IMPACT: International Journal of Research in Applied, Natural and Social Sciences (IMPACT: IJRANSS)
ISSN(E): 2321-8851; ISSN(P): 2347-4580
Vol. 3, Issue 3, Mar 2015, 133-150

FACTORS INFLUENCING WOMEN'S DECISION MAKING POWER: EVIDENCE FROM BANGLADESH URBAN HEALTH SURVEY DATA

FARZANA JAHAN, SHAMIMA HOSSAIN & KAZI MD. FARHAD MAHMUD

Lecturer, Department of Applied Statistics, East West University, Dhaka, Bangladesh

ABSTRACT

Women empowerment is a pre-requisite of any country's development and decision making power of women is an indicator of women empowerment. Most of the previous studies of women decision making mainly focused on the influence of women's decision making on the child health, child mortality, maternal health care, children drop out from school or some other socio-economic matter of women. However there have been a few studies identifying the responsible factors that influence women's decision making power inside household. But none of the studies focused on urban women's decision making ability inside household and empowerment. This study makes an attempt to determine the factors affecting decision making power of urban women on six indicators in order to assess their actual situation of empowerment by using the Bangladesh Urban Health Survey data. By the use of six different models for six types of decision making, this study revealed some of the determinants of women empowerment are similar to the previous studies and also discovered a new factor that have significant effect on urban women's decision making inside household.

KEYWORDS: Women Empowerment, Urban Women, Household Decision

INTRODUCTION

Women's empowerment is an essential for any country's social and economic development. Though we are living in a civilized era with advances of science and technology, deep down inside the society, still deprivation of women's right is a common issue. Women's decision making ability is an important indicator of women's autonomy and empowerment as found in previous studies (Bloom et al, 2011; Basu, 1992; Dyson and Moore, 1983).Households being the central to most policy initiatives, understanding of decision making process inside household is particularly important. And the bargaining power of women in making household decisions is certainly an effective issue to look at in order to determine who should receive welfare benefits to increase household-wellbeing (Hou, 2011). Bloom et al (2011) made an attempt to find the determinants of women's autonomy described in three areas: Control over finances, decision-making power and freedom of movement after controlling for age, education, household structure and other factors are examined and their relationship to maternal health care utilization. In the 1960s family sociologists were increasingly interested in examining the effect of a wife's work participation on the decision-making process in the family (Bloodand Wolfe, 1960, Blood, 1963). Social science studies of marital decision-making have been conceptualized within the general framework of power (Mizan, 1994). In many researches (Hashemi and Schuler, 1994, Naved, 1994) decision-making has been considered as a significant indicator to understand women's status in family. There have been several studied in the field of economics to describe the household decision making power, balance between husband and wife in terms of different models (Basu, 2006; Hou, 2011; Maitra, et al. 2006).

Some studies on women decision making power (Anderson and Eswaran, 2005; Shahidul, 2013) are conducted in the rural Bangladesh. Anderson and Eswaran (2005) attempted to investigate the impact of women's earning on her decision making power. In this study they used household level data from the Matlab Health and Socio Economic Survey(MHSS) conducted in 1996. The survey gathered information from approximately 4364 households in 2687 residential compounds (baris) in Matlab, a rural subdistrict (Thana) in Chandpur Zila(Chittagong division) of Bangladesh. They used a simple model to identify the bargaining power of a woman relative to that of her husband in a household in terms of earned and unearned income. The empirical results of their model show that women's income outside their husbands' farm contributes more to women's autonomy. That is, women with outside income has more autonomy than those who work in land they own. On the other hand, Shahidul (2013) found that, women decision making power can reduce the rate of school dropout of her daughter. There is also evidence that women participation in economic activities reduce the son preference in South Asia which substantially increase the decision making power of women (Smith and Byron, (2005). Hou, X. and Ma, N. (2012) linked women's decision making ability to their uptake of maternal health services in their study. The data from Pakistan Social and Living standards Measurement Survey (PSLM,2005-06) was used in the study. They used logit models to model four dependent variables indicating measures of maternal health services. Indices of women's decision making power was constructed using four questions about household expenditures. Other demographic variables like women's age, education etc. were also considered as control variables in this study. Their findings suggested that empowerment of women in terms of their decision making ability has a positive impact on their uptake of medical health services. A large body of research has attempted to explore intra-household decision-making power and its links with human development (Thomas 1990; Felkey 2005; Basu 2006;Lancaster et al. 2006). Though there is some evidence of a positive relationship between women's decision-making power and children's schooling, particularly in the literature on conditional and unconditional cash transfers to women as an instrument for improving women's decision-making power (Duflo 2003; Gitter and Barham 2008; Holmes et al. 2010), the evidence linking women's decision making and women's maternal health services uptake is still mixed (Bhatia and Cleland 1995; Sathar and Kazi 1997; Bloom et al. 2001; Fikree et al. 2001; Matsumura and Gubhaju 2001; Mumtaz and Salway 2005). Although many studies have been conducted on the women decision making, most of them focus on the impact of women decision making power on the different aspect. Few attempts have been made to find the factors which actually determine the women decision making power. Acharya et al (2010)used Nepal Demographic Health Survey (NDHS) 2006 data, which provided information on ever married women aged 15-49 years (n = 8257). They used logistic regression model in their analysis. The dependent variablesare women's four types of household decision making; own health care, making major household purchases, making purchase for daily household needs and visits to her family or relatives. A number of socio-demographic variables were used in multivariable logistic regression to examine the relationship of these variables to all four types of decision making. They have found that women's autonomy in decision making is positively associated with their age, employment, number of living children, education and having wealth. Again women from rural area and Terai region have less autonomy in decision making in all four types of outcome measure.

