
Household decision making status of women in Dabat district, North West Ethiopia, 2009 Gc

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Abstract: Background: Though gender inequality is often cite as a barrier to improving maternal overall condition in developing countries, little attention has been given in understanding how a woman's position within their household may affect the living situation of them. Objective: The aim of this study was to assess household decision making status of women in Dabat destrict. Methods: A community based cross sectional study was conducted in April 2009 in Dabat, North West Ethiopia .The study was conducted in Dabat Rural Health Project (DRHP). A total of 948 currently married women were include in the study. Semi-structured questionnaire & focused group discussions (FGDs) were used to collect the data. It was entered in EPINFO version 2000 and analyzed using SPSS for Windows version 15.0. Result: With 100% response rate, 15.5% women involved in all areas of decision, and 5.9% were in any of it. Women education, annual household income and residence were also main determinants for women's position in household decision. Conclusion and Recommendation: Women's positions in the household were low in Dabat compared to EDHS 2005. Hence, empowering women through education and designing income generating activities may be helpful for improving women's household position.

Keywords: Household Decisions, Women, Dabat

1. Introduction

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 [1]. In many countries, women have little education, limited decision-making power, few resources, and are faced with health services that are insensitive to their needs [2, 3]. It is widely asserted that increased gender equality within the household is a prerequisite for achieving improvements in all matters of development. The Programmed of Action adopted at the 1994 ICPD claimed that "improving the status of women also enhances their decision-making capacity at all levels in all spheres of life, which helps for countries development". The Beijing conference that followed in 1995 stressed the empowerment of women as one of the central development goals of the 21st century [4].

Ethiopia ranks 113 out of 129 countries in the Gender Gap Index (which indicates the list in gender equality) report in 2007. This may be associated with higher female

mortality in such settings [5]. Gender inequality poses a threat to the human capital formation and it has indirect effect on the role of women in the household as principal actors in the determination of fertility [6].

The socially defined gender roles of men and women gauge the power balance between the two sexes. When couples share household decisions, women have more power over the circumstances in their daily lives [7]. In developing countries most communities afford inferior positions to women. In effect women are either under collective decision-making with their partners or completely rely on the male partner's decision on issues that affect their reproductive live [8].

Complications of pregnancy and childbirth cause more deaths and disability than any other reproductive health problems [9]. However only 15 percent of currently married Ethiopian women make sole decisions on their own health care. Nationwide only 44% (4 in 10 women) participated in all four types of decisions (own health care, big purchase, daily purchase and visiting families), and 8 % of women do not participate in any of the decisions [10].

In many parts of Africa, women's position in the household is extremely limited. Overall, the hierarchy of authority in the household is governed by age and sex, with the older over the younger, and men over women. Household decision making is preventive for maternal mortality as a result of behavioral changes following improved health knowledge and care, and increased use of health services [11].

As shown in different studies women household position was affected by, maternal age, education, income and residence. Women in better off annual income were more likely than those in poor and medium annual income to involve in household decision. This finding is also supported by other studies [11 – 15]. Wife education by itself increases the husband's confidence to involve women in the household decisions. 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 [16, 17].

Moreover study in Peru suggested that, educating women alters the traditional balance of power within the family, leading to changes in decision-making and allocation of resources within the household. Women's participation in decision making significantly increased with age, education, and number of children similarly rural and poor women were less likely to be involved in decision making than urban or rich women it is true also in Egypt [18].

A comparative study which was done in Ethiopia and Eritrea by using DHS 2005 and 2001 data showed that, maternal education and place of residence were associated with women's involvement in decisions indicators. In Eritrea, women with secondary education are 1.2 and 2.4 times involved in big purchase and visiting families respectively. Likewise in Ethiopia, secondary education has impact on decisions like making big purchase, daily purchase and visiting families compared to illiterate women with odds being 2.4, 2.1 and 2.3 times respectively [19]. Women's ability to participate in household decisions is influenced by husband or families in their households. Therefore the objective of the research was to assess women's participation in household decision making and factors that affect women being involved in household decision. The finding will have implications on designing and implementing policies and programs in Ethiopia.

2. Method and Materials

A community based cross sectional study was conducted in Dabat district, North West Ethiopia. The study was also triangulated by qualitative study (FGD) design.

