Research Article

Gender power dynamics in rural area of India

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ABSTRACT

Background: There is a growing concern with the issues of women's empowerment and individual rights. It has been recognized that the absence of an equal status of women is clearly linked to denial of their reproductive rights and is, at least in part, responsible for their poor reproductive health. **Objectives:** To measure gender power dynamics in a rural community of Wardha and to study the relationship between the social status and reproductive health of women. **Materials and Methods:** Study population comprised 10,000 rural population identified in the field practice area of Mahatma Gandhi Institute of Medical Sciences, Sevagram. Survey of all reproductive age group women was done in 10% households using systematic random sampling by female investigators. A limited set of indicators was developed representing different dimensions of women's autonomy and power that could be considered to have an impact on reproductive outcomes. A "comprehensive gender power score" was calculated by adding all five gender power scores measuring different dimensions, namely, contribution to family income, ownership of property, financial power, freedom of movement, and decision-making power. **Results:** In 43.6% families, women were not contributing to family income, in 38.7% of families they contributed <50% while in 17.7% of families they contributed >50% of family income. Only 22.4% of women claimed to have an ownership of property. 50.4% of the earning women claimed full control over income, while, 78.4% non-earning women claimed that they get sufficient amount of money from their husbands. 36.6% of women reported physical abuse, whereas 60% of them reported psychological abuse by husband or other family members. "ownership of property" score was associated with the use of contraception among those who do not want more children. **Conclusion:** The gender power dynamics are not in favor of women in rural area affecting their social status and thereby some of the reproductive health outcomes.

KEY WORDS: Gender Power Score; Decision-making Power; Autonomy; Social Status; Reproductive Health Outcomes

INTRODUCTION

Reproductive health is an issue not only of women's health but also of women's rights. At one level, it is about achieving a state of complete physical, mental, and social well-being with reference to a set of issues ranging from abortion and infertility to HIV/AIDS and sexuality. At a more fundamental level, however, it refers to the rights of individuals, particularly women, to make decisions and choices about a wide set of daily issues: Relationships, sexual orientation, marriage, childbearing, etc. It also includes the rights of women and men to make these decisions free of discrimination, coercion, and violence.[1]

The reproductive health approach, which was globally adopted in 1994 at the International Conference on Population

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and Development, Cairo, Egypt in 1994, and reaffirmed and strengthened at the Fourth World Conference on Women, Beijing in 1995, articulates a critical shift of focus in health and population policies and programs.[2] There is a growing concern with the issues of women's empowerment and individual rights. Related to this, there has been an increased emphasis on developing reproductive health strategies that take gender inequities into account.[3,4] It has been recognized that the absence of an equal status of women is clearly linked to denial of their reproductive rights and is, at least in part, responsible for their poor reproductive health.[5] To change this situation calls for the use of a gender perspective to guide reproductive health policy. The effect of difference in social status and power between women and men must be examined, and equitable responses must be developed by empowering women and involving men in issues related to reproductive health. Available evidence strongly advocates the need to advance gender equality, equity and women's empowerment through population and development programs.[4,6,7] Promoting gender equality and women's empowerment in its broader scope is a key objective of the International Health Agenda, though eliminating disparities in primary and secondary education is the only quantitative target set. Gender equality is central in these synergies because women are agents of development.[8,9]

India has some of the world's most severe forms of female neglect and infanticide.[10] Women are traditionally socialized to be good, obedient and sacrificing daughters, wives and daughter-in-law. They are trained not to challenge discrimination, subordination, exploitation, and subjugation at various levels in the system. At present, the Indian society stands at a peculiar phase of history between modern and old traditions, between respect at one end and exploitation at the other, between restrictive patriarchal institutions and values.

Although need for recognition and respecting of women's reproductive rights has been highlighted on the lines of the global effort; gender sensitivity mostly disappears as any program reaches its target population.[11] The National Population Policy 2000 clearly reiterates "empowering women" as one of the important strategies for achieving the ultimate goal of stabilizing population.[12] To change this situation calls for the use of a gender perspective to guide reproductive health policy. There is an urgent need for gender sensitive reproductive health approach that looks beyond the confines of clinical medicine and addresses women's status and underlying causes of poverty and poor health. The effect of difference in social status and power between women and men must be examined, and equitable system must be developed to empower women so as to have favorable reproductive health outcomes.

