MEASUREMENT BRIEF:
WOMEN'S HOUSEHOLD DECISION-MAKING AGENCY

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WEDGE

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The authors would like to thank Paige Miller for her contribution to an earlier draft of this paper.

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INTRODUCTION

This measurement brief has been designed to give an overview of how the agency of women in the form of intra-household decision-making is measured quantitatively in countries around the world. It focuses on three continents, viz., Latin America, Asia, and Africa, in both standardized and specialized household surveys.

CONCEPTUAL FRAMEWORK

Agency has been defined as, "what a person is free to do and achieve in pursuit of whatever goals or values he or she regards as important" (Sen, 1985: 206), focusing on the value of agency for its intrinsic importance for the well-being of an individual. This definition has now been expanded to capture the measurement of agency as a process (Ibrahim and Alkire, 2007). Studies on measuring *women's agency* include domains such as social norms and attitudes, **decision-making within the household,** gender-based violence, sexual and reproductive rights, and freedom of movement (Hanmer and Klugman, 2016). However, the most common of these indicators is the agency to make decisions within the household. These indicators are based on women's responses to their roles within households and are used either as indices or separately (Kabeer, 1999).

The departure from the neoclassical idea of the household as a "unified, welfare-maximizing entity" (Kabeer, 1999: 11) has led to the understanding that decision-making power within households is unequal. Intra-household decision-making, therefore, acts as a proxy for bargaining power within the household unit. However, by no means can intra-household decision-making be considered the perfect measure and it must, in fact, be used in conjunction with other indicators of women's agency. This brief, on the other hand, relies on the outlined conceptual framework of intra-household decision-making to compare questions that test, "the existence of choice within the household and the actual use of choice" (Ibrahim and Alkire, 2007: 22).

MAIN DATA SETS AND MEASUREMENT

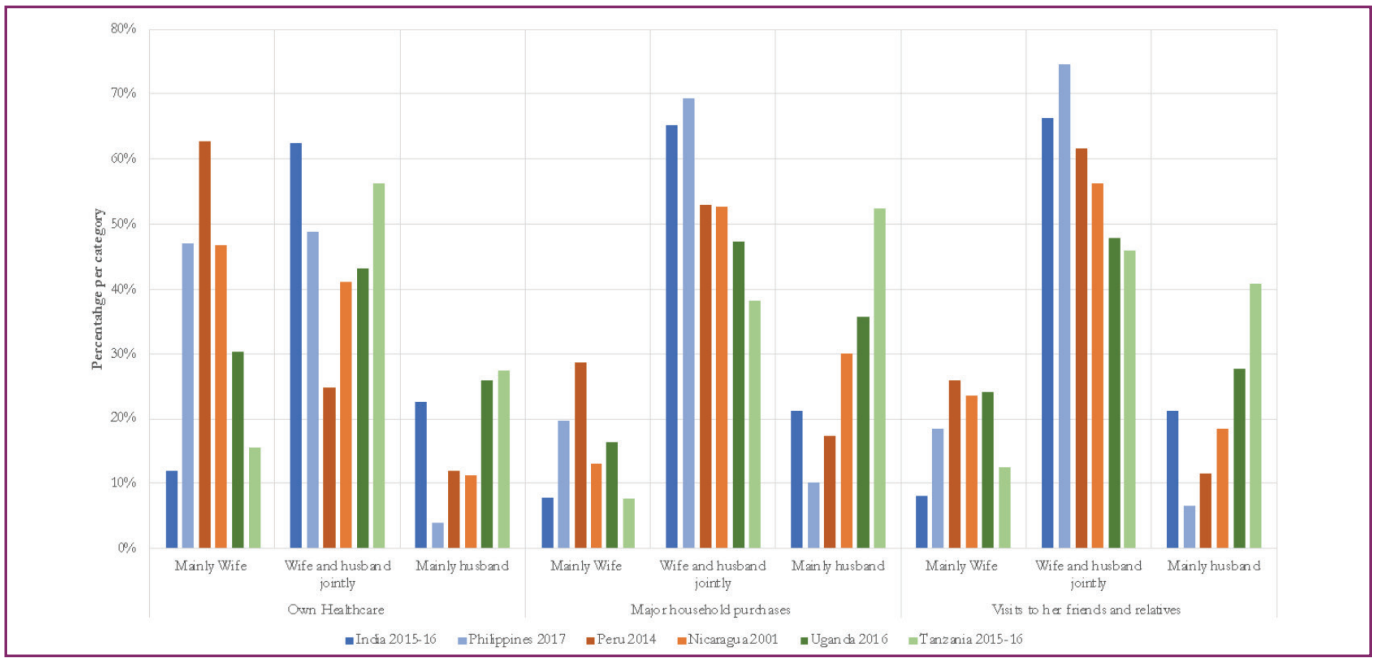
The most important source for comparative research on intra-household decision-making is the Demographic and Health Survey (DHS). The DHS collects nationally representative data on population, health, HIV, and nutrition in 90 countries. The survey asks women, and in some countries, men, about who in their respective households makes decisions related to contraception, health care, visiting family, and household purchases. Generally, questions related to decision-making regarding contraception and income are asked as part of one module. For example, in Peru (2014), women answered the question, *Who decides how to spend the money that you earn?* (the options were 'respondent', 'husband/partner'; 'respondent and husband/partner'; 'somebody else', 'respondent and someone else'). Similarly, in 2015-16, Indian women answered the following question, *Who decides how the money you earn will be used: mainly you, mainly your husband, or you and your husband jointly?* (the options were 'respondent', 'husband/partner', 'respondent and husband/partner', 'other'). Regarding contraception, in 2016, Ugandan women answered the question, *Would you say that using (or not using) contraception is mainly your decision, mainly your*