It was conducted in Dabat (Dabat Rural Health Project (DRHP)), and found in North West Amhara National Regional State, in Ethiopia.

Dabat district is organized in to 34 rural and 3 urban kebeles. It has a total population of 145,458 (73,825 male and 71,633 female) and (15,818 urban and 129,640 rural)

CSA- 2007. The project includes seven rural and three urban kebeles. According to the base line survey conducted in February 2008, the total of 44,303 people lives in the 7 rural and 3 urban kebeles.

Currently there are 9,235 household which has registration number with an average size of 4.8 people per household. Contraceptive users among married women are 1183 and mortality rate is 6.1. The project use 12 local guides, 10 well trained data collectors and 3 supervisors. All married women in DRHP and Selected married women who are reside in DRHP at the time of survey were the Source Population and Study population respectively. Separated and divorced women were not included in the study.

Sample size was calculated by using EPINFO to determine the minimum sample: 95% confidence interval with 3% margin of error and 44% decision making status (EDHS 2005) prevalence were considered. With 5% none response rate the total number of households were 948.

All registered households in DRHP were used as the sampling frame, and then systematic random sampling was used to select 948 households from the sampling frame. Dependent variables were Women's decision making status (high/ low) and the independents were Socio-Demographic (Woman's age, Parity, Residence (urban, Rural), Women educational status Annual household income.

Semi-structured pre-tested standardized but locally adopted Amharic questionnaire was utilized for data collection. There were 3 supervisors and 10 data collectors who were working in the DRHP were trained for two day on how to supervise and collect the data. During data collection respondents were arranged in a manner that can ensure their privacy by anonymously and interviewing away from their husband. Data collection was conducted for 12 days, from April 1-April 12/2009.

For the Qualitative Part focus group discussion was prepared; a total of 24 focus group participants were purposely selected from 7 rural and 3 urban Kebeles. Attempts were made to capture participants from all categories, such as women affairs, kebele members, religious leaders and male and female residing in rural and urban area. Four successive focus group discussions were held with men and women disaggregated by rural 12 (6 in each group) and urban 12 (6 in each group).

Standard data collection tools were taken from EDHS 2005. Pretest was done to assure the consistency of responses by taking 5 % of the sample size, it was done on similar group of population who were residing out of the project kebles. After analyzing the pre-test result necessary modifications was made accordingly before it was used in the actual survey. Training was given to the data collectors and supervisors before the pretest. The supervisors and investigators were closely following the day-to-day data collection process and ensure completeness and consistency of the collected questionnaire daily. Finally 5% of the samples were re-interviewed by investigators to confirm the validity.

After cleaning data was coded and entered, in to EPI INFO version 2000 and analyzed using SPSS for Windows versions 15.0.

The measure of women's autonomy in household decision making was constructed to capture women's status within their household which was measured by the extent of their role in making decisions about the following issues: decision on her own health, decision on large purchases (e.g. renting land, buying cattle, TV. etc.), decisions on household purchase for daily needs (e.g. salt, onion, etc.) and visits to family, friends or relatives [6]. In each case, the woman was asked whether she made these decisions alone or jointly with her husband or her husband alone and other people in the house.

To obtain a summary measure of women's autonomy in household decision making, each autonomy indicator was coded as a (0, 1) binary variable where category 0 represents a low level of decision making on that particular variable (where decisions were made by husband alone and other people) and category 1 represents a relatively high level of decision making (where decisions were made by either woman alone or woman and husband jointly). The sum of women's autonomy in decision making measure, then, was obtained by adding the responses given for each variable. The median value was used to categorize a woman either in low level of decision making or relatively in high level of decision making. Accordingly, the sum value less than the median was categorized as low level of decision making and the value greater than or equal to the median was categorized as high level of decision making and coded (0,1) respectively. Cooking and the selection of food are traditionally a woman's responsibility in Ethiopia like Nepal, so responses regarding who chooses the food to be cooked do not vary substantially among the surveyed women and, therefore, are not a good indicator of autonomy in this context[21].

In addition to aspects of decision-making autonomy indicated above, women were asked questions related to gender-role norms that justify men's control over women. These are general attitude questions, rather than questions that ask women about their own experience. The assumption with these questions is that women with high autonomy would not accept such obvious gender inequalities in power and would not agree with any justification for a husband beating his wife [6]. We define a variable with two categories from these questions to separate between respondents who feel wife beating is not justifiable for any of the reasons and respondents who feel wife beating is justifiable for any single or several reasons.