In Bangladesh, no attempt has been yet made to find the determinants responsible for the increment of women decision making power. So, an attemptis made in the present study to identify the factors that influence women's decision making power. This study focuses on determining indicators of urban women's decision-making power within the household. In this study women's involvement in six household decision making are considered and in order to find the

responsible factors to six type of decision making six different models are fitted unlike using a score made by combining different answers to questions (Bogale et al.2011; Story and Burgard.2013). Since, the answers to different questions are not independent of each other, using the responses to produce a single score on women's decision making can be often misleading. As it is known empowerment can be measured using survey data on women's decision-making power within the home(Fielding, 2013).Among the six different household decision making, five are directly related to women empowerment while the sixth one (decision about cooking) does not depict the empowerment of women inside household in terms of women decision making power as a woman naturally takes the cooking decision in household. In this study, urban women are the women living in the town or city area, more specifically, metropolitan areas in Bangladesh.

DATA AND METHODOLOGY

Source of the Data

The data from Bangladesh Urban Health Survey (UHS) conducted in 2006, is used to determine the factors influencing decision making of women. The principal objectives of the 2006 UHS were (a) to obtain a profile of health problems and health-care seeking behavior in urban areas of Bangladesh, (b) to identify vulnerable groups and examine their health profile and health-care seeking behavior and (c) to examine the individual, household, and neighborhood-level factors associated with health outcomes and health behaviors in urban areas. The basic sampling plan for the 2006 UHS involved a multi-stage cluster-based approach for which mahallas are served as the primary sampling unit (PSU). These have been drawn from slum and non-slum areas, allowing the two to serve as the basic statistical domains in six City Corporations (District municipalities served as another domain, without distinction between slum and non-slum areas within them). The 2006 UHS data include a total of 15277 women where 13746 women were married and 1531 women were never married. Among the married women, 11613 women gave their opinion regarding the decision making about the five family affairs namely respondent health care, large household purchase, and household purchase for daily need, visiting friends and family and cooking. On the other hand, 10394 women gave their opinion regarding decision making of child health care.

Methodology

The analysis of this paper is based on the ever married women of age 13-59 years. Sample weights are used in order to adjust for the sample design; this ensures that the results are representative at the national level. Since the objectives here is to identify the determinants responsible for the decision making of urban women about six family matters thereby our dependent variable is whether women her selves are involve with taking decision or not.

The response variable is computed from the responses of women on the following six questions:

Who exactly in your household makes finaldecisions about […]?

A. Your health care

B. Your children's health care

C. Making large household purchases

D. Making household purchases for daily needs

E. Visits to family, friends or relatives

F. What food should be cooked each day

The responses are recorded in the following form in UHS 2006 :

1=Respondent; 2=Spouse; 3=Respondent and husband jointly;

4=Someone else; 5=Respondent and someone else jointly.

The dependent variables for this study is made for each of the questions combining some response categories into two exhaustive categories as:

1= If the woman is involved in decision making (1,3 and 5)

0=If the woman is not involved in decision making (2 and 4)

The responses of ever married women of age 13-59 on six questions indicating decision making in household are modelled using logistic regression models.

The models can be expressed as:

$$P(Y_{ik}=1) = \frac{e^{1+\beta_1 X_{1i}+ \beta_2 X_{2i}+ \beta_3 X_{3i}\ldots\ldots\ldots\ldots\ldots\ldots + \beta_{20} X_{20i}+\varepsilon i}}{1+ e^{1+\beta_1 X_{1i}+ \beta_2 X_{2i}+ \beta_3 X_{3i}\ldots\ldots\ldots\ldots\ldots\ldots + \beta_{20} X_{20i}+\varepsilon i}}$$

Where, k=1,2,3,4,5,6

The dependent variables for six models are:

Model 1:

Y_{i1}= 1 ; if woman is involved in decision making about own health care

0 ; otherwise

Model 2:

Y_{i2}= 1 ; if woman is involved in decision making about children's health care

0 ; otherwise

Model 3:

Y_{i3}= 1 ; if woman is involved in decision making about large household purchase

0 ; otherwise

Model 4:

Y_{i4}= 1; if woman is involved in decision making about daily household purchase

0 ; otherwise

Model 5:

Y_{i5}= 1 ; if woman is involved in decision making about visiting family, friends and relatives

0 ; otherwise

Model 6:

Y_{i6}=1, if woman is involved in decision making about cooking on each day

0 ; otherwise

The Covariates are the same for all the models.The covariates considered for all six models are: Woman's education level (X_{1i}=1 if primary,X_{2i}=1 if Secondary, Ref: No education) ,Woman's age (X_{3i}),Wealth index (X_{4i}=1 if Middle Class, X_{5i}= 1 if Rich, ref: Poor), Income level(X_{6i}=1 if income is less than 2500, X_{7i}= 1 if income is greater or equal 2500, Ref: No income), Working status (X_{8i}= 1 if Currently Working, X_{9i}=1 if Currently not working but worked previously, Ref: Never worked),Region (X_{10i}=1 if lives in Barisal; X_{11i}= 1 if lives Chittagong, X_{12i}=1 if lives in Dhaka, X_{13i}= 1 if lives in Khulna, X_{14i}= 1, if lives in Rajshahi, Ref: lives in Sylhet), Marital status (X_{15i}=1, if Currently married, Ref: Currently not married i.e., separated, divorced or widowed), Age at marriage (X_{16i})exposure to media (X_{17i}=1, if watches television, Ref: Does not watch;X_{18i}=1, if listen to radio, Ref: does not listen; X_{19i}=1, if reads newspaper, Ref: does not read), NGO involvement (X_{20i}=1, if Involved with NGO, Ref: Not involved. Among the above six models, first five decisions depict women empowerment in the household in terms of involvement in household decision making. The frequency and percentage distribution of each dependent and explanatory variables are shown in the next section. Also, cross-classification percentage distribution is used to explain the differential patterns of decision making of urban women according to specified covariates and logistic regression model is applied to identify the effect of covariates on the six decision making inside household. Odds ratios are used to present the significant effects on response variables.

