Factors Affecting Women’s Autonomy in Household Decision-Making among Married Women in Zambia

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Author’s contribution

This work was carried out by the author KT. The author designed the study, collected the literature review, performed the analysis, wrote the protocol and wrote the manuscript. The author read and approved the final manuscript.

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ABSTRACT

The main aim of the study was to examine factors that affect women’s household decision-making among married women in Zambia. This paper utilizes secondary data from the 2013 Zambia Demographic Health Survey (ZDHS). Logistic regression analysis was used to identify various factors associated with factors that affect women’s autonomy in household decision-making among married women in Zambia. The findings of the study show that married women in Zambia are more likely to participate in decision-making that involved purchases of daily household needs (86%) followed by decision making that involved visits to her family or relatives (75%) and decisions about her own health care (74%). About 66 per cent of the respondents reported having participated in household major purposes. Some socio-demographic variables only influenced women in some domains and not all. For instance, age only influenced decision-making on household goods and visits to family. Rich wealthy status, living in urban areas, higher levels of education and justification of wife-beating were influential to healthcare decision-making among women. Zambian programmes and policy initiatives should develop a clear policy foundation that should be crucial to empower women to take part in decision-making processes in the household. Moreover, enhancing their access to and control over economic resources and enabling them to establish and realise their rights are also essential means to empower women to be more autonomous in decision-making.

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1. INTRODUCTION

Women make up 49.5 per cent of the world’s population but are left behind in almost all aspects of life starting with literacy, school enrolment, labour, force participation and other social and economic indicators. [1] In many parts of Africa, women’s positions in the household are extremely limited. Domestic violence towards women is also common in Zambia [2]. The Government of Zambia has recognised the importance of gender in national development and is committed to the goal of gender equality, equity and empowerment of women. In line with international and regional commitments to gender and development, the Government’s vision on gender is to achieve full participation of both women and men in the development process at all levels to ensure sustainable development and attainment of equality and equity between the sexes. Women have been playing a key role, not only in the improvement of the family well-being, but also in the development of the economic, political and ecological environments [3].

Women are viewed as potential mothers and homemakers, and the decision power of women within the family has been looked upon as one of the important factors which may have an effect on the well-being of the family [4]. Such decision-making is important at all levels and not only at the household level as this would enhance equality and peace at household and country levels. It is important to note that not only are wife-making decisions important but husbands as well. That is why the importance of husband-wife decision-making is well acknowledged by researchers [5]. The gender role of an individual is one of the important factors of the interrelationship between a husband and wife in the family. Women’s fundamental role is a housewife who has to be responsible for house caring and child-rearing [4].

Several types of research over the last decade have been done in recognising the sources and outcomes of discrimination faced by women in all areas of life. The increase in female bargaining power inside the household has been associated with other outcomes like decrease in fertility, child mortality and stunting, and the increase in child literacy and allocation of resources in favour of the children. To capture the balance of power within the household, various scholars have focused mainly on indirect indicators that measured the bargaining power of women, in relation to that of the men. The indicators include among others; increase in working hours, wage rates and non-labour income, current assets, assets inherited by the women from their natal family in marriage [6].

Moreover, it is true that if both spouses participate in a decision, a better outcome may result than if either member alone takes the decision, simply because it is likely that more options were explored when there is joint decision-making [7]. However, although collective models allow for the participation of both spouses in the decision-making process within households, women are, traditionally, less involved at all levels [8]. In societies that continue to teach traditional ideas about women’s subordination, decision-making process among women is hindered as some of the norms like ‘never go against your husband’ may make women unable to decide on their personal needs and that of the family. The community is also a direct barrier to women’s decision-making within households. A study by Acharya et al., [9] found that women have little autonomy in decision-making within households in cultures which are directly associated with the community.

Aside from that, in many parts of Africa, age disparity is what governs the hierarchy of authority in women’s position in decision-making in the household [10]. The Zambia study on students in higher education institution revealed that having multiple sex partners increased with the advancement in university years attained with more males likely to report having had more than one sexual partner [11]. By virtue of being older in the family, husbands would impose decisions onto their wives and the entire household, with the claim that their wives are not mature enough to take up the role as a decision-maker. Nevertheless, such decisions are made irrespective of the fact that household decision-making is essential as it serves as a preventive measure for maternal mortality as a result of behavioural changes following improved health knowledge and care, and increased use of health services [12]. It further awards women more power over the circumstances in their daily lives [13].

Household decision-making power/autonomy/ is defined as women’s ability to determine events in
their lives, even though men and other women may be opposed to their wishes [14]. Similarly, several family scholars such as Krishnan et al., [15] defined power in broad terms as the ability of an individual in a social relationship to carry out his or her will even in the face of the resistance of others. According to Mosedale [16], power can be divided into three distinct domains; power basis, power process and power outcomes. Power process refers to the interactional techniques which individuals employ in their attempt to gain control in the negotiation or decision-making process. These techniques include control attempts, assertiveness, negotiation, persuasion, influence and other direct and indirect acts which modify or sustain the final decision-making process [17]. Finally, the concept of power outcomes addresses the question of who makes the final decision or ultimately possess control [18].