First bivariate analyses were computed to assess the relationships between the social and demographic variables and women's position in household decision making. Logistic regression model was also fitted to investigate factors predicting the likelihood of involvement of women in decision-making.

Ethical clearance was obtained from the Ethical Committee of Gondar University (RPO). Officials at

different levels of Dabat District municipality, administrative office and kebeles of the project were communicated through formal letters which were taken from University of Gondar. Participants were informed about the purpose and objective of the study. They were also informed that, they have the right to discontinue or refuse to participate in

the study. Verbal consent was obtained from each study participants. Confidentiality of information and privacy was maintained.

3. Results

3.1. Socio Demographic Characteristics of the Study Population

Table 1. Percentage Distribution of the Study Population by Selected Socio Demographic Characteristics Dabat District, Ethiopia, April 2009.

Variable	No	Percentage
Age		
≤29	483	50
≥30	465	49.1
Parity		
<5 children	631	66.6
≥5 children	317	33.4
Residence		
Rural	681	71.8
Urban	267	28.2
Women Education		
Illiterate	730	77.0
Primary	120	12.7
High school & above	98	10.4
Religion		
Muslim	32	3.4
orthodox	916	96.6
Annual income		
Poor	445	46.9
Medium	268	28.2
Better off	235	24.7

From all DRHP kebeles (3 urban and 7 rural) a total of 948 women who were currently lived with their husbands and have children less than five year participated in the study. Giving a response rate of 100%, almost all of the respondents were Amhara and Orthodox Christians by ethnicity and religion respectively. Seventy seven (77%) of the respondents were illiterate, 71.8 % were rural residents, 95.3% were house wives, 84% were between age 20 to 39 years old. About 24.7% of the respondents were in better off annual household income.

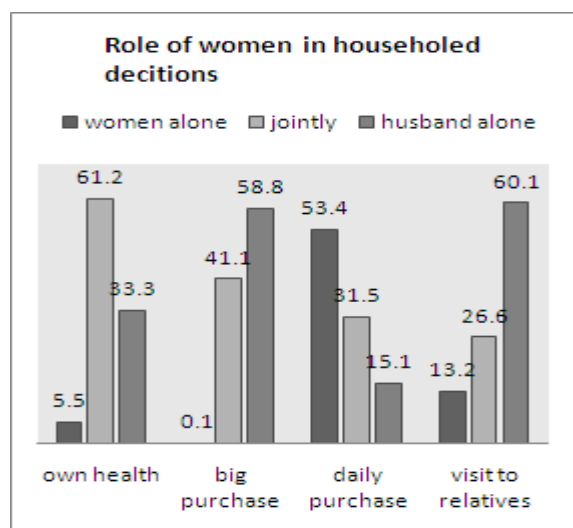


Figure 1. Percentage of Currently Married Women by their Role in Household Decisions, Dabat District, Ethiopia, April 2009Gc.

3.2. Women's Participation in Household Decisions

Women involvement in all areas of decisions indicators were 15.5% and any of them were 5.9%. As it is indicated in Figure 1 majority of the respondents (61.2%) play joint role in decisions concerning their own health. More than half of the respondents (53.4%) make independent decisions on household purchases for daily needs. The data indicates that 58.8% and 60.1% of the respondents respectively reported that large purchases and visits to family, friends and relatives are decided by husband alone. Women's involvement in decisions of large purchase is almost non-existent (0.1%).

3.3. Women Perception towards Wife Beating

Table 3. Binary Logistic Regression Analysis of Women's Household Decision Making, Dabat District, Ethiopia, April 2009Gc.

