (13.4)	164 (11.3)	16(13.6)	260(12.0)		

Cont... Table 1: Factors associated with women’s decisions making authority

Indicators		Low Authority	Moderate Authority	High Authority	Total	Chi square test value	P-value
Marriage Duration	0-5 Years	337 (56.6)	561 (38.8)	34(28.8)	932(43.1)	85.204	0.000*
	6-10 Years	179 (30.1)	503 (34.8)	37(31.4)	719(33.3)		
	>=11 Years	79 (13.3)	383(26.5)	47(39.8)	509(23.6)		
Media Exposure	No	159 (26.7)	460 (31.8)	30 (25.4)	649 (30.0)	6.420	0.040**
	Any	436 (73.3)	987 (68.2)	88 (74.6)	1511 (70.0)		
SLI	Poor	237 (39.8)	653 (45.1)	46 (39.0)	936 (43.3)	8.629	0.071***
	Medium	308 (51.8)	705 (48.7)	66 (55.9)	1079 (50.0)		
	High	50 (8.4)	89 (6.2)	6 (5.1)	145 (6.7)		
Total		595 (27.5)	1447(67.0)	118(5.5)	2160(100.0)		

* p<.01, ** p<.05, *** p<.1

Table 2: Factors associated with women’s autonomy

Indicators		Low Autonomy	Moderate Autonomy	High Autonomy	Total	Chi square test value	P-value
Type of house	Pucca	627 (44.0)	208 (44.4)	129 (48.5)	964 (44.6)	2.821	0.588
	Semi-pucca	490 (34.4)	165 (35.3)	80 (30.1)	735 (34.0)		
	Kachha	309 (21.7)	95 (20.3)	57 (21.4)	461 (21.3)		
Religion	Hindu	1286 (90.2)	408 (87.2)	247 (92.9)	1941 (89.9)	8.982	0.062***
	Muslim	136 (9.5)	60 (12.8)	18 (6.8)	214 (9.9)		
	Other	4 (0.3)	0 (0.0)	1 (0.4)	5 (0.2)		
Caste	SC	297 (20.8)	83 (17.7)	81 (30.5)	461 (21.3)	25.468	.000*
	ST	255 (17.9)	100 (21.4)	57 (21.4)	412 (19.1)		
	OBC	696 (48.8)	236 (50.4)	98 (36.8)	1030 (47.7)		
	General	178 (12.5)	49 (10.5)	30 (11.3)	257 (11.9)		

Cont... Table 2: Factors associated with women's autonomy

Education	Illiterate	533 (37.4)	199 (42.5)	89 (33.5)	821 (38.0)	31.041	.000*
	Primary	297 (20.8)	75 (16.0)	29 (10.9)	401 (18.6)		
	Secondary	434 (30.4)	144 (30.8)	100 (37.6)	678 (31.4)		
	More than Secondary	162 (11.1)	50 (10.7)	48 (18.0)	260 (12.0)		
Marriage Duration	0-5 Years	697 (48.9)	158 (33.8)	77 (28.9)	932 (43.1)	75.285	.000*
	6-10 Years	458 (32.1)	170 (36.3)	91 (34.2)	719 (33.3)		
	>=11 Years	271 (19.0)	140 (29.9)	98 (36.8)	509 (23.6)		
Media Exposure	No	456 (32.0)	116 (24.8)	77 (28.9)	649 (30.0)	8.844	.012**
	Any	970 (68.0)	352 (75.2)	189 (71.1)	1511 (70.0)		
SLI	Poor	629 (44.1)	203 (43.4)	104 (39.1)	936 (43.3)	2.904	0.574
	Medium	706 (49.5)	230 (49.1)	143 (53.8)	1079 (50.0)		
	High	91 (6.4)	35 (7.5)	19 (7.1)	145 (6.7)		
Decision-making	Low	487 (34.2)	88 (18.8)	20 (7.5)	595 (27.5)	250.191	.000*
	Moderate	917 (64.3)	341 (72.9)	189 (71.1)	1447 (67.0)		
	High	22 (1.5)	39 (8.3)	57 (21.4)	118 (5.50)		
	Total	1426 (66.0)	468 (21.7)	266 (12.3)	2160 (100.0)		

* p<.01, ** p<.05, *** p<0.1

Discussion

Sustainable Development Goal-5 proclaimed that “Gender equality is not only a fundamental human right but a necessary foundation for a peaceful, prosperous and sustainable world will nurture sustainable economies and benefit societies and humanity at large”. This study showed a considerable impact on the intensity of women's judgment-making authority and autonomy among the educated women, belonging to nuclear family, exposed to media, religion, having higher SLI, and higher duration of the marriage. Nigatu and others, in their study, indicated that older women (35–39 years) were possess 4 times higher autonomy than women less than 20 years⁸.

The current study depicts that women who were not involved in decision-making process found having low to moderate autonomy compared to those who were deciding on their own. Similarly, for low autonomy, Schedule Caste and Schedule Tribes, were significant as compared to medium autonomy for Schedule Caste. It was also emerged that less educated women and recently married women within five years were not been able to achieve their autonomy at their household and primarily depends on others. The study reflects the considerable association between decisions making authority of women's and their independency. A similar observation was also noted where women autonomy measured in various ways are inspired by social status along with

education and economic activity⁹.

Lower autonomy is seen among the women who are less educated, younger in age and attached to mother in law¹⁰. The current study findings also exhibit the same result suggesting education, young age and low economic condition of the women influence women's autonomy. The overall R-square value shows that probability of such occurrence is 15.5 percent of the studied population and the same was noted by Muzamil that decision-making process is commonly dominated by the level of knowledge and the probability of such occurrence is 15.5 percent³. NFHS-4, Rajasthan report stated that one-third women did not take part in judgement about individual health care, major household purchases and trips to their own family members and loved ones. Only 10, 5, and 7 percent of women are permitted to go alone to market, a health institution, and areas out of the village, respectively. Mullany and others in their study advocate that lower the age, partner goes along with her to healthcare, to the market and during a visit to outside the village, less is the probability of women's independency¹¹.

Conclusion and Suggestions

Involving women in decision making is yet restricted to a large extent in rural Rajasthan. Decision-making authority was more among the educated women, women belonging to the nuclear family, exposed to media, having higher SLI and longer duration of marriage. Women who did not participate in decision making having low to moderate autonomy than who were not dependent on others for decision making. In a nuclear family, the women had marginally more autonomy, but still could not go outside home alone, they had to take someone with her. There is a significant association between women's decision-making authority and their independency, therefore, while policymakers and practitioners designing the policy and intervention plan the factors listed in the study should be considered.

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Ethical Clearance: Informed consent was taken from each of the respondents pertaining to their voluntary

participation, right to withdraw from interview at any point of time during interview, confidentiality, and privacy of collected information.

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