Additionally, to capture the balance of power within the household, the literature so far has focused mainly on indirect indicators that measure the bargaining power of women in relation to that of the men in the household. The indicators include among others, increase in working hours, wage rates and non-labour income, current assets, and assets inherited by the women from their natal family in marriage [6]. The ambiguity in the definition of the concept of power makes it difficult to pick an appropriate indicator for it. The question is how to measure power in a couple’s marital life. Another aspect is that power is a multidimensional concept; too often decision-making (which is assumed to be a measure of power) is defined only in terms of who “wins” or makes a final decision. It is imperative that both the who makes a decision and the one who has the authority to make decisions and who controls decisions is known [19].

It is necessary to examine some factors such as who controls the family situation in a household to determine the possible range of the relevant decisions; who decides which decisions are to be discussed and which are not; and in the case of family authority, who decides which individual will implement the final decision. In this context, Safilos-Rothschild [20] had discussed orchestration power and implementation power. Orchestration power refers to the power of individuals to make only the important and infrequent decisions that do not infringe upon their time, but that determines the family lifestyle and the major characteristics and features of their family. An individual with orchestration power also has the power to delegate unimportant and time-consuming decisions to the spouse. The spouse derives implementation power from setting these decisions into motion. However, this power is limited by the “crucial and pervasive decisions” made by the powerful spouse.

Measures of women’s autonomy have included decision-making autonomy, permission to go out and financial autonomy [21]. Similarly, Jejeebhoy [22] with data from couples in India, found that husbands and wives quite often had discrepant reports of the woman’s level of empowerment as measured by questions on her mobility, her access to economic resources and her economic decision-making power vis-a-vis her husband and other significant actors. It is likely to enhance female autonomy so that women develop greater confidence and capability to make decisions about their own health and lower rates of child mortality were observed among women with more decision-making power [9]. Household decision-making is preventive for maternal mortality as a result of behavioural changes following improved health knowledge and care and increased use of health services [12].

Malhotra et al., [23] have described the various dimensions of women’s empowerment including mobility, access to and control over economic resources and domestic decision-making. However, there are three problems; first, who is reporting; second, how is joint decision-making included and third, what domains of household decision-making are considered. Husbands and wives sometimes do not agree on who has the final say in decisions. With regard to response categories, some surveys ask “who takes the final decision” and may or may not have, “both husband and wife/together/ the couple” as a response category [21]. Women's autonomy in decision-making is associated with ethnicity, deprivation level, urban/rural classification, education, and the number of living children [24]. Gender equity, another determinant of women’s decision-making, gives women both increased decision-making authority and more modern reproductive outcomes such as to reduce the desire for more children, increase contraceptive use and lower the level of 'unmet need' for contraception [25]. A Nepal Demographic Health Survey [26] revealed that 37 per cent of currently married women participated in all four of the important household decisions that were investigated: their own health care, major
household purchases, purchases of daily household needs and visits to the woman's family or relatives; while 31 per cent did not participate in any of these decisions.

Additionally, the determinants of decision-making power between husbands and wives have been found to also be influenced by marital powers. Explanations of marital power have focused on resource theory [27-28]. The theory assumes that spouse’s familial behaviour is greatly influenced and to a great degree regulated by their relative resources, that is education, occupation, income and to a lesser extent social participation. If a husband convinces his spouse to forego employment or advanced education, he has already won the power battle and the wife will have no resources to compete with him, especially in an event where the wife does not earn any income. There is evidence that husbands very often and in a short period of time win this battle concerning their wives' employment in marriages [27]. Furthermore, part of research has observed that men tend to marry younger, less educated and less intelligent women, a fact that guarantees them their expertise for decision-making [28].

A comparative study which was done in Ethiopia and Eritrea by using DHS 2005 data showed that maternal education and place of residence were associated with women’s involvement in decision indicators [10]. In Eritrea, women with secondary education were found to be 1.2 and 2.4 times involved in big purchases and visiting families respectively. In other studies, women’s ability to participate in household decisions is influenced by husbands or families in their households [10]. Other than Eritrea, in many parts of Africa, women’s position in the household is extremely limited which is mostly due to the hierarchy of authority in the household. Such authority is governed by age and sex, that is the older over the younger, and men over women [10]. In a study conducted by Senarath and Gunawardena, [29] it was found that there was a significant association between women's age and autonomy in decision making among all the measures of autonomy. Another study had shown that in Nepal, Bangladesh and India, as women got older, they gained autonomy in household decision-making [29]. The age difference between the partners was also found to be a determining factor in the balance of power within the household [30].