(husband's/partner's) decision, or did you both decide together? (the options were 'mainly respondent', 'mainly husband/partner', 'joint decision'). The same question was applied in India 2015-16, but exclusively about contraceptive use, and not including contraceptive non-use. Questions related to women's own health care, visiting family, and expensive household purchases are asked as part of a decision-making module. For example, in 2016, the following questions were asked in Uganda, *Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?* (the options were 'respondent', 'husband/partner', 'joint decision', 'someone else', 'other') and *Who usually makes decisions about making major household purchases? (the* options were 'respondent', 'husband/partner', 'respondent and husband/partner jointly', 'someone else', 'other'). The questionnaires from India in 2015-16 and Uganda in 2016 included the question, *Who usually makes decisions about visits to your family or relatives: mainly you, mainly your husband, you and your husband jointly, or someone else?* In Peru, in 2014, women answered a slightly different question, *Who has the last say at home regarding: your healthcare, big household purchases, visiting family and relatives, what to cook?* (the options were 'respondent', 'husband', 'joint decision', 'somebody else', 'respondent and someone else', 'nobody').

DHS differs on the wording, topics, and questions by and within regions. In terms of wording, some countries emphasize who *mainly* takes a given decision, while other countries do not. There are also differences in the options, since some questionnaires include the options *others* or *respondent and someone else* for some questions, while restricting the options to *woman* and *husband* and *joint decision*, for other questions. There are differences regarding who answers (that is, only women or both women and men), and when only women answer, what sample of them do it (that is, only married women or all women).

Chart 1 summarizes answers provided by women for selected questions and countries. Overall, respondents tend to select the *joint decision* option more than the other options (*wife* or *husband*). More women answered that they take decisions by themselves regarding their own healthcare. Overall, in this example, Peru has higher rates of respondents taking decisions by themselves, India and Philippines have higher rates of women selecting the option, *wife and husband jointly*, and Tanzania records a high concentration of decisions taken by the respondent´s *husbands*. Although these are examples, hence not representative by region, the results highlight cultural differences in decision-making.