FINDINGS AND DISCUSSIONS

Univariate Analysis

The results found by doing frequency analysis of six response variables and 15 covariates are shown in Table 1.1. In the table, we can see the number and percentages of women who are involved in each of the six decision making. Also, we can see the number and percentages of women in different categories of the independent variables in the Table 1.2.

Table 1.1: Frequency and Percentage Distribution of Responses on Six Questions Related to Household Decision Making of the Women

Variables	Categories	Frequency	Percent
Decision about Own Health Care	No	4373	37.7
	Yes	7240	62.3
	Total	**11613**	**100**
Decision about Child Health Care	No	3041	26.2
	Yes	7353	63.3
	Total	**10394**	**89.5**
Decision about Large Household Purchase	No	3733	32.1
	Yes	7880	67.9
	Total	**11613**	**100**
Decision about Daily Household Purchase	No	3737	32.2
	Yes	7877	67.8
	Total	**11613**	**100**
Decision about Visiting Friends and Family	No	3454	29.7
	Yes	8159	70.3
	Total	**11613**	**100**
Decision about Cooking	No	1336	11.5
	Yes	10278	88.5
	Total	**11613**	**100**

Table 1.2: Frequency and Percentage of Women Responding Favorably to Six Questions about Decision Making in Household by Some Selected Characteristics

Variables	Categories	Frequency	Percent
Age	less than 25	3463	29.8
	25-34	4278	36.8
	35-44	3092	26.6
	above 44	781	6.7
	Total	**11613**	**100**
Education	No education	4260	36.7
	Primary	2916	25.1
	secondary & higher	4438	38.2
	Total	**11613**	**100**
Wealth_index	Poor	5427	46.7
	Middle	4275	36.8
	Rich	1911	16.5
	Total	**11613**	**100**
Working Status	currently working	3416	29.4
	ever worked	1848	15.9
	never worked	6349	54.7
	Total	**11613**	**100**
Working hour	No working hour	8197	70.6
	1-19	225	1.9
	20-55	1293	11.1
	above 55	1898	16.3
	Total	**11613**	**100**
Salary	No salary	8654	74.5
	<2500	2397	20.6
	>=2500	563	4.8
	Total	**11613**	**100**
NGO	NO	8127	70
	NGO member	3486	30
	Total	**11613**	**100**
Marital Status	currently not married	1093	9.4
	currently married	10520	90.6
	Total	**11613**	**100**
Age at Marriage	less or equal 17 years	8109	69.8
	18-25	3355	28.9
	above 25	150	1.3
	Total	**11613**	**100**
Having Son	No	3705	31.9
	Yes	7909	68.1
	Total	**11613**	**100**
TV	No	1272	10.9
	Yes	10342	89.1
	Total	**11613**	**100**
Radio	No	9210	79.3
	Yes	2403	20.7
	Total	**11613**	**100**
Newspaper	No	8331	71.7
	Yes	2493	21.5
	Total	**10823**	**93.2**
Religion	Others	1144	9.9
	Islam	10469	90.1
	Total	**11613**	**100**
Division	Barisal	280	2.4

Table 2: Contd.,

	Chittagong	3207	27.6
	Dhaka	6363	54.8
	Khulna	645	5.6
	Rajshahi	763	6.6
	Sylhet	354	3.1
	Total	**11613**	**100**

Bivariate Analysis

The table below shows the results from bivariate analysis. Percentage cells show the percentage of women who are involved in decision making in each of the six decision making questions under each covariate. For example, about 79% women aged less than 25 years can take decision about cooking, while, only 51% of them can take decision about their own health care as demonstrated by the results of bivariate analysis.

Table 2: Frequency and Percentage of Women Responding Favorably to the Questions on Decision Making by the Selected Characteristics

Variables	Own Health Care	Child Health Care	Large Household Purchase	Daily Household Purchase	Visiting Friends And Family	Cooking
Respondent Age						
< 25 year	51.40	61.70	59.00	58.60	60.90	78.70
25 -35 Year	66.40	72.30	70.80	70.60	72.50	90.90
35-45Year	68.90	76.50	73.30	74.20	77.40	94.80
>45 Year	62.50	70.80	69.70	68.10	71.30	94.00
Highest Level of Education						
No Education	66.20	71.80	69.10	70.20	70.80	90.40
Primary	58.60	67.90	65.50	65.50	67.00	87.70
Secondary and Higher	61.10	71.50	68.20	67.10	71.80	87.20
Wealth Index						
Poor	62.00	70.50	67.50	68.30	69.50	89.40
Middle	61.70	69.90	67.70	67.70	69.80	88.70
Rich	64.60	73.40	69.10	66.60	73.50	85.40
Working Status						
Currently Working	70.40	74.90	73.10	74.30	74.30	86.40
Currently not working	59.40	71.40	66.90	67.50	68.40	89.70
Never worked	58.90	68.50	65.30	64.40	68.60	89.30
Monthly Salary						
No income	59.90	69.70	66.30	65.90	69.10	89.60
≤ 2500 Taka	68.90	72.30	71.30	72.80	72.00	85.60
>2500 Taka	72.50	81.20	76.60	76.40	79.80	84.20
NGO Involvement						
NO	61.90	70.10	66.70	66.30	69.50	87.70
Yes	63.30	72.20	70.50	71.30	72.00	90.30
Currently Married						
NO	84.90	83.90	83.70	82.30	85.00	84.30
Yes	60.00	69.40	66.20	66.30	68.70	88.90
Age at Marriage						
<18 Year	61.40	70.10	67.30	67.20	69.50	89.30
18-25 Year	63.90	72.40	68.80	69.10	71.80	86.60