The study further observed that power to make decisions depended primarily on the resources which the individual could provide to meet the needs of his marriage partner and upgrade his decision-making ability [27]. Women with better off annual income were more likely than those in poor and medium annual income to be involved in household decision-making. This finding is also supported by other studies like that of Yigzaw et al., [12] were results suggested that a wife's increasing amounts of attributes, provide her with a greater source of skills, experience, and know-how, all of which enhance her ability to participate in decisions to counteract her husband's power to forbid. For husbands, however, the increase in resources probably operates the other way as other studies like Safillios and Rothschild [20] had suggested introducing a husband to the traditional patriarchal mode of husband-wife relationship.

As regards to the decision-making power of women, Datta [31] and Agarwal [32] showed that women’s wage-earning and education have a positive impact on their bargaining power, but the impact of a relatively good education is higher. [33] Moreover, women’s access to money and their freedom to decide how to spend it (that is having and using a bank or savings account) were also positively related to the level of education attained. That is why most common results from several empirical analyses of women’s bargaining power are that resources such as income and assets empower women [32]. Nonetheless, in some studies, women’s absolute level of earnings was found to have no impact on bargaining power at all. Instead, a lower gender wage gap in the local labour market appeared to significantly lower women’s unpaid workload and reduced domestic violence [34]. Conceptually, a woman’s education and the socio-economic status of her family of origin are the bases of her power in the household. [35] Nevertheless, researchers typically have treated both women’s education and her decision-making power as covariates together in statistical models, predicting fertility and health outcomes. That is why according to a report by the World Bank, [36] a wife’s education by itself increases the husband’s confidence to involve women in the household decisions. It is likely to enhance female autonomy as women would develop greater confidence and capability to make decisions about their own health and lower the rates of child mortality.
Additionally, Acharya [9] indicated that education is recognised as a major instrument in empowering women. Education would help a woman to gain a better understanding of her rights and responsibilities, and make her more confident about her possibilities, including the possibility of divorce, decisions of family affairs and her personal affairs within the family. In this case, awareness of an educated woman's possibilities, her husband and the family members may decide to consult her before major decisions affecting her are made. In harmony with this, Ghuman [37] stated that female education is likely to increase the bargaining power of the wife and reduce the power imbalance within the family. The estimated results in the study emphasised the role of female education in reducing total fertility and increasing age at marriage. Also, the higher the education level of a woman, the stronger the effect of education on age at marriage. Boonto [4] asserted that female education is essentially important in accessing decision-making power and in improving the quality of their life. The study further confirmed that women who have higher education, have higher participation in family planning and contraception use. The findings in the research as those also conducted in Ghana showed that uneducated men and women reported a more traditional ideology (patriarchal authority) and a more husband dominated decision-making than the educated men and women [38]. Hence, the husband's perception of decision-making very often differs from those of the wife's.

Lastly, region had a significant effect on the position and level of autonomy of women because the social settings were different from one another [39]. People in urban areas had a 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, resultant women are given less importance in decision-making [40]. Therefore, from the background given earlier, the current study examines the factors that affect women's autonomy in household decision-making in Zambia.

2. MATERIALS AND METHODS

This paper utilized secondary data from the 2013 Zambia Demographic Health Survey [41] carried out by Central Statistical Office with the technical assistance from Macro International through MEASURE DHS programme. The ZDHS was designed to provide reliable estimates on demographic and health parameters at the national and provincial level. The 2013 ZDHS is based on a representative sample of ever married women aged 15–49 spread across the nation. The current study utilized the sample of 9552 currently married women.

In the 2013 ZDHS, a three-stage stratified cluster sampling procedure was used to select households. At first, Standard Enumeration Areas (SEAs) were randomly selected. A sampling interval of the SEAs was calculated by dividing the total number of households in each community by the number of SEAs to be selected in each stratum. The selection of the sample in each stratum employed Probability Proportional to Size (PPS) sampling scheme, where the measure of size was taken to be the household count in each SEA. A random number was generated to select the first SEA in each stratum. To select the next SEA in a stratum, the random number generated was added to the sampling interval and this process was repeated until all the required numbers of SEAs in each stratum were selected. A detailed description of the survey design is available in the national report [41].

The 2013 ZDHS included a special module designed to collect information on the extent to which women participated in household decision making. The questionnaire included detailed questions on the type of decision making involved at the household level. The household questionnaires also collected information on the demographic and economic characteristics of all household members. The women's module which is applied to all women between 15–49 years of age includes data on the marital status, education, employment, as well as their partner's education and occupation. The wealth index used in this survey is a measure that has been used in order to find out inequalities in household characteristic. It is a proxy indicator for measuring living standards of households.

2.1 Data Analysis

In this paper, the data analysis was restricted to only currently married women. The analysis of data was carried out at two stages using Statistical Package for Social Sciences version 12 (SPSS v 12); Firstly, cross tabulations were used to examine the relationship between the women's autonomy in household decision
making taking into consideration their socio-economic, and demographic variables. For the statistical analysis, chi-square tests of independence were conducted at the bivariate level and the differences were determined at $P < 0.05$ and $P < 0.01$ significance levels. Secondly, factors influencing women’s autonomy in household decision making were analyzed using logistic regression analysis, the dependent variable was classified into two categories, those who participated and those who did not participate in decision making. The result of the logistic regression models were converted into odds ratios, which represented the effect of a one-unit change in the explanatory variable on the indicator of women’s participation in decision making.

