

Women's Autonomy and Experiences of Violence in Six African Countries

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ABSTRACT

There is a rich history of the study of women's autonomy in the field of demography, particularly regarding its role in fertility outcomes. Women's autonomy is associated with parity, contraceptive use, and in more recent work, with children's health outcomes and health services utilization. However, despite its importance and popularity there is surprisingly little consensus on how to measure women's autonomy. Using data from the Demographic and Health Surveys in Kenya, Malawi, Rwanda, Uganda, Zambia and Zimbabwe, this study problematizes our current measurement of women's autonomy through an examination of the relationship between measured autonomy and experiences of violence. We find that the direction and significance of the influence of autonomy, specifically labor force participation and control over financial decision-making, is inconsistent across countries. Our findings have important implications for the measurement and study of women's autonomy.

INTRODUCTION

This study was motivated by the question of how to account for violence against women in our measures of autonomy. Women's autonomy, defined here as "the extent to which women exert control over their own lives within the families in which they live, at a given point in time" (Jejeebhoy et Sathar 2000), is frequently measured by a series of questions about a woman's control over resources and her role in decision making. Responses to such questions are then summed to form an index of autonomy, rarely with any attention paid to weighting or the relative importance of certain aspects of autonomy. This is often the case because different aspects of autonomy have varying importance across contexts (Agarwala et Lynch 2006). Using an index combining different manifestations of women's power obscures important variation in how different components of autonomy matter. Furthermore, due to data limitations, measures of women's autonomy often exclude important aspects of control including freedom of movement, political access, community involvement, and freedom from violence. It is on the relationship between autonomy and experiences of violence that we focus our attention in this study.

BACKGROUND

The 1994 Cairo Conference marked an important turning point in the global importance of women's rights and autonomy. Stemming from the involvement of feminist activists, the Cairo Conference shifted the attention of the population control movement from the need to limit births to the need to empower women to make their own reproductive choices (McIntosh and Finkle, 1995). In 1995, the United Nations declared women's autonomy a basic human right. The academic community responded with a proliferation of studies designed to measure the multidimensional concept of women's autonomy, identifying the relationship between women's autonomy at various levels – marriage/household, community, and society – and life choices – particularly fertility decisions (Dyson et Moore 1983; Gupta 1990; Balk 1994; Bloom et al. 2001). A considerable number of the studies focused on health outcomes such as reproductive health, children's health and well-being, and more recently HIV/AIDS (Watkins 2004; Kathewera-Banda et al. 2005; Schatz 2005). The majority of studies were conducted in South

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Asia and concluded that a woman's individual autonomy has a positive influence on her well-being (Jejeebhoy 1984; Oppenheim Mason 1987; Gupta 1990; Jejeebhoy 1991; Balk 1994; Schuler et Hashemi 1994; Bankole et Singh 1998; Bloom, Wypij et al. 2001; Varga 2003). A similar pattern has been demonstrated for African women regarding their ability to protect themselves against the threat of the AIDS pandemic. In this context, women exercise control over their lives through locally developed strategies such as conversation with partners and union dissolution in order to avoid infection and protect themselves and their children (Schatz 2003; Watkins 2004; Schatz 2005). In addition, the cultural norms pertaining to acceptable sexual behaviors for men within a given society contributes to the prevalence of sexually transmitted diseases and HIV infections among women and violence against women (Solomon et al. 1998; Smith et Watkins 2005). Such toleration of male behaviors that put women at risk in Asian and African societies highlight the lack of power women have over their own physical and emotional protection (Bloom et Griffiths 2006) and their inability to control their lives.

While the general consensus in the field is that gaining more autonomy is key to improving women's living conditions, our understanding of women's status remains unclear as to how autonomy is shaped by surroundings, relations with other household and community members, and their life experiences. The complexity of measuring autonomy lies in its multidimensional nature, making analysis and interpretation difficult. The inequalities between men and women are manifested in a variety of dimensions, and are present in different dimensions for different contexts and individuals, making it complicated to accurately measure (Safllios 1980). The common dimensions of autonomy include access to and control over finances, freedom of movement, decision-making power, political access, community involvement and freedom from violence. While some studies include opinions and beliefs about a husband's right to use violence against his wife, few include an actual measure of experience of violence.

The relationship between women's empowerment or autonomy and risk of violence is unclear. The existing research on violence against women focuses on bivariate associations and multivariate relationships, but only investigates the influence of women's decision making power on experiences of violence. Joint decision making is associated with lower risk of violence, while women who report making decisions on their own are more likely to report experiences of violence (Kishor et Subaiya 2008). While some findings suggest that women's autonomy, particularly higher education and income, is protective, others indicate a positive relationship between autonomy and violence (Jewkes 2002; Hindin et al. 2008). We find this positive relationship particularly problematic because it implies that the women who have more control over their lives have less control over their physical wellbeing. In this paper we examine the relationship between various components of women's autonomy and experiences of emotional, physical and sexual violence. In addition we investigate the consequences of including experiences of violence in measures of autonomy as opposed to using women's autonomy to predict experiences of violence.