Variables	Household decision making		Crude OR (95%CI)	Adjusted OR(95%CI)	P- value
	Low n=515	High n= 431			
Residence					
rural (RC)	462(67.9%)	218(32.1%)	1.0	1.0	<0.001
urban	53(19.9%)	213(80.1%)	8.517 (6.055-11.981)	4.270 (3.277-7.370)	
Women education					
Illiterate (RC)	464(63.6%)	265(36.4%)	1.0	1.0	< 0.001
Elementary (1-8)	37(30.8%)	83(69.2%)	3.928 (2.592-5.953)	2.434 (1.508-3.931)	.01
High school & above	14(14.4%)	83(85.6%)	10.381 (5.777-18.65)	2.530 (1.251-5.116)	
Annual income					
Poor (RC)	291(63.8%)	165(36.2%)	1.0	1.0	.457
Medium	151(59.2%)	104(40.8%)	1.215 (0.887-1.663)	1.141 (0.708-1.436)	< 0.001
Better off	73(31.1%)	162(68.9%)	3.914 (2.797-5.765)	2.602(1.583-3.419)	

3.4. Qualitative Description

A total of 24 focus group Participants were purposely

The data indicate that considerable proportion of women justified wife beating in all the variables considered in the study. Among the variables, refusal of sex with husband (76.2) and arguing with husband (71.8) were more justified by women for wife beating. (Table 2)

Table 2. Percent of Currently Married Women Who Justified Wife Beating by their Husbands, Dabat District, Ethiopia, April 2009Gc.

Wife beating is justified if:	Number	percent
she goes out without telling him	423	44.6
she neglects the child	486	51.3
she argues with him	681	71.8
she refuses to have sex with him	722	76.2
she burns the food	380	40.1

Concerning on summary measure of women's autonomy in household decision making, this result indicates that 45.6% of the respondents have relatively higher role in household decision making. Women's role in household decision making was assessed considering some of the demographic and socioeconomic variables. The data indicate that though there is no constant trend, women's autonomy in household decision making showed improvement with increasing age.

Binary logistic regression was also used to identify and quantify the contribution of each background characteristics of the respondents on women's autonomy in household decision making. The results indicate that residence of the respondents, women educational status and annual household income showed positive and significant association with household decision making status of women (table 3).

selected from all 7 rural and 3 urban Kebeles. Attempts were made to recruit participants from all categories that is from women affairs, kebele members, religious leaders, male and female residing in urban and rural area.

3.5. Participant's Perception towards Current Position of Women in the Household

Out of 24, 20 of the participants, predominantly females discussed that women were not involved in the household decisions. The rest 2 males and 2 females argued that they are practicing their rights in household decisions. Majority of the participants underlined that the involvement of women in the household decisions is very limited in Dabat.

The participants described that the deep rooted cultural belief is the main reason for the low involvement of women in the household decisions. They explained the norm that males are accepted as the head of the household.

A 30 years old woman described that "if I oppose my husband on buying or selling something, he will not hesitate to do it because he is the head of the house."

All female participants pointed out that they are not involved in all areas of decisions because they believe that there are decisions which are left for males (big purchase) and females (daily purchase). Specifically on big purchasing they are not involved and they don't want to involve in the future. Their main reason for this is even though they get an opportunity, they lacked confidence to do it and it is considered as male's duty. They summarize as "SEIT MIN BITAWKE BEWEND YALKE", it means that even if a woman knows, it is the man who approves what really it is.

In a similar vein, a 25 years old woman from rural Dabat discussed that, "if I try to participate or argue with my husband on a big purchase, he will not be happy, even he may beat or divorce me. Let alone he, my family and the neighbors will not approve my behavior. It is considered as, I am violating the norm. There is a belief that women should be under the control of her husband in all aspects"

Similar opinion was also stated by a 30 years old woman. She argued that for the healthy continuation of their marriage, women should accept their husbands' domination.

Participants were asked to discuss on the bargaining role of women on sexual matters, for example to use condom, when they suspect that their husbands' risk of STIs. Only two of the participants replied that they can ask their partner to use condom. If the husband is not voluntary, they discussed that they will decide to divorce. They clearly stated that "even though divorce is painful we will do that because living alone is better than suffering from incurable disease."

Another question was asked to assess women's perception, "How do you see if your husband carry small purchase with kurtu (plastic bag) (salt, onion...) while you are in marketing?" All of the participants were not agree on this issue.

One participant were surprised and said " ... like female??!! It is shameful, ... let alone this I am not going along with his side when we are together.... Since he is the head of the house he should be respected and it is not also male's duty."

Lake of employment or earning money, were another

reason for women not to involve in household decisions. For the question that "why you are not negotiating your husband to involve you in decisions?"