3. RESULTS

The percentage of married women who reported participating in decision-making that involved one’s own health care was significantly associated with age, the number of children, place of residence, wealth index, work status, educational level and physical and emotional violence. Age group 25-34 (75%) were more likely than age group 15-24 (70%) to participate in decision-making involving their own health care. Those respondents who had 2-3 (76%) number of children were more likely compared to those with one child (72.5%) to participate in decision-making that involved one’s own health care. Respondents from rural (82%) were more likely to participate in decision-making that involved one’s own health care as compared to those from urban residences (68%). According to wealth classification, respondents from poor backgrounds (33.6%) were more likely to participate in decision-making that involved one’s own health compared to those from rich backgrounds (17.6%). Furthermore, respondents who had secondary education or higher (82.2%) were more likely than those who had no education (63.6%) to participate in decision-making that involved their own health care. Furthermore, women who had experienced physical and emotional violence were less likely to report having participated in decisions involving one’s own health care compared to those who did not experience violence.

The percentage of married women who reported participating in decision-making that involved major household purchases was significantly associated with age, marital duration, number of children, place of residence and working status. Age group 35-49 (69%) were more likely than age group 15-24 (60%) to participate in decision-making involving major household purchases. Respondents in marital duration 15+ years were more likely to participate in decision-making that involved major household purchases compared to marital duration 0-4 years. Those respondents who had 2-3 (68%) number of children were more likely compared to those with 4 children or more (65%) to participate in decision-making involving major household purchase. Respondents from rural settings (75.3%) were more likely to participate in decision-making that involved major household purchases as compared to those from urban settings (59.4%). Women who were working (67.4%) were more likely to participate in decision-making that involved major household purchases compared to women who were not working (64.1%). Furthermore, respondents who had secondary education or higher (76%) were more likely than those who had no education (57.4%) to participate in decision-making that involved major household goods.

The respondents who reported participating in decision-making that involved purchases of daily household needs was significantly associated with age, marital duration, number of children, place of residence, wealth status, work status and educational level. Respondents in the age group 25-34 (86.4%) were more likely than age group 15-24 (86.4%) to participate in decision-making involving daily purchases of household needs. Respondents in marital duration 15+ years (87%) were more likely to participate in decision-making that involved purchases of daily household needs compared to marital duration 0-4 years (83%). Those respondents who had 2-3 (87%) number of children were more likely compared to those with 4 children or more (84%) to participate in decision-making involving purchase of daily household needs. Respondents from rural settings (92%) were more likely to participate in decision-making that involved purchases of daily household needs as compared to those from urban settings (82%). According to wealth classification, respondents from rich backgrounds (93%) were more likely to participate in decision-making that involved purchases of daily household needs compared to those from poor backgrounds (80%). Women who were working (87.4%) were more likely to participate in decision-making that involved purchases of daily household needs compared to women who were not working (84%). Furthermore, respondents who had secondary
education or higher (92%) were more likely than those who had no education (78%) to participate in decision-making that involved purchase of daily household needs. Furthermore, women who had experienced physical and emotional violence were less likely to report having participated decision involving purchases of daily household needs compared to those who did not experience violence.

The percentage of respondents who reported participating in decision-making that involved visits to her family or relatives was significantly associated with age, marital duration, place of residence, wealth index, working status and educational level. Respondents in the age group 35-49 (78.5%) were more likely than age group 15-24 (69.4%) to participate in decision-making involving visits to her family and relatives. Respondents in marital duration 15+ years (77.3%) were more likely to participate in decision-making that involved visits to her family or relatives compared to marital duration 0-4 years (72%). Respondents from rural (77.4%) were more likely to participate in decision-making that involved purchase of daily visits to her family or relatives as compared to those from urban residences (82%). Respondents from rich backgrounds (82.4%) were more likely to participate in decision-making that involved visits to her family and relatives compared to those from poor backgrounds (70.4%). Women who were working (76.3%) were more likely to participate in decision-making that involved visits to her family and friends compared to women who were not working (74%). Furthermore, respondents who had secondary education or higher (80.6%) were more likely than those who had no education (69%) to participate in decision-making that involved making visits to her family or relatives. Lastly, women who had experienced physical and emotional violence were less likely to report having participated in decisions to visit her family compared to those who did not experience violence.