Chart 1. DHS. Participation in Decision-making Within the Household, Selected Countries. Percentages. *



Note* All figures reported are questions answered by women; the option "someone else" excluded, and because of this percentages do not add up to 100.
Source: Demographic and Health Surveys (DHS).

Other than DHS, there are a number of specialized surveys that include questions on women's intra-household decision-making. The topics areas are summarized in Table 1.

Table 1. Domains and Decision Topics by Country/Regions

Domains	Decision Topics	Countries/Regions
Expenditure, purchases	Large purchases, major household routine expenditures, gifts, earnings, food and clothing	India, China, Bangladesh, Indonesia, Chad
Labor Force Participation	Working outside the home, spouse working status	Indonesia, Uganda, Tanzania,
Agriculture	What crops to sell, what crops to grow, price point, and use of profits	Bangladesh, and many questions through the Gender Asset Gap Project (Ecuador)
Children and Family Planning	How many, what to do if they fall sick, when to marry, education, discipline, family planning	India, China, Indonesia, Philippines, Venezuela, Bangladesh
Participation/Socializing outside the Home	Community and political activities participation, socializing, visiting parents, spending time with self, family and relatives	Bolivia, India, Indonesia, and many more through the IMAGES project (Rwanda)

RESEARCH APPLICATIONS[1]

The household decision-making questions asked by the DHS have been more or less consistent across borders (that is, decisions about own healthcare, about major household purchases, and about visits to family and relatives). These questions have been used either together (in the form of an index) or as separate predictors in research. Following are examples of how decision-making indices have been used in studies in Asia, Africa, and Latin America.

Using 'Decision-making' Variables as Predictors

In Asia, women's decision-making has often been employed to understand contraceptive use (Islam, 2018; Rahman et al., 2014; Uddin et al., 2017); utilization of maternal health care (Ghose et al. (2017)); justification for wife-beating (Alam et al., 2018); nutritional status of children (Imai et al., 2014); increase in daughter's schooling (Afridi, 2010); use of intra-household decision-making along with women's labor force participation; women's use of contraception; and women's education; to construct a measurement of women's empowerment (Phan, 2016). In the Indian context, using the DHS data, researchers found that women participating in decision-making, who used mobile phones, and who were paid in cash in the 12 months preceding the survey, were significantly more likely to use any method of contraception (Singh et al., 2019).

Using Honduran data from DHS 2011-2012, Hendrick and Marteleto (2017) study the association between mothers' decision-making autonomy and secondary-school rates of enrollment. Their results show that mothers with greater decision-making have more adolescents enrolled in high-school. They demonstrate that women's decision-making impacts outcomes for adolescents, regardless of the wealth of the family. Nonetheless, the effect is more significant for girls than boys.

[1] Full references for this section have been listed in a separate document.

In Sub-Saharan Africa, the decision-making capacity of women has been linked to higher rates of intimate partner violence and having more children than reported as the ideal number, thereby displaying a complicated relationship between decision-making and empowerment (Upadhyay and Karasek 2012; Ahinkorah, Dickson, and Seidu 2018). Decision-making has also been linked to health and well-being. Annan et al. (2019) find that women's decision-making power in the household has implications for the health and well-being of other household members, such as when children are present. This emphasizes the need for greater focus on intra-household decision-making outside of fertility, because it is an overall public health issue.

Decision-making as Outcomes

In Asia, employment and membership in NGOs and women's influence have been used to study decision-making within households (Head et al., 2015).

In Latin America, higher education and higher age at marriage; household structure/size of households; and SES, have all been used to predict women's decision-making. Other factors that increase incidence of women's decision-making in rural areas are land ownership and financial literacy. The different contexts of countries, including female employment, access to credits, and financial crisis, affect women's intra-household bargaining power (Heaton et al., 2005).