Table 2: Contd.,

>25 Year	77.90	72.00	74.70	71.80	78.00	86.00
Have Son						
NO	58.20	66.30	62.90	63.60	65.20	81.10
YES	64.30	72.30	70.20	69.80	72.60	92.00
TV						
NO	60.50	65.70	63.40	63.00	66.60	88.60
YES	62.60	71.40	68.40	68.40	70.70	88.50
Radio						
NO	63.10	71.60	68.90	68.50	71.50	88.90
YES	59.60	67.40	64.00	65.30	65.40	86.80
Newspaper						
NO	62.40	70.10	66.90	67.20	69.50	88.80
YES	63.60	74.10	70.70	69.60	72.90	87.70
Islam						
NO	59.20	71.90	66.40	66.30	69.80	90.40
YES	63.10	70.90	68.40	68.50	71.00	88.10
Division						
Barisal	51.40	56.60	65.00	64.60	66.40	90.40
Chittagong	64.90	72.60	68.90	67.70	70.90	91.80
Dhaka	63.30	71.00	68.90	69.20	71.10	87.30
Khulna	56.90	66.40	58.40	58.70	60.60	82.50
Rajshahi	58.60	73.70	71.20	71.20	75.00	91.50
Sylhet	50.00	62.10	52.80	56.10	60.00	83.60

In the above results (Table 2), there are some important findings to note. The participation of women in all six household decision making increases with age up to a certain age (45 years), then the participation decreases from the previous age group (35-45 years) for the women of aged more than 45 years. The decrease is very low for the decision about cooking, which is not a very important one to understand women's say in family matters. So, it can be stated from this findings that older women have more autonomy in terms of decision making than the younger ones. The women of age group 35-45 years are the ones with most decision making power in the household. It is demonstrated by the above results that women with secondary and higher education participate more in all six household decision making than those with primary education or no education. Also it is seen that women with no education has more decision making ability than women with primary education, which implies that only primary education does not increase the participation in household decision making of urban women, to improve the situation, secondary or higher education is required. It can be stated that women who belong to rich economic class have higher rate of participation in all five household decision except cooking. The poor women have the highest rate of involvement about cooking. The women who are currently working have more decision making ability than those who have never worked or previously worked in all five decision except cooking. Similarly, the women who has income source participate more in the five decisions making of household other than cooking. Also, women with higher income have higher decision making power. It is also exhibited from the findings that women who are involved with any kind of NGO activities have higher rate of decision making than those who are not involved. Women who are currently married have less decision making ability than those who are not currently married. This is simply because currently married women have their husbands to make the decisions, but widowed or separated women mostly take the household decisions all by themselves. Also, it is noted that household decision making of women increases with the increase in the age of marriage except for the cooking decision. Interestingly, it is found from the analysis that women with at least one son have more decision making power in all the six household matters than those

who have no son. Women who are exposed to media (TV, newspaper) have higher participation tendency in decision making except cooking. This relationship is not always true for exposure to radio. The reason behind this can be that women who are less educated actually listen to radio, and those who do not listen may watch TV or read newspaper. It is also seen in our findings that Muslim women have more decision making power than non-muslims except cooking and child health care. At last, we can see different patterns of decision making of urban women regionally (in terms of women living in different divisions). The women living in Sylhet division has least participation compared to women living in other divisions in decisions about own health care, large and daily household purchase, visiting friends and family. The women of Barisal division have least decision making ability about child health care and women of Khulna division have least decision making power about cooking.

Multivariate Analysis

The results of multivariate analysis are shown in the table no. 3.

Decision Making about Own Health Care

In the present analysis, it is observed that women aged less than 25 years, women age from 35 to 45years, rich socioeconomic class, currently working status, NGO involvement, currently married, age at marriage 18 to 25 years, having son, exposure to TV, religion and divisions exhibit significant ($p<0.05$) association with the decision making power of women regarding own healthcare. On the contrary age group 25 to 34 year, education, middle socio-economic class, currently not working , monthly salary, age at marriage greater than 25 year, exposure to Radio and newspaper show non-significant($p>0.05$) association with the women decision making about own healthcare. The model demonstrates that, women aged less than 25 years have less decision making power but women aged 35 to 44 years have greater decision making power regarding own health care than women aged more than 45 years. Women in the rich family have greater decision making power than poor class family. We also found that, working status of women play an important role in taking decision where currently working women experience more decision making power than the women who have never worked. It is also found that, women's involvement with NGO activities increases her decision making power in the family about her own health care. In this analysis it is evident that the women whose age at marriage is 18 to 25, their decision making capability is greater than the women whose age at marriage is less than 18 years. Also, currently married women have negative association with decision making about own health care than the women who are ever married (divorced or separation). It is also seen in the fitted model that the women having at least one son have higher decision making power regarding about own health care than the women who have no son. In addition it is shown that, women who watch TV have more decision making power than women who do not watch TV. One if the findings is that Muslim women have more decision making power than the non-Muslim women about own health care. In comparison with the other divisions, women in Sylhet division have less decision making power and women in Dhaka division have more decision making power about own health care.