Similarly, the percentage of respondents who reported participating in decision-making that involved how to spend a husband’s earnings was more likely compared to those with 4 children or more (64.6%) to participate in decision-making that involved how to spend a husband’s earnings. Respondents from rural residences (75.7%) were more likely to participate in decision-making that involved how to spend their husband’s earnings as compared to those from urban residences (60%). According to wealth classification, respondents from rich backgrounds (78%) were more likely to participate in decision-making that involved how to spend a husband’s earnings compared to those from poor backgrounds (56.4%). Women who were working (67.4%) were more likely to participate in decision-making that involved how to spend a husband’s earnings compared to women who were not working (64.7%). Furthermore, respondents who had secondary education or higher (77%) were more likely than those who had no education (54%) to participate in decision-making that involved how to spend husbands’ earnings. Lastly, women who had experienced physical and emotional violence were less likely to report having participated in decisions involving how to spend a husband’s earnings compared to those who did not experience violence.

3.1 Factors that Affecting Women’s Autonomy in Household Decision-making

To understand the factors that influence women’s autonomy in household decision-making, logistic regression analysis was carried out by considering socio-economic, and demographic variables. The results showed that age, number of children, place of residence, wealth status, working status, educational level, and wife-beating being justified were strong factors that affected women participation in decision-making which involved health care. Age group 25-34 was 1.2 times and age group 35-49 was 1.3 times more likely to participate in decision-making involving one’s own health care. Women who had 2-3 children were 1.1 times more likely to participate in decision-making that involved one’s own health care. Participants from rich backgrounds were 1.2 times more likely to participate in decision-making that involved one’s own health care. Similarly, working women were 1.2 times more likely to participate in decision-making that involved one’s own health care as compared to those who were not working. The odd of a respondent participating in decision-making involving one’s own health care increased with educational level.
Table 1. Percent of women’s participation in decision making

| Background characteristics | Own health care | Major household purchases | Purchases for daily household needs | Visits to her family or relatives | How to spend husband’s earning | Number of currently married women |
|----------------------------|----------------|----------------------------|-------------------------------------|-----------------------------------|-------------------------------|----------------------------------|
| Age                       |                |                            |                                     |                                   |                               |                                  |
| 15-24                     | 69.5**         | 59.8**                     | 81.5**                              | 69.4**                            | 63.2**                        | 2199                             |
| 25-34                     | 75.0           | 67.1                       | 86.4**                              | 76.0                              | 67.4                          | 4036                             |
| 35-49                     | 74.7           | 68.9                       | 88.1**                              | 78.5                              | 67.5                          | 3308                             |
| Marital Duration          |                |                            |                                     |                                   |                               |                                  |
| 0-4                       | 72.4           | 64.6*                      | 83.8**                              | 72.6**                            | 67.0                          | 2019                             |
| 5-9                       | 74.1           | 64.7                       | 85.3**                              | 74.2                              | 65.3                          | 1956                             |
| 10-14                     | 74.0           | 65.7                       | 86.6                                | 75.5                              | 66.8                          | 1842                             |
| 15+                       | 73.8           | 67.7                       | 86.9                                | 77.3                              | 66.6                          | 3726                             |
| Number of children        |                |                            |                                     |                                   |                               |                                  |
| 1                         | 72.5**         | 65.8*                      | 84.0*                               | 73.6                              | 68.2**                        | 1784                             |
| 2-3                       | 76.0           | 67.9                       | 86.9                                | 75.4                              | 68.2                          | 3179                             |
| 4+                        | 72.4           | 64.8                       | 85.8                                | 76.0                              | 64.6                          | 4580                             |
| Religion                  |                |                            |                                     |                                   |                               |                                  |
| Catholic                  | 74.2           | 65.7                       | 85.6                                | 77.4*                             | 66.7                          | 1742                             |
| Protestant                | 73.5           | 66.1                       | 85.9                                | 74.9                              | 66.4                          | 7775                             |
| Place of residence        |                |                            |                                     |                                   |                               |                                  |
| Rural                     | 81.9**         | 75.3**                     | 91.6**                              | 81.5**                            | 75.7**                        | 3974                             |
| Urban                     | 67.8           | 59.4                       | 81.8                                | 70.9                              | 59.9                          | 5569                             |
| Wealth Index              |                |                            |                                     |                                   |                               |                                  |
| Poor                      | 66.4**         | 56.5**                     | 79.8**                              | 70.4**                            | 56.4**                        | 3852                             |
| Middle                    | 72.0           | 63.6                       | 85.0                                | 72.6                              | 65.7                          | 2125                             |
| Rich                      | 82.4           | 77.8                       | 92.9                                | 82.4                              | 77.8                          | 3566                             |
| Work status               |                |                            |                                     |                                   |                               |                                  |
| Not-working               | 72.5*          | 64.1**                     | 83.7**                              | 74.0**                            | 64.7**                        | 3934                             |
| Working                   | 74.4           | 67.4                       | 87.4                                | 76.3                              | 67.7                          | 5571                             |
| Educational level         |                |                            |                                     |                                   |                               |                                  |
| No education              | 63.6**         | 57.4**                     | 77.8**                              | 68.5**                            | 53.9**                        | 3854                             |
| Primary                   | 70.4           | 61.8                       | 83.9                                | 73.5                              | 62.7                          | 2123                             |
| Secondary or higher       | 82.2           | 75.8                       | 91.7                                | 80.6                              | 76.6                          | 3566                             |
### Background characteristics