It is relatively simple to measure relationships between knowledge about or access to contraception and contraceptive use. The relationship between various reproductive health indicators and gender issues is complicated and mostly indirect. There are only limited numbers of studies, around the globe, that have attempted to measure power relations within sexual relationships and to examine their role in reproductive health.[13-15] Despite best efforts, we could not find any studies from rural India wherein such gender power dynamics have been studied. Furthermore, the available literature did not guide to appropriate tools for measuring such gender power dynamics among rural Indian women. Hence, there is a need to develop and refine tools and methods for evaluating the effects of reproductive health programs strategies on gender equity and women's empowerment and vice versa.

Therefore, the present study was planned in the rural area of Wardha with an objective of measuring gender power dynamics in a rural community of Wardha. The study focused on developing tools for measuring gender inequality, inequity and women's empowerment. Furthermore, the relationship between these indicators and reproductive health of women has also been assessed.

MATERIALS AND METHODS

This community-based observational cross-sectional study was conducted in the rural area of Wardha, which has been adopted as field practice area of the Kasturba Rural Health Training Centre, Anji under Mahatma Gandhi Institute of Medical Sciences, Sevagram. Women in the reproductive age group from the five field practice villages of Anji PHC area constituted the study subjects. Study population comprised 10,000 population identified in these five villages. Survey of 10% households based on systematic random sampling was done in study villages. The final sample size constituted of 235 women in the reproductive age group. The study was initiated after seeking approval from Institutional Ethics Committee while informed consent was taken from the participants before the survey. Women investigators filled schedule for all the reproductive age group women of each household. Data were entered in the computer using EPI-INFO 6 software program. Analysis was performed using EPI-INFO and SPSS. Gender power scores were calculated each for contribution to the family income, ownership of property, financial power, freedom of movement, and decision making power. A "comprehensive gender power score" was calculated by adding all five gender power scores.

Definitions Used

In measuring women's position within households, a limited set of indicators have been examined that represents different dimensions of women's autonomy and power within the household setting and that could be considered to have an impact on reproductive outcomes.

Contribution to the Family Income

Proportion of family income contributed by a women member was an indicator. It was scored as follows: No contribution = 0, contribution 1-24% = 1, contribution 25-49% = 2, contribution 50-74% = 3, and contribution > 75% = 4.

Ownership of Property

To the extent that the ownership domain is considered largely a male sphere, women with input on economic issues in the household may be especially empowered. Four questions were asked: Does any women member own any of the properties in their name? Yes/No. For those who owned any property, they were further asked about what type of property: E.g., House, Land, Bank Account, and Others. If the woman did not own any property, score of "0" was given. For women, who owned house or land, a score of "4" was given, for owning a "bank account" or "others," a score of "2" was given.

Financial Power

A woman was considered to have financial power if she had control over the income that she earns or if she gets sufficient money for daily expenditure. Availability of some source for credits, without male members being involved was also considered important for the women to act independently. Three questions were asked, out of these two were relevant for women who were doing paid work, and two were important for women not doing paid work.

If you are an earning member, can you spend your income on your own? The responses were "no," "partial" and "full." The scores were given as "no" = 0, "partial" = 1, and "full" = 2.

If you are not an earning member, do you get money for your daily expenditure? The responses were "no," "insufficient," and "sufficient." The scores were given as "no" = 0, "insufficient" = 1, and "sufficient" = 2.

If you need money urgently, do you have some source from where you can get money without a male member being involved? The responses were "no source," "doubtful source," and "definite source." The scores were given as "no source" = 0," doubtful source" = 1, and "definite source" = 2. The scores were added to give total score for "financial power."

Freedom of Movement

Because seclusion has been considered to deny women opportunities to participate in income generating activities and to limit their access to resources, services, support systems, ideas, and information, a measure on freedom of movement is included. Two questions asked in this survey to know the freedom of movement are: Does your husband allow you to go to neighbor's houses in your village? Does your husband allow you to go to neighboring villages or towns to meet your relatives? The responses available for each of these questions were: (1) No, (2) sometimes, and (3) always. A score was given to each question as follows: No = 0, sometimes = 1, and always = 2. The scores of the individual questions were added up to give the final score for freedom of movement.