Table 3: Odds Ratios from the Estimates of the Parameters Using Logistic Regression Models on Responses on Questions Related to Decision Making (Data Source: Bangladesh Urban Health Survey Data, 2006)

	Decision about Own Health Care	Decision about Child Health Care	Decision about Large Household Purchase	Decision about Daily Household Purchase	Decision about Visiting Friend and Family	Decision about Cooking
Respondent Age (Reference: 45 and More)						
< 25 year	0.694***	0.64***	0.648***	0.672***	0.621***	0.215***
25 -34 Year	1.173	1.030	1.033	1.113	1.031	0.575***
35-44 Year	1.204*	1.122	1.142	1.186	1.219*	1.026
Highest Level of Education (Reference: No education)						
Primary	0.934	0.962	1.050	0.979	0.995	1.198
Secondary	1.057	1.168*	1.198**	1.107	1.230**	1.107
Wealth Index (Reference: Poor)						
Middle	0.928	0.895	0.88*	0.893*	0.906	0.731***
Rich	1.173*	1.088	0.979	0.980	1.040	0.623***
Working Status (Reference: Never Worked)						
Currently working	1.678***	1.289	1.544**	1.617***	1.337*	1.022
Currently Not Working	1.040	1.196***	1.135*	1.174*	1.047	1.101
Monthly Salary (Reference: No income)						
≤ 2500 Taka	0.911	0.997	0.956	0.866	1.023	0.792
>2500 Taka	0.951	1.213	1.180	1.096	1.248	0.799
Ngo Involvement (Ref: Not Involved)						
Involved	1.129**	1.154**	1.261**	1.305**	1.182**	1.327***
Currently Married (Ref: No)						
Yes	0.308***	0.489***	0.500***	0.518***	0.509***	2.160***
Age at Marriage (Reference: less than 18 years)						
18-25 Year	1.117*	1.077	1.078	1.070	1.082	0.827**
>25 Year	1.338	0.910	0.910	0.877	1.132	0.441***
Have at least One Son (Ref: No)						
Yes	1.123*	1.203**	1.184**	1.171**	1.182**	1.546***
Media Exposure						
Radio	0.939	0.868*	0.874*	0.930	0.866**	0.968
Newspaper	1.029	1.068	1.120	1.108	1.135*	1.040
Religion (Ref: Others)						
Islam	1.25**	1.010	1.128	1.111	1.120	0.815
Division (Reference: Sylhet)						
Barisal	1.583**	1.086	2.307***	2.034***	1.997***	1.787**
Chittagong	2.042***	1.511***	1.698***	1.490***	1.546***	1.810***
Dhaka	2.033***	1.584***	1.987***	1.854***	1.842***	1.617**
Khulna	1.609**	1.158	1.218	1.134	1.056	0.713*
Rajshahi	1.688***	1.684***	2.075***	1.927***	1.914***	2.216***
Constant	1.326	1.739**	1.086	1.131	1.473*	5.032***
-2 Log likelihood	13618.45	11379.58	13031.47	13004.800	12567.990	7065.439
Model Chi-square	686.207	415.320	513.981	537.374	521.786	758.896
P-value	.000	.000	.000	.000	.000	.000

Decision about Child Health Care

Women's decision making about child health care is significantly influenced by the factors age, secondary education, working status, NGO involvement, marital status, media exposure (TV) and son. It is evident from our findings that younger mothers (<25yrs) have less decision making power about child health care then elder mothers (45+). It is also seen that mothers with secondary education have higher decision making power than those with no education, which shows the importance of education in empowering women to take stand for their own child's health care. Our results demonstrate that women who previously were employed have more decision making ability than women who never worked. This reflects that participation in economic activity increases women decision making power. The women involved with NGO has more decision making power regarding child health as demonstrated from our findings. Our findings show that women currently married have less decision making power regarding child heath. This shows evidence of male dominance in urban families. One interesting finding of our study is having at least one son increases women's decision making power substantially. Also, it is found that women who watch TV has more decision making power than those who do not watch. From our findings it is seen that women of Chittagong, Dhaka and Rajshahi divisions have more decision making power than women of Sylhet division.

Decision Making Regarding Household Purchase

We have considered two models aimed to identify the determinants responsible for the decision making about large household purchase and daily household purchase. From the result of logistic regression model we observed that women age less than 25 years, middle socioeconomic class, working status, NGO involvement, currently married, having son, exposure to TV and divisions exhibit significant ($p<0.05$) association with the decision making power of women regarding large and daily household purchase. In addition, secondary education level and exposure to radio exhibit significant ($p<0.05$) association with the large household purchase and non-significant ($p>0.05$) association with the daily household purchase. On the contrary, higher age group, primary education level, higher socio-economic class, monthly salary, age at marriage, exposure to newspaper and religion show non-significant ($p>0.05$) association with the women decision making about the large and daily household purchase. Our models demonstrate that, women aged less than 25 year have less decision making power regarding household purchase than women aged more than 45 years. Surprisingly our models reveal that, women in the middle class family have less decision making power than poor class family. It is also evident that, working status of women play a very significant role in taking decision about family affairs where currently working women experience more decision making power than other women. On the other hand, women who are currently not working but worked before have more decision making power than women who never worked. From the models about household purchase it is also observed that, women's involvement with NGO increase her decision making power in the family. Currently married womenexhibit negative association with decision making about household purchase. It is also seen that, having at least one son can increase the power of a woman in the family to take decision about household purchase. Moreover, women who watch TV have more decision making power than women who don't watch TV as the models demonstrate. Compared with the other divisions, women in Sylhet division have less decision making power and women in Barisal division have more decision making power regarding large and daily household purchase. In comparison of two models itis observed that women have less decision making power regarding large household purchase than daily household purchase.