In Sub-Saharan Africa, status accumulation through education and age has been linked to increased bargaining power for women though access to health care and labor force participation are considered more accurate indicators of women's empowerment (Darteh, Dickson, and Doku 2019), thereby collectively indicating that the accumulation of status lends women in Sub-Saharan Africa more empowerment over decisions, but the lived reality of empowerment may be more complicated.

SUGGESTIONS FOR FUTURE RESEARCH

Future research on decision-making should tackle the process in greater detail, disentangling decisions within domains, and analyzing the negotiation process. In a broadly defined field such as finance, household members could take decisions in different areas such as loans, investments, debts, or savings. Most surveys (including the DHS) have a disproportionate focus on decision-making for 'large/expensive' items in this domain. The issue of who had the initial idea affects the decision-making process; men are more likely to propose some ideas while women are typically in acceptance/rejection positions (see Wiig 2013). Access to better information about power distribution inside households, by resources like money or literacy, could also improve our understanding of the decision-making process (see Fonseca et al., 2018; Doss, 2013; Agarwal, 1997). Having more power does not equate to the ability to make more decisions. The opposite could be true since leaving the decisions to others could reflect greater bargaining power (see Bernard et al. 2020).

Second, currently, decision-making questions are based on the general idea of who takes decisions. Survey instruments could also be asking whether a woman must seek permission from or inform others in the household about her activities such as visiting friends, making purchases, or seeking health care. The DHS includes this perspective for some countries, offering to respondents "getting permission to go the doctor" as one of the reasons preventing women from getting medical advice (see for example Uganda and India, last applied questionnaires). Research in the future could focus on negotiation, including consequences (that is, whether anyone opposed the decision, and whether the woman's non-involvement was voluntary), and perceptions about the process (the level of agreement and satisfaction with the process and outcome).

Third, the research could include more members answering the questions (especially men) and provide a list of all members of the household instead of a predetermined list of options of just the wife, husband, and joint decision-making. For example, see Anderson Reynolds Kay, 2017, about intra-household accord in decision-making between spouses. Older women in the household may also play an essential role in the decision-making process in developing countries, mainly, but not limited to, in intra-generational households (see Anukriti et al., 2019; Kumar, Bordone and Muttarak, 2016). Other family structures, like cohabitation, and households with single mothers, which are predominant in some developing countries, should also be included in the decision-making samples.

Fourth, since decision-making is a process, research can focus on describing decision-making within the household through different scenarios. Bernard et al. (2020) test five possible typologies: all decisions are taken in the same way, decisions are taken by the person who contributes the most to certain activities, each member of the couple takes decisions per domain, or decisions are taken by whoever has the most information (see Bernard et al., 2020).

Finally, not all decisions are equal, and scholars could weigh decisions that are more important than the others, considering the outcomes and contexts. As Kabeer warns, "Decisions…are not all equally persuasive as indicators of women's autonomy because not all have the same consequential significance for women's lives…" (see Kabeer, 1999: 18). It is essential to determine how indices are constructed to measure intra-household decision-making. More advanced methods are preferred to overcome some of the drawbacks of scales and indices.. One such method is factor analysis, "an appropriate method for scale development when analyzing a set of interval-level, non-dichotomous variables" (De Vaus and de Vaus, 2002: 186)

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This brief is part of a series of measurement briefs prepared by *Women's Empowerment: Data for Gender Equality* (WEDGE) project undertaken by University of Maryland, College Park. Enhancing women's economic empowerment is a key objective of many public policies and Sustainable Development Goals seek to measure progress in this arena. Measurement briefs developed by WEDGE seek to bridge the gap between theoretical literature on gender and women's lived experiences by evaluating survey based measures of women's economic empowerment and serve as a reference for national statistical agencies as well as students and survey designers.

Suggested citation: Natasha Chhabra and Constanza Hurtado. 2020.
"Women's Household Decision-Making Agency," College Park: WEDGE Program, University of Maryland.

Funding for this program is provided by William and Flora Hewlett Foundation.

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