Decision-making Power

A woman's overall input in household decisions is a key indicator of her power and importance within the family. An effort was made to capture this according to the perception of the woman herself. Four questions were asked: (1) Does your husband involve you in any important purchase made in the family? (2) Does your husband involve you in any important savings made in the family? (3) Does your husband involve you in any important/major decision regarding care of children? (4) Does your husband involve you in any important health related decisions in the family? The responses available were: (1) Not at all, (2) just informs, (3) asks opinion, (4) partial control, (5) full control, and (9) do not know. A score was given to each question as follows: Not at all/do not know = 0, just informs = 1, asks opinion = 2, partial control = 3, and full control = 4. The scores of the individual questions were added up total point. The total points were converted to scores as follows: 0-2 = 0, 1-4 = 1, 5-8 = 2, 9-12 = 3, and 13-16 = 4.

Comprehensive Gender Power Score

A "comprehensive gender power score" was calculated by adding all five gender power scores described above, namely, contribution to family income, ownership of property, financial power, freedom of movement, and decision-making power.

RESULTS

Table 1 gives the female contribution to the total family income. In 45.1% of families, the females were not involved in any income generating activities. In another 40% of families, they contributed to <50% of the family income, whereas in 14.9% of the families, they contributed to 50 or more than 50% of the family income.

Table 2 gives the ownership of property. Only 52 females (21.1%) claimed to have any ownership of property, out of this 24 (10.2%) had either house or land or both in their name, 24 (10.2%) had bank account, and 28 (11.9%) claimed to have other savings, jewelry, etc.

Table 3 gives the distribution of different responses of the adult females to questions related to financial power and freedom of movement. More than 50% of women doing paid work claimed full control over the income they get, while

6% of them said that they do not have any control over their own income. More than three-fourths of housewives claimed that they get sufficient money from the male members for their daily expenditure. Out of the total 235 respondents, 67 (28.5%) said that they are always allowed to go to neighboring houses in their own village, and 80 (34%) said that they are always allowed to go to other villages or towns to meet their relatives, whenever they ask.

Table 1: Female contribution to the total family income (*n*=235)

Female contribution (%)	Score	Number of families (%)
No contribution	0	106 (45.1)
<25	1	43 (18.3)
24-49	2	51 (21.7)
50-74	3	31 (13.2)
>75	4	4 (1.7)
Total		235 (100.0)

Table 2: Ownership of property (*n*=235)

Type of property	Score	Frequency (%)
House	4	15 (6.4)
Land	4	10 (4.3)
House or land	4	24 (10.2)
Bank account	2	24 (10.2)
Others (savings, jewelry, or other property)	2	28 (11.9)
Any of the above		52 (22.1)

Table 4 summarizes the distribution of different responses of the adult females to the four questions related to decision-making power. More than 75% of women reported that either their opinion is taken or they have partial control over decision-making related to childcare and health seeking. Even for decisions regarding major purchases or savings for the family, more than half females reported that their opinion is taken or they have at least partial control over the family decision. Table 5 summarizes the distribution of the different "Gender Power Score" used in the present study for the study subjects.

Out of the total 235 women interviewed, 86 (36.6%) reported that they had ever suffered physical abuse on the hands of their husband, while 12 (5.1%) reported physical abuse by any other family member. All the females reporting physical abuse by other family members also reported physical abuse by their husbands. 128 (54.5%) reported being psychologically abused by their husbands, while 71 (30.2%) reported being psychologically abused by other family members from the in-laws side. Total 141 (60.0%) females reported any form of psychological abuse.

Tables 6-8 summarizes the relation of "gender power scores" to various aspects of reproductive health of women. No significant difference was found with any of the "gender power scores" and desired number of children in the family. However, use of contraception among those, who do not want more children, was found to be significantly associated with "ownership of property score."