Decision about Visiting Friends and Family

From the findings, it is evident women aged less than 25 years, secondary level of education, women age from 35 to 45 years, currently working status, NGO involvement, currently married, having son, exposure to TV, Radio and newspaper, and divisions are exhibit significant ($p<0.05$) association with the decision making power of women about visiting friends and family. On the other hand age group 25 to 35 year, primary level education, wealth index, currently not working status, monthly salary, age at marriage, religion showing non-significant($p>0.05$) association with the women decision making about own visiting friends and family. We found, women aged less than 25 year have less decision making power but women aged 35 to 45 years have greater decision making power about visiting friends and family than women aged more than 45 years. Women with secondary level of education have greater decision making power about visiting friends and family than the women with no education. It is also seen that, working status of women have a significant impact in taking decision, because currently working women experience more decision making power than the women who have never worked. It is also observed that, women's involvement with NGO activities increase her decision making power in the family in case of taking decision about visiting friends and family. In this study, it is found that the women whose age is 18 to 25, their decision making capability is greater than the women whose age at marriage is less than 18 years. Currently married women have negative association with decision making about visiting friends and family than the women who are ever married (divorced, separated or widowed). We also found from the fitted model that the women having at least one son have higher decision making power about visiting friends than the women who have no son. Our findings also show that, women who watch TV, listen Radio and read newspaper have more decision making power than women who are not exposed to these medias. Comparedto the other divisions, women in Sylhet division have less decision making power and women in Barisal division have more decision making power about visiting friends and family.

Decision about Cooking

Our model for decision making about cooking shows some interesting findings. The factors age, wealth index, NGO involvement, marital status, age at marriage, media exposure (TV) and son are found to be significant in this model. It is seen that women aged <25 and 25-34 have less decision making power about cooking than women aged 45+. This may have reflectedthe reality that elder persons in the family are most likely to decide about what items to be cooked. It is found in the evidence that women of rich and middle class have less decision making power about cooking than the poor class. Because often they have servants to make that decision about cooking as they have other things to do. The women involved with NGO have more decision making power than those who are not involved with NGO. So, NGO involvement gives women a firm position in family. Currently married women have very high decision making power than those are not currently married. This is because, women living with husband are bound to take cooking decision as a family custom, whereas, women who are not currently married have freedom to choose whether they want to or let anyone else decide about cooking. The women with age at marriage (18-25) and >25 have less decision making power than women with marital age less than 18 years. This is because; women who get married at younger age devote themselves solely in household works like cooking in most of the cases. Women having at least one son also increases their decision making power about cooking. Also, women who watch TV have more decision making power than those who do not watch TV.

CONCLUSIONS AND DISCUSSIONS

Women empowerment is one of the major issues of concern in developing countries. Women empowerment became a policy goal as a means to achieve other development goals (Ashraf et al, 2008). Bargaining power of women in household decision making is one of the indicators of women autonomy (Bloom et al, 2001). The present study aims to identify the factors responsible for urban women's participation in household decision making. It is found in this study that education plays an important role to increase women's decision making power in all decisions that define empowerment. This finding is a well-established one as positive relationship of education and empowerment is found in many studies (Bloom et al,2001; Acharya et al. 2010). Working women are likely to have more decision making power in household than women who are not working. This finding agrees with other studies showing women having income has more autonomy or is more empowered (Basu, 2006; Acharya et al, 2010; Naved, 1994; Doss et al. 2013). According to the results of the present study, age is also found as a significant factor influencing decision making of urban women which agrees with findings of other studies (Acharya et al. 2010; Naved, 1994). Area or region of residence is found to be an important factor of women empowerment in previous studies (Acharya et al. 2010;Jejeebhoy and Sathar,2001; Khan and Awan,2011). In the present study also it is found that women living in Dhaka, Rajshahi and Chittagong have significantly more decision makingability in all six decisions in the household than women living in Sylhet division. This indicates that women are less empowered in Sylhet division, compared to the other divisions. From our findings, it is evident that currently married women (women living with their husbands) have less decision making power than ever married (divorced or separated or widowed) women in all empowerment related decisions, which agrees with many findings of some previous studies where it is seen that husbands often dominate in household decision in conjugal life (Doss et al., 2013; Mbweza etal.,2011). Women's involvement with NGO activities influence women's participation in decision making inside household positively, which agrees with the previous studies which showed positive relationship of women empowerment and different NGO activities (Hashemi et al.1996; Amin et al. 1998;Hoque and Itohara, 2009etc.). So it can be said that getting involved with NGO activities increase the bargaining power of women in household decision making. Also, it is found that women exposed to media (especially Television) has more decision making ability in household than those who are not exposed to media. This supports the well-established relationship between media exposure and women empowerment (Kishor and Subaiya 2008;Singh,2011 etc.).

This study revealed a new factor to have significant effect on decision making for all the six models.It is evident from our findings that women who have at least one son has more decision making power about all the six household decisions. This result indicates that women having at least one son are more empowered than women with no son. This result indicates that son preference is still present among the urban society, but in disguise. That is, there has been a shift in the form of son preference, where a mother of a son is valued more in the household than a mother of a daughter. This implies son preference in indirect form. Because of the development or women education, the reflection of son preference at sex ratio at birth is mitigated, but son preference is still present. Sometimes son preference is not reflected in the sex ratio at birth (Chung and Das Gupta 2007) as education and development made it easier to be sex selective while giving birth (Rogers 1992; Granovetter 1978). Also, literature show mixed evidence about mitigation of son preference in Asia (Croll 2000) and our finding also indicates that urban Bangladesh is not a different case where the presence of son preference is still there in shifted form. Though in our common sense, we think urban women, being more educated and empowered will not have son preference, but according to literature, sometimes educated women have stronger son

preference(Das Gupta,1987; Chavada and Bhagyalaxmi,2009). In Bangladesh most of the studies based on Son preference are outdated (Chowdhury and Bairagi,1990;Amin and Mariam,1987;Hossain and Glass,1988;Bairagi 2001; Kabir et al.,1994;Mannan,1988; Sufian and Johnson 1989 etc.) or based on data from rural Bangladesh (Bairagi and Langsten,1986;Chen et al,1981;Rahman and Vanzo,1993; Chowdhury and Bairagi,1993;Chowdhury et al. 1993 etc.). So our finding suggest that there is a need to study son preference among the urban women also to investigate this issue of shifted form of son preference and relationship with women empowerment.