A 37 years old having 5 children said that, "I have no job and money, so how could I arguing with him on decisions??... YESEW BIET YIZEA similar term (considering as she is not the owner of house or just assuming as she is dependent)

Regarding on perception of husbands and community on visiting families or freedom of movement or female involving in the social events/works, majority of the respondents pointed out as it is unacceptable by the husbands and the community as well. In this community involving in the social work even some jobs (chair person of Ekub, Eder, kebele member, women affairs) considered as activates which are left for widowed or divorced women. For the question that "How do you explain your husband's feeling being you are working in women affair or acting as chairman of a kebele?" Except one, all of the participants said that:

"...totally they are not interested, because there is a belief that women who are involving in social activates were considered as a prostitute or for searching another husband or it is an activity which is left for widowed or divorced women "

One member from women's affair said that " ...last time my neighbor was saying that,' because you have no TEKOTATARI (husband who control over you) you are going to meeting now and then'..."

Illiteracy, lake of access to get money, lake of community awareness and lake of time were mentioned as an additional reason for preventing women's involvement in the decisions.

3.6. Women Perception towards Partner Violence through wife Beating

Majority of male and female participants were agreed that wife beating is justifiable in some circumstances (arguing with her husband and opposing making sex with him).

Male discussants were not also experiencing in beating of their wife, but it is not because of understanding the disadvantage but fearing of the low. Male participant from rural Dabat said that:

" previously wife beating was there and it should be in some conditions, SITE ENA AHIYA KALMETUT AYSELAM but now if I do that, I will be in the cohort next day. Currently they are BALEGIZEA (the government is in favor of women"

Idea from a priest on this issue was "... let alone beating ...it says love her as you love yourself. Any way Biblically they are equal but it is a matter of interpretation...nothing is written in the Bible about male dominate over female, infact there is a phrase which is written as husbands are the head of the house but it doesn't mean that there is a power difference between couples, she has also a great involvement in the other way direction"

3.7. Participant Opinion towards Improving Women Involvement in the Household Decisions

Almost all of the participants reported that women empowerment through education and providing consistent information will help them to involve them in the household decisions. Designing small scale trading system and education on gender equality through religious leaders should be encouraged.

A Secretary of the women affairs said that "educating woman alone is not a remedy to improve their position, unless we include males because the influence is primarily from the husbands themselves. In addition, because of lack of understanding what gender equality means, we females try to over practicing our rights which result disagreement between couples. There are also males who are 'Gender Equality Phobic' so to change their mind consistent information for both male and females will be help full".

4. Discussion

This study investigated household decision making status of women in Dabat district. To that end, women's participation in household decision making was assessed considering the extent of their role in making decisions on their own health, decision on large purchases, decisions on household purchase for daily needs and visits to family, friends or relatives. The contribution of socio demographic variables such as age, parity, women's educational status, residence and annual income on household decision making power were treated in the study.

In this study 15.5% women were participated in all areas of decisions and 5.9% were in any of it, which is lower than EDHS 2005 (44% and 8% respectively). There is also a big difference with in each indicator of household decision making positions.

Household decision making power of women is a reflection for women autonomy in the household. In this study, except household purchase for daily need, women's involvement in making independent decisions was very low. Women's involvement in independent decision on large purchase is almost none (0.1%). The relatively higher representation of women in independent decision on daily household purchase may show the traditional division of labor for male and female in the household. Another explanation could be, since daily purchase are usually small in quantity and needs little amount of money, women were highly involved in it. The results of the qualitative analysis also support this opinion. The participants discussed that there are decisions which are left for women or men only. Majority of the participants agreed that decisions on daily purchase and large purchase are the responsibilities of women and men respectively. They also explained that even if women can involve in making big purchase, it is men who have the final say on the decision. As it is shown in Egypt, big purchase (budgetary things) are left for males

Visiting families, friends or relatives were linked with

high freedom of movement which has an assumption of high utilization of maternal health care through getting different information which may be supportive for their health care utilization. [16].

Women's independent decision-making on freedom of movement was generally low in Dabat (13.2%). And about 45% of the respondents reported that a husband is justified to beat his wife if she goes out without telling him. The FGD participants also underlined the pervasiveness of the problem. They replied that the husbands are not usually comfortable with their partner's movement outside their home. The result is consistent with existing research reports. Women's involvement in independent decision on visiting relatives and friends was 8% in Nepal, 29% in Egypt and 11% in Ethiopia [16, 18, 19]. This difference may be as a result of the community belief towards it. As it was pointed in the FGD, visiting families or freedom of movement was said to be activity for widowed and divorced women.