DATA AND METHODS

The data for this paper are taken from the Demographic and Health Surveys (DHS) for six African countries: Kenya 2008, Malawi 2004, Rwanda 2005, Uganda 2006, Zambia 2007 and Zimbabwe 2005/2006. The analysis is restricted to these countries for several reasons: 1) in order to make meaningful comparisons we felt it appropriate to compare similar socio-cultural contexts within the region rather than attempting to draw comparisons across the entire

continent; 2) the women's status and domestic violence modules of the DHS are only available for these countries in the region.

Since 1999-2000, all DHS main module include basic indicators on women's status and empowerment. Additional questions on women's status are collected for some countries through the Women's Status Module. Women are asked information enabling researchers to consider the different dimensions of empowerment such as decision-making about her employment, participation in savings decisions, children's health and welfare as well as gender-roles attitudes. The domestic violence module of the DHS began in 2000 and has been implemented in 26 countries to date. Other sub-Saharan countries for which data are available include Cote d'Ivoire, Ghana, Liberia, Mali, and Nigeria. We did not include these countries in our analysis because we feel the West African context is significantly different from the southeastern context as to preclude cross-regional analysis. Data are also available for the Democratic Republic of Congo (DRC) and South Africa; however, given the levels of conflict and rape in the DRC, and rape in South Africa, we felt these countries were unique outliers in the region.

PRELIMINARY FINDINGS

In the preliminary findings presented here we use data from the ever-married women sample of the DHS. Presented here are results for women's employment and control over money, as well as polygamy. A woman is considered employed if she has worked in the last 12 months. Control large purchase refers to the final say in decisions regarding large household purchases. Polygamy indicates whether the woman is involved in a polygamous marriage. We consider four distinct types of violence against women – emotional, less severe physical violence (does not lead to injury), severe physical violence, and sexual violence – as ever perpetrated by partner or spouse.

In the table below, the first row of each country refers to the predicted probability of an average woman ever experiencing a given type of violence. An average woman represents a woman who is literate with mean age, mean number of children ever born, mean age at first marriage, in third wealth quintile, living in a rural area with her husband of mean age and primary school education. Across countries, women who have worked in the last 12 months are more likely to have experienced all four kinds of violence than their non-working counterparts. Across countries, women who are in polygamous marriages are more likely to have experienced all four kinds of violence than women in monogamous marriages. The examined components of autonomy have different influences on experiences of violence, but the direction and significance is inconsistent across countries. In Kenya, Uganda and Zimbabwe, having final say over large household purchases is associated with lower odds of having experienced violence, while in Rwanda this final say increases the odds. The direction of the relationship between autonomy and domestic violence is unclear. Composite measures of autonomy would conceal this conclusion.

Predicted Probability of Experiencing Types of Violence

	Emotional	Less Severe Physical	Severe Physical	Sexual
Kenya	0.25	0.31	0.11	0.13
Working	0.36 *	0.40*	0.16*	0.19*
Polygamous	0.30*	0.48*	0.29*	0.20*
Control large purchases	0.20*	0.21 *	0.08*	0.08*
Malawi	0.10	0.15	0.02	0.15
Working	0.13*	0.17*	0.02*	0.16*
Polygamous	0.15*	0.20	0.02*	0.20
Control large purchases	0.12	0.14	0.02*	0.15
Rwanda	0.10	0.32	0.02	0.11
Working	0.12*	0.35*	0.02*	0.16*
Polygamous	0.21	0.51	0.03	0.18*
Control large purchases	0.17*	0.39	0.04	0.17*
Uganda	0.45	0.41	0.15	0.41
Working	0.53	0.45	0.26*	0.49
Polygamous	0.45	0.44	0.19*	0.37
Control large purchases	0.34*	0.39	0.13	0.29
Zambia	0.30	0.39	0.09	0.09
Working	0.42*	0.42	0.11*	0.15*
Polygamous	0.41*	0.48*	0.12*	0.11
Control large purchases	0.27	0.39	0.09	0.1
Zimbabwe	0.28	0.41	0.08	0.15
Working	0.41*	0.50*	0.09	0.23*
Polygamous	0.39*	0.56*	0.11*	0.22*
Control large purchases	0.26	0.31*	0.09	0.17

* $p < .05$

Numbers in bold represent predicted probability for average woman

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