In the end, it can be said, this study revealed some already known factors of women empowerment to be present as determinants of urban women decision making power inside household, and it also made a potential contribution by unmasking a new factor (having son) which significantly influences women's decision making power. This study is an initiative to show the empirical evidence of urban women's decision making power and its determinants. There are lots of scopes for study in future.

ACKNOWLEDGEMENTS

We are very grateful to Prof. Dr. M. Ataharul Islam, Chairperson, Dept. of Applied Statistics, East West University, for his comments. Also, we acknowledge with gratefulness the support provided by HEQEP sub project 3293, University Grants Commission of Bangladesh and The World bank.

REFERENCES

I. D.R.Acharya, S. B.Jacqueline,S. Padam, R. T. Edwin and R. R.Pramod "Women's autonomy in household decision-making: a demographic study in Nepal. Reproductive Health", 7:15, 2010.

II. R. Amin,S. Becker, &A. Bayes. "NGO-promoted microcredit programs and women's empowerment in rural Bangladesh: quantitative and qualitative evidence". Journal of Developing Areas, 32(2), 221–236, 1998.

III. R. Amin and A.G. Mariam. "Son preference in Bangladesh: an emerging barrier to fertility regulation". Journal of Biosocial Science, 19, pp 221-228.,1987.

IV. S.Anderson andM. Eswaran."What Determines Female Autonomy? Evidence from Bangladesh". BREAD Working Paper No. 101,2005.

V. N. Ashraf, D. Karlan, W. Yin, &R. W. Johnson. "Female Empowerment: Impact of a Commitment Savings Product in Philippines". Quarterly Journal of Economics, 121(2), 673–397, 2008.

VI. R. Bairagi. "Effects of Sex Preference on Contraceptive Use , Abortion and Fertility in Matlab , Bangladesh". International Family Planning Perspectives, 27(3), 137–143,2001.

VII. K.Basu. "Gender and say: a model of household behavior with endogenously determined balance of power". The Economic Journal, 116: 558–80,2006.

VIII. J.C. Bhatia,J. Cleland. "Determinants of maternal care in a region of South India". Health Transition Review, 5: 127–42, 1995.

IX. J. R. Blood and D.M. Wolfe."Husbands and Wives", New York: The Free Press, 1960.

X. J. R. Blood. "The measurement and bases of family power: A rejoinder. Marriage and Family Living", 25 (November): 475-478,1963.

XI. S.Bloom,D. Wypij, D.M. Gupta. "Dimensions of women's autonomy and the influence on maternal health care utilization in a North Indian city. Demography, 38: 67–78, 2001.

XII. B. Bogale,M. Wondafrash, T. Tilahun, &E. Girma. "Married women's decision making power on modern contraceptive use in urban and rural southern Ethiopia". BMC Public Health, 11(1), 342,2011.

XIII. M. Chavada & A. Bhagyalaxmi,. "Effect of socio-cultural factors on the preference for the sex of children by women in Ahmedabad district". Health and Population: Perspectives and Issues, 32(4), 184–189, 2009.

XIV. A.I.Chowdhury,R. Bairagi, and M.A.Koenig. "Effects of family sex composition on fertility preference and behavior in rural Bangladesh". Journal of Biosocial Science, 25:455-464, 1993.

XV. L. C.Chen&S. D. Souza." Sex Bias in the Family Allocation of Food and Health Care in Rural Bangladesh. Population Council ", 7(1), 55–70, 1981.

XVI. W. Chung&M. Das Gupta. "The decline of son preference in South Korea: The roles of development and public policy".Population and Development Review, 33(December), 757–783. doi:10.1111/j.1728-4457.2007.00196, (2007).

XVII. E. Croll &DaughtersEndangered. "Discrimination and Development in Asia. Rutledge", 2000.

XVIII. Monica Das Gupta." Selective discrimination against female children in Punjab, India". Population and Development Review", 13(1): 77-100,1987.

XIX. M. Das Gupta. Explaining Asia's " Missing Women ": A New Look at the Data. Population and Development Review, 31(September), 529–535,2007.

XX. C. Doss, C. Koverik, A. Peterman, A. R. Quisumbing&M. van den Bold. "Gender Inequalities in Ownership and Control of Land in Africa Myths versus Reality". International Food Policy Research Institute Discussion Paper, 01308(December). doi:10.2139/ssrn.2373241, 2013.

XXI. E. Duflo." Grandmothers and granddaughters: old-age pensions and intra-household allocation in South Africa". The World Bank Economic Review, 17: 1–25, 2003.

XXII. T. Dyson and M. Moore."On Kinship Structure, Female Autonomy, and Demographic Behavior in India". Population and Development Review, Vol. 9, No. 1 (Mar., 1983), pp. 35-60, 1983.

XXIII. F. Fikree, A. Khan, M. Kadir, F. Sajan andM. Rahber. "What influences contraceptive use among young women in urban squatter settlements of Karachi, Pakistan". International Family Planning Perspectives, 27: 130–6, 2001.