| Experience of Physical Violence | Own health care | Major household purchases | Purchases for daily household needs | Visits to her family or relatives | How to spend husband’s earning | Number of currently married women |
|-------------------------------|----------------|--------------------------|------------------------------------|----------------------------------|-----------------------------|----------------------------------|
| No                            | 74.3*          | 68.0**                   | 86.1%                              | 76.4**                           | 69.0**                      | 6255                             |
| Yes                           | 72.4           | 62.2                     | 85.4%                              | 73.4%                            | 61.4%                       | 3200                             |
| Experienced emotional violence| No             | 74.2*                    | 67.2%                              | 76.5**                           | 68.5**                      | 7663                             |
| Yes                           | 71.3           | 61.2                     | 84.3%                              | 70.5%                            | 57.8                        | 1792                             |
| Total                         | 73.5           | 66.0                     | 85.8%                              | 75.4%                            | 66.4                        | 9455                             |

*** Significant at P < 0.01; ** Significant at P < 0.05

Table 2. Factors affecting women’s participation in decision making

| Background characteristics | Own health care | Major household purchases | Purchases for daily household needs | Visits to her family or relatives | How to spend husband’s earning |
|----------------------------|----------------|---------------------------|------------------------------------|----------------------------------|-------------------------------|
| Age                        |                |                           |                                    |                                  |                               |
| 15-24                      | 1.0            | 1.0                       | 1.0                                | 1.0                              | 1.0                           |
| 25-34                      | 1.27***        | 1.38***                   | 1.18-1.61                          | 1.32***                          | 1.39***                       | 1.18-1.64                      | 1.18*                           | 1.01-1.38                      |
| 35-49                      | 1.33***        | 1.53***                   | 1.24-1.88                          | 1.73***                          | 1.31-2.29                     | 1.67***                        | 1.33-2.09                      | 1.17                           | 0.95-1.44                      |
| Marital Duration           |                |                           |                                    |                                  |                               |
| 0-4                        | 1.0            | 1.0                       | 1.0                                | 1.0                              | 1.0                           |
| 5-9                        | 1.00           | 0.95                      | 0.80-1.12                          | 0.99                             | 0.79-1.23                     | 0.97                            | 0.74-1.16                      | 0.98                            | 0.82-1.15                      |
| 10-14                      | 0.97           | 0.97                      | 0.79-1.20                          | 1.02                             | 0.77-1.36                     | 0.93                            | 0.73-1.19                      | 1.06                            | 0.86-1.31                      |
| 15+                        | 1.01           | 1.07                      | 0.85-1.34                          | 0.95                             | 0.69-1.30                     | 0.94                            | 0.73-1.19                      | 1.12                            | 0.89-1.41                      |
| Number of children         |                |                           |                                    |                                  |                               |
| 1                          | 1.0            | 1.0                       | 1.0                                | 1.0                              | 1.0                           |
| 2-3                        | 1.15           | 1.04                      | 0.89-1.21                          | 1.18                             | 0.96-1.44                     | 1.03                            | 0.87-1.21                      | 0.97                            | 0.83-1.14                      |
| 4+                         | 1.04           | 0.86                      | 0.74-1.26                          | 1.09                             | 0.86-1.38                     | 1.06                            | 0.88-1.28                      | 0.88                            | 0.73-1.05                      |
| Religion                   |                |                           |                                    |                                  |                               |
| Catholic                   |                |                           |                                    |                                  |                               |
| 0.92                       | 0.82-1.04      | 0.98                      | 0.87-1.10                          | 0.97                             | 0.83-1.04                     | 0.84***                         | 0.74-0.96                      | 0.94                            | 0.83-1.05                      |
| Place of residence         |                |                           |                                    |                                  |                               | 117                             |
| Background characteristics | Own health care | Major household purchases | Purchases for daily household needs | Visits to her family or relatives | How to spend husband’s earning |
|-----------------------------|----------------|---------------------------|------------------------------------|-----------------------------------|-----------------------------|
|                             | Odds ratio     | 95% CI                    | Odds ratio                         | 95% CI                            | Odds ratio                  | 95% CI                     |
| Rural                       |                |                           |                                    |                                   |                             |                             |
| Urban                       | 0.64***        | 0.56-0.73                 | 0.75***                            | 0.66-0.74                         | 0.70***                     | 0.59-0.84                  |
| Wealth Index                |                |                           |                                    |                                   |                             |                             |
| Poor                        | 1.0            | 1.0                       | 1.0                                | 1.0                                | 1.0                         | 1.0                         |
| Middle                      | 1.07           | 0.94-1.21                 | 1.13*                              | 1.00-1.27                         | 1.17**                      | 1.01-1.37                  |
| Rich                        | 1.37***        | 1.18-1.60                 | 1.73***                            | 1.50-1.99                         | 2.01***                     | 1.64-2.46                  |
| Work status                 |                |                           |                                    |                                   |                             |                             |
| Not-working                 | 1.0            | 1.0                       | 1.0                                | 1.0                                | 1.0                         | 1.0                         |
| Working                     | 1.13**         | 1.02-1.24                 | 1.20***                            | 1.09-1.31                         | 1.38***                     | 1.22-1.56                  |
| Educational level           |                |                           |                                    |                                   |                             |                             |
| No education                | 1.0            | 1.0                       | 1.0                                | 1.0                                | 1.0                         | 1.0                         |
| Primary                     | 1.27***        | 1.10-1.47                 | 1.11                               | 0.97-1.28                         | 1.39***                     | 1.17-1.64                  |
| Secondary or higher         | 1.97***        | 1.65-2.34                 | 1.61***                            | 1.37-1.91                         | 2.20***                     | 1.77-2.73                  |
| Experienced physical violence |              |                           |                                    |                                   |                             |                             |
| No                          | 1.0            | 1.0                       | 1.0                                | 1.0                                | 1.0                         | 1.0                         |
| Yes                         | 1.01           | 0.90-1.32                 | 0.87***                            | 0.78-0.96                         | 1.07                        | 0.93-1.23                  |
| Experienced Emotional violence |            |                           |                                    |                                   |                             |                             |
| No                          | 1.0            | 1.0                       | 1.0                                | 1.0                                | 1.0                         | 1.0                         |
| Yes                         | 0.87*          | 0.76-0.99                 | 0.85**                             | 0.75-0.96                         | 0.84*                       | 0.71-0.99                  |
Logistic regression analysis indicated that age, place of residence, wealth status, working status, and educational level were strong factors that affected women participation in decision-making that involved major household purchase. Age group 25-34 was 1.3 times and age 35-49 was 1.5 times more likely to participate in decision-making involving major household purchase. Those from urban residences were less likely to participate in decision-making that involved major household purchase compared to those from rural residences. Participants from rich backgrounds were 1.6 times while those from the middle class were 1.1 times more likely to participate in decision-making that involved major household purchase. Moreover, working women were 1.3 times more likely to participate in decision-making that involved major household purchase as compared to those who were not working. The odds of respondents participating in decision-making involving major household purchases increased with educational level. Furthermore, the respondents who had experienced physical and emotional violence were less likely to participate in decision-making as compared to those who had not experienced violence.