More than half of women in Dabat believe that wife beating is justified for some or all of the reasons indicated in the women's autonomy indicators section. This demonstrates how widely accepted wife beating is in the area and underlines the strength of gender discrimination and women's subordination to men. As in many other societies in Africa [22], women's worth is measured in terms of her role as a mother and wife, especially in the rural areas of Dabat.

In this study about 61.2% of women were involved in the final say on their own health care jointly with their husbands. This is higher than studies in Nepal, India, Bangladesh and Ethiopia, which is 25%, 48%, 54.3% and 51.2% jointly decision respectively. This difference may be explained as currently the government is working on the achievement of the MDGs through improving maternal health, the CBRHA and HEW may provide information on utilization of maternal health. Additional explanation could be since Dabat is a site for Team Training for Gondar University students and the study was done on a project area, community may get information about the importance of health care utilization through an outreach program and provision of regular information during data collection for the surveillance. The study finding revealed that, only 5.5% of Dabat women decided on own health care independently, which is incomparable with finding in EDHS 2005 (15%), in Amhara region (77.4%).

This study indicates that 45.6% of the respondents have relatively higher role in household decision making. The percentage of women involved in decisions were raised with increasing age ranging from 25.9% for age 15-19 years to 50% women age 45 years and above. Similar trend in increasing involvement of women in decision making was reported by previous studies. In Nepal, women's involvement in decision making was found increased from 9% for age group 15-19 years to 38% for women above 35 years [14]. In EDHS 2005, women's participation in household decision increased from 40.3% for age group 15-19 years to 51.6% for age 45 and above. This variation

could be explained as the traditional belief of the community towards the hierarchy of authority in the household is governed by age, older over the younger by considering matured when their age is increased [13]

Decision making is also higher among women who were residing in urban than rural areas (80% Vs 32%). Consistent finding was obtained in previous studies in Ethiopia and other countries (Eritrea, Nepal, India, and Bangladesh). A possible explanation for this could be people residing in urban are more accessible to information and relatively may be educated.

In this study, women's involvement in household decision increases with educational status. Similar agreement was reached by the FGD participants. They discussed that many of the women lacked confidence to participate in decisions because of their illiteracy. Previous researches also reported similar findings. Education is likely to enhance female autonomy so that women develop greater confidence and capability to make decision in the household [15]. Study in Peru suggests that educated women alter the traditional balance of power within the family, leads to change in decision making and allocation of resources within the household [15]. Another explanation may be husbands become confidential and positive in women involvement in all of the decisions if wives are educated [16].

Women in better off annual income were more likely than those in poor and medium annual income to involve in household decision. This finding is also supported by other studies [10, 11, 12, 14, 18, and 21]. One could argue that poorest women, they are likely to be uneducated, may have a different understanding of autonomy-related issues.

5. Conclusion

Women involvement in all areas of decisions indicators were 15.5% and any of them were 5.9%. The data indicate that considerable proportion of women justified wife beating in all the variables considered in the study. The results of this study show that, several socio-economic characteristics, particularly women's education, annual household income and residence have strong positive association with dimension of women's autonomy.

6. Recommendation

Since lack of confidence as a result of illiteracy was absorbed in the study, the government should strongly continue its plan to implement on girls schooling to make them assertive and confidential in all circumstances

For currently existing illiterate women giving formal education may be difficult so that information about women empowerment and gender equality in kebel level may be important to address the gap.

Low annual household income were a determinant factor for not involving in the decisions, giving information and training on small scale trading system and organizing

women through kebele leaders.

Consistent advocacy on property and land rights which is mentioned in the constitution through mass media, administrators and kebele leaders must be acknowledge.

Within community-based conversation policy/practice it is generally assumed that local participation will empower the people involved with the skills and confidence to analyze their situation, reach consensus, make decisions and take action, so as to improve their circumstances.

Since decision making power has social and cultural component, additional research should be encourage in other part of Ethiopia to see decision making pattern within different ethnicity and areas.

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