XXIV. A. Felkey . "Husbands, wives and the peculiar economics of household public goods and bads". Working paper. Lake Forest, IL, USA: Lake Forest College, 2005.

XXV. D. Fielding. “How Much Does Women ’s Empowerment Influence their Wellbeing ?” . Evidence from Africa. ISSN 1178-2293(online), 2293(1307),2013.

XXVI. SR. Gitter and BL. Baranham . “Women’s power, conditional cash transfers, and schooling in Nicaragua”. The World Bank Economic Review ,22: 271–90, 2008.

XXVII. Granovetter, M. S. Threshold Models of Collective Behavior. The American Journal of Sociology, 83(6), 1420–1443, 1978.

XXVIII. S. M. Hashemi, S. R. Schulter and A. P. Riley. “Rural Credit Program and Women’s Empowerment in Bangladesh”, World Development, 24(4), p.635-653, 1996.

XXIX. R. Holmes, N. Jones, R. Vargas Rand F. Veras . “Cash transfers and gendered risks and vulnerabilities: lessons from Latin America”. ODI Background note, London: Overseas Development Institute, 2010.

XXX. M.M. Hossain and RI. Glass. “Parental son preference in seeking medical care for children less than five years of age in a rural community in Bangladesh”. American Journal of PublicHealth, 78(10), 1349-1350. doi: 10.2105/AJPH.78.10.1349 , 1988.

XXXI. M. Hoque&Y. Itohara. “Women Empowerment through Participation in Micro-Credit Programme : A Case Study from Bangladesh”.Journal of Social Sciences, 5(3), 244–250, 2009.

XXXII. X. Hou and N.Ma. “The effect of women’s decision-making power on maternal health services uptake: evidence from Pakistan”. Health Policy and Planning: 1–9, 2012.

XXXIII. S. J. Jejeebhoy &Z. A. Sathar. “Women’s Autonomy in India and Pakistan: The Influence of Religion and Region”. Population and Development Review, 27(December), 687–712. doi:10.1111/j.1728-4457.2001.00687, 2001.

XXXIV. M. Kabir, R. Amin, A. U. Ahmed and J. Chowdhury. “Factors affecting desired family size in Bangladesh”. Journal of Biosocial Science, 26, pp 369-375. doi:10.1017/S0021932000021441, 1994.

XXXV. S. Kishor and L. Subaiya. “Understanding Women’s Empowerment: A Comparative Study of Demographic and Health (DHS) Surveys data”. DHS Comparative Report, 20, Washington D.C., US, Agency for International Development, 2008.

XXXVI. G. Lancaster, P. Maitra , R. Ray.” Endogenous intra-household balance of power and its impact on expenditure patterns: evidence from India”. Economica, 73: 435–60, 2006.

XXXVII. M.A. Mannan.” Preference for son, desire for additional children and contraceptive use in Bangladesh”. Bangladesh Development Studies, 16(3):31-57, 1988.

XXXVIII. E. Mbweza, K.F. Norr,&B. McElmurry. “Couple decision making and use of cultural scripts in Malawi”. Journal of Nursing Scholarship, 40(1), 12–19. doi:10.1111/j.1547-5069.2007.00200, 2008.

XXXIX. M. Matsumura & B. Gubhaju. “Women’s status, household. Structure and the utilization of maternal health services in Nepal”. Asia-Pacific Population Journal, 16: 23–44, 2001.

XL. A.N. Mizan. "Family Power Studies: Some Major Methodological Issues". International Journal of Sociology of the Family, Vol. 24, No. 2, pp.85-91, 1964.

XLI. Z. Mumtaz &S. Salway. "I never go anywhere: extricating the links between women's mobility and uptake of reproductive health services in Pakistan". Social Science & Medicine ,60: 1751–65, 2005.

XLII. R. Naved. "Empowerment of women; listening to the voices of women". The Bangladesh Development studies, Special Issue on Women, Development and Change, Bangladesh Institute of Development Studies, 22(2&3), p.121-155,1994.

XLIII. M. Rahman, J. Akbar, J.F Phillips&S. Becker. "Contraceptive use in Matlab, Bangladesh: the role of gender preference". Studies in Family Planning, 23(4), 229–242. doi:10.2307/1966885, 1992.

XLIV. M. Rahman &J. Da Vanzo. "Gender Preference and Birth Spacing in Maltab, Bangladesh". Demography ,30(3): 315-332, 1993.

XLV. J. L. Rogers, R. F. Boruch, G.B Stoms and D. DeMoya. "Impact of the Minnesota Parental Notification Law on abortion and birth". American Journal of Public Health, 81(3), 294-298,1991.

XLVI. Z. Sathar &S. Kazi. "Women's autonomy, livelihood and fertility: a study of rural Punjab". Islamabad: Pakistan Institute of Development Economics, 1997.

XLVII. S. M. Shahidul "Household Decision-Making Process: It's Effect on School Dropout Behavior for Girls in the Secondary School Level in Bangladesh". International Education Studies, Vol. 6, No. 1, 2013.

XLVIII. R. Singh. "Impact of Media Exposure and Education on Well-Being and Self Efficacy of Rural Women". Indian Journal of Social Science Researchers, 8(1), 136–142, 2011.

XLIX. L. C. Smith &E. M. Byron. "Is Greater Decision making Power of Women Associated with Reduced Gender Discrimination in South Asia ?" Food Consumption and Nutrition Division of the International Food Policy Research Institute, 2005.

L. D. Thomas." Intra-household resource allocation: an inferential approach". Journal of Human Resources, 25: 635–64, 1990.