Similarly, age, place of residence, wealth status, working status and level of education were strong factors that affected women participation in decision-making in involving purchase of daily needs. Respondents from the age group 25-34 and 35-49 showed a strong likelihood of participating in decision-making involving purchase of daily household needs. Those from urban residences were less likely to participate in decision-making that involved purchase of daily household needs compared to those from rural residences. Participants from rich backgrounds were 1.9 times while those from the middle class were 1.2 times more likely to participate in decision-making that involved purchase of daily household needs. Moreover, working women were 1.4 times more likely to participate in decision-making that involved purchase of daily household needs as compared to those who were not working. The odds of respondents participating in decision-making involving major household purchases increased with the level of education.

Additionally, age, place of residence, religion, wealth status, working status and educational level, were strong factors that affected women participation in decision-making that involved visits to her family or relatives. Respondents from the age group 25-34 and 35-49 showed a strong likelihood of participating in decision-making involving visits to her family or relatives. Those from urban residences were less likely to participate in decision-making that involved visits to her family or relatives compared to those from rural residences. With regard to religion, Protestants were negatively associated with the likelihood of participating in decision-making that involved visits to her family or relatives. Participants from rich backgrounds were 1.2 times more likely to participate in decision-making that involved visits to her family or relatives. Moreover, working women were 1.2 times more likely to participate in decision-making that involved visits to her family or relatives as compared to those who were not working. The odds of a respondent’s participation in decision-making involving visits to her family or relatives increased with the level of education.

Lastly, logistic regression analysis indicated that age, place of residence, wealth status, working status, and level of education were strong factors that affected women participation in decision-making that involved how to spend husbands’ earnings. Respondents from the age group 25-34 showed a strong likelihood of participating in decision-making involving the purchase of daily household needs. Those from urban residences were less likely to participate in decision-making that involved how to spend husbands’ earnings compared to those from rural residences. Participants from rich backgrounds were 1.7 times while those from the middle class were 1.3 times more likely to participate in decision-making that involved how to spend a husband’s earnings. Moreover, working women were 1.2 times more likely to participate in decision-making that involved the purchase of daily household needs as compared to those who were not working. The odds of respondents participating in decision-making involving how to spend husbands’ earnings increased with the level of educational. Those with secondary education were 1.9 times more likely and those with primary education were 1.3 times more likely to participate in decisions involving how to spend husbands’ earnings as compared to those who were not educated.

