

EXTENDED ABSTRACT

IMPACT of Household Decision Making Power on Women Empowerment in India: Evidences from NFHS-3 Survey

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Autonomy has a multi-dimensional aspect such as civil, political, social, economic, cultural participation and rights. So to measure the degree of autonomy, its associated various factors have to be measured. Family is the smallest area where women can share or control over the resources. But gender inequality in the family level is manifested by a weaker role of women in decision-making and less control over resources and restrictions in physical movements by women.

Empowerment of women refers to giving decision-making power to women in social, economic and political sphere of life. It is a process of making women aware of socio-psycho-cultural and political injustice that is prevailing in the society against women. Women empowerment is a prerequisite to gender equality and development.

The process of empowerment should start from our own home. Women's position in the household determines women's autonomy in the family. It is worth to examine whether women can decide about household matters like buying jewelries, having access to money, having mobility to go to market or relatives' house or getting health care facilities.

In India the study of women's empowerment is scanty. The study on its regional variation is also very rare. On the basis of women's decision making power in different sphere of life, women's autonomy has been judged in three-fold ways in this paper: Firstly, to investigate the percentage involved in decision making power of women in socio-cultural, socio-economic and health aspects of their own lives; Secondly, the assessment of regulatory factors or ability to formulate the decision making power and thirdly, the comparative account of women's empowerment and its associated factors through the comparison between working (paid and un-paid workers) and non-working women.

In this paper we have found the state wise variations in the percentages of women who are involved in the household decision making power and have examined whether levels of education, types of occupation, working status of women etc., and the other characteristics of the household like standard of living, sex of head of household etc. have positive influence on the empowerment. Data from NFHS-3 Survey conducted in 2004-05 have been used for the analysis.

The degree of women's decision making power is not same over the different aspects of life considered here. Women are almost the sole authority to decide about cooking and have access to money but can rarely buy jewelry of its own. Less than one-third of women can decide about health care or get permission to go to relative's house or market.

The study reveals the women's autonomy through the decision making power on different aspects of life such as household, access to money, self-health care and

freedom of movements to relative's house or to the market. It covers women of reproductive age (15-49) of different states and zones of India. The study also provides socio-cultural and socio-economic variations in the level of empowerment.

The empowerment of women increases with the age of women and remains almost same among different occupational groups. Husband's education or occupation does not contribute much to the empowerment. Working women have distinct advantage as against non-working or unpaid working women. Though maximum percentage of empowered women has been observed about cooking but its nature is different from others. Unlike others, this percentage decreases as SLI increases, is less for literate women and female headed households. Behaviour of North-East region is also a bit different due to matriarchal societal norms from other regions in India which becomes evident if one compares the coefficients of the logistic regression.

Our result indicates that there exists a great regional variation in the levels of women's autonomy. Highest autonomy in household such as cooking has been seen in North-east zone and lowest in North zone. In state-wise distribution, greater autonomy has been seen in women of Nagaland, Karnataka and Tamil Nadu in case of cooking and Goa, Kerala, Tripura, West Bengal and Tamil Nadu in case of buying jewelry. And lower percentages have been found in Jammu, Kerala, Uttar Pradesh etc. for cooking and Nagaland, Punjab in buying jewelry. South zone and North zone show highest and lowest autonomy in buying jewelry respectively. In regards to economic aspect, i.e. access to money, highest autonomy has been seen in West zone and lowest in Central zone. State wise the higher degrees are found in Meghalaya, Goa, Himachal Pradesh and Tamil Nadu and lowest in Nagaland, Assam etc.

State wise distribution of health care autonomy of women for themselves shows high percentages in Kerala, New Delhi, Assam, Tamil Nadu etc, and less in Nagaland, Manipur, Orissa etc. Highest empowerment is seen in West Zone and lowest in East zone.

Greater freedom of movements is found in West zone and the lowest is in Central zone. When seen State wise, greater mobility is found in Goa, Gujarat, Maharashtra, Tamil Nadu etc, and it is lesser in Jammu, Uttar Pradesh, Assam, Nagaland, Orissa, West Bengal etc.

The striking feature is that among the paid workers, decision making power in spending the earnings are seen to be high in Jammu, Goa, New Delhi and low in Nagaland, Mizoram, Orissa, Madhya Pradesh etc. Zonewise, highest degree is found in North zone and lowest in Central zone. Women's autonomy through the comparison among three working categories viz. non-working, working (paid) and working (unpaid) is seen to vary in different spheres of cooking, buying jewelry. Earning women have greater access to decision making power. But in case of access to money, there is no significant difference between non-working and working (paid) women. Among the other two of decision makings such as mobility and health care, non-working women shows lesser ability in mobility. In health care ability, lesser autonomy is found among the working (unpaid) women than non-working and working (paid) women.

In India, rural women show less autonomy than urban women. Age-groups and educational attainment has a positive relation with the increment of autonomy. Working status (paid), better nutritional status, standard of living index, and female headed household act as a stimulator for the enhancement of autonomy. So it is

proved that higher female earnings make women unambiguously better off giving them more power in household decision making, health care and mobility.

A striking feature is that household and domestic female workers have greater decision making power than paid workers. Thus improvement of household wealth may not enhance female autonomy rather it may reduce the autonomy of female. It also supports the view that women's education helps to increase the autonomy.

To sum up, to answer the question why women's autonomy varies over different regions/states, the analysis through the selected explanatory variables is not enough. One has to have an in-depth knowledge about the cultural beliefs and practices that exist in the different zones and the states and also among different castes and religious groups.