4. DISCUSSION

The study found that married women in Zambia were more likely to participate in decision-making that involved the purchase of household daily needs, own health care and visits to her family
and relatives. However, they had minimal participation when it came to decision-making that involved major household purchases and how husbands’ earnings were to be spent. These findings are in line with a study based on Ghanaian women which found that a high proportion of women are autonomous in terms of economic decision-making, decisions over their health care, freedom of physical movement and decisions on the number of children to have. However, quite a reasonable proportion still did not participate at all in these decisions [42]. In addition, women largely participate in household decision-making as opposed to being the main decision-makers across all domains [43].

Women's participation in decision-making in the context of marriage has been associated with positive outcomes in a number of marital domains [9]. When women get involved in household decision-making, the likelihood of domestic violence is reduced, economic progress is more likely and positive family health outcomes are most likely evident.

The study found that age was a significant factor that influenced women's participation in decision-making across all decision-making domains. Women aged 25-34 were more likely to participate in decisions that involved health care. Meanwhile, women aged 35-49 were more likely to be involved in decisions that involved daily household purchases as compared to the rest of the domains. These findings are supported by Acharya [9] who found that there was a significant positive association between women's age and autonomy in decision-making among all the measures of autonomy. Furthermore, a study has shown that in Nepal, Bangladesh and India, as women get older, they gain autonomy in household decision-making [29].

Marital duration was another predictor of women's participation in daily household decisions. Women who have been married for over 15 years were more likely to participate in overall decision-making as compared to those who were married for less than 15 years. However, despite comparatively having more participation in decision-making across domains, participation in how a husband spent his money remained low. Similarly, there is evidence that has shown that the longer the women stayed in the marriage, the more autonomous they became in household decision-making in the household [44].

Through bivariate analysis, the study also revealed that the number of children a couple had in marriage was a significant predictor of women's involvement in decision-making. Having one child was positively associated with decision-making that involved how their husbands spent their earnings. Having 2-3 children was associated with women's participation in decision-making that involved purchases of daily household needs. These findings are consistent with the findings of existing research that has shown that women's autonomy in decision-making is associated with her ethnicity, deprivation level and the number of living children [45].

Place of residence also emerged as a significant predictor of women's involvement in decision-making. Comparatively, women from rural areas were more likely than those from urban areas to be involved in household decision-making across all domains. This is contrary to the findings of Archarya et al., [9] that rural women were significantly less likely to take part in decision-making than urban women. The role of place in decision-making is now widely recognised beyond the physical environment, which affects the health of people living there [9].

The study also revealed that wealth status influenced women's participation in decision-making. Women from poor backgrounds were less likely to participate in decision-making across all household decision-making domains. On the other hand, women from rich backgrounds were more likely to participate in decision-making in all the domains except health care. The ownership and control of property are among the most critical contributors to the gender gap in economic wellbeing, social status, and empowerment [46].

The findings also showed that working status was a significant predictor of women's participation in household decision-making. Women who had jobs were more likely to participate in all household decision-making domains as compared to those who did not work. Studies previously done on other contexts have equally found that women's ability to make household decisions is enhanced while they are working. Women in paid employment are significantly more likely to report to participate in the final decision-making compared to those women who are not in paid employment [21].

The study also found that women's level of education affected their involvement in household decision-making. Those with secondary education or better were more likely to
participate in household decision-making as compared to those who had lower levels of education. In short, the participation of women in household decision-making across all domains increased with educational level. These findings are in tandem with the findings of Uthman et al., [47] that educational level increases women's decision-making autonomy in the household because attainment of higher education is a significant form of empowerment.

Lastly, women who said wife-beating was justified were less likely to participate in overall household decision-making. Instead, those who did not think wife-beating was justified were more likely to participate in household decision-making as compared to those who did not agree with wife-beating as justifiable. These findings were consistent with the findings of a Zimbabwean study which also found that making decisions on large household purchase jointly, reduced the likelihood of women justifying wife battering. Those who made such decisions jointly with husbands were less likely to justify wife battering compared to those who did not make decisions jointly [44].

5. CONCLUSION

In conclusion, it is evident from this study that social demographic factors have a significant influence on women's decision-making autonomy in Zambian households. While women were autonomous in some areas of decision-making, in other domains, they had very little to no autonomy at all. Some socio-demographic variables only influenced women in some domains and not some. For instance, age only influenced decision-making on household goods and visits to family. Rich wealthy status, living in urban areas, higher levels of education and justification of wife-beating were influential to healthcare decision-making among women. Zambian programmes and policy initiatives should develop a clear policy foundation that should be crucial to empower women to take part in decision-making processes in the household. Peer support interventions have been found to be beneficial and acceptable by young people in Zambia and can be considered for enhancing female autonomy [48]. Moreover, enhancing their access to and control over economic resources and enabling them to establish and realise their rights are also essential means to empower them to be more autonomous in decision-making.

COMPETING INTERESTS

Author has declared that no competing interests exist.

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