Table 3: Financial power and freedom of movement

Questions	Responses	Frequency (%)
Financial power		
If you are an earning member, do you have control over your income? (*n*=133)	No control	8 (6.0)
	Partial control	58 (43.6)
	Full control	67 (50.4)
If you are not an earning member, do you get some money for your daily expenditure? (*n*=102)	No	15 (14.7)
	Insufficient	7 (6.9)
	Sufficient	80 (78.4)
If you need money urgently, do you have some source from where you can get money without a male member being involved? (*n*=235)	No source	62 (26.4)
	Doubtful source	98 (41.7)
	Definite source	75 (31.9)
Freedom of movement		
Are you allowed to go to neighbors' house in your village? (*n*=235)	No	8 (34.0)
	Sometimes	58 (24.7)
	Always	67 (28.5)
	Not applicable/don't know	12 (5.1)
Are you allowed to go to neighboring villages or towns to meet your relatives? (*n*=235)	No	15 (6.4)
	Sometimes	7 (3.0)
	Always	80 (34.0)
	Not applicable/don't know	33 (14.0)

Table 4: Decision-making power

Decision-making power			
How much control do you have in the decision to do important purchase for the family? (*n*=235)	Not at all	38	16.1
	Just being informed	38	16.1
	Opinion taken	83	35.5
	Partial control	76	32.3
	Full control	0	0.0
	No response/don't know	15	6.5
How much control do you have in savings made in the family? (*n*=235)	Not at all	30	12.9
	Just being informed	30	12.9
	Opinion taken	76	32.3
	Partial control	76	32.3
	Full control	0	0.0
	No response/don't know	23	9.7
How much control do you have in the major decisions made in your family related to care of children? (*n*=235)	Not at all	8	3.2
	Just being informed	23	9.7
	Opinion taken	76	32.3
	Partial control	106	45.2
	Full control	15	6.5
	No response/don't know	8	3.2
How much control do you have in the major health related decisions made in your family? (*n*=235)	Not at all	8	3.2
	Just being informed	15	6.5
	Opinion taken	76	32.3
	Partial control	114	48.4
	Full control	15	6.5
	No response/don't know	8	3.2

Table 5: Distribution of "gender power score"

Score	*n*=202 (%)				
	"Women contribution to income" score	"Ownership of property" score	"Financial power" score	"Freedom of movement" score	"Decision-making power" score
0	82 (40.6)	161 (79.7)	9 (4.5)	0	12 (5.9)
1	38 (18.9)		24 (11.9)	13 (6.4)	12 (5.9)
2	46 (22.7)	22 (10.9)	49 (24.3)	7 (3.5)	85 (42.1)
3	28 (13.8)		59 (29.2)	136 (67.3)	93 (46.1)
4	8 (4.0)	19 (9.4)	61 (30.2)	46 (22.8)	0

Table 6: Average desired number of total children and gender power scores

Score	Average number of wanted children, *n*=202				
	"Female contribution to income" score	"Ownership of property" score	"Financial power" score	"Freedom of movement" score	"Decision-making power" score
0	2.33	2.5	2.54	NA	2.34
1	2.49		2.61	2.3	2.5
2	2.63	2.39	2.5	2.28	2.43
3	2.55		2.43	2.54	2.52
4	2.61	2.31	2.42	2.34	NA
Test*	Not significant	Not significant	Not significant	Not significant	Not significant

*ANOVA test

Table 7: Use of contraception among those who do not want more children and gender power scores

Score	*n*=188									
	"Female contribution to income" score		"Ownership of property" score		"Financial power" score		"Freedom of movement" score		"Decision-making power" score	
	(+)	(-)	(+)	(-)	(+)	(-)	(+)	(-)	(+)	(-)
0	62	15	125	27	4	4	0	0	10	3
1	29	7			19	3	8	5	9	2
2	35	8	15	5	37	7	5	2	65	16
3	21	4			44	11	102	24	70	13
4	7	0	14	2	50	9	39	3	0	0
P value	0.374		0.016		0.291		0.006		0.459	
Test*	Not significant		Significant difference		Not significant		Not significant		Not significant	

*χ^2 test for linear trend

Table 8: Violence against women (physical abuse) and gender power scores

Score	*n*=202									
	"Female contribution to income" score		"Ownership of property" score		"Financial power" score		"Freedom of movement" score		"Decision-making power" score	
	(+)	(-)	(+)	(-)	(+)	(-)	(+)	(-)	(+)	(-)
0	20	62	65	96	5	4	0	0	6	6
1	18	20			9	15	6	7	8	4
2	18	28	6	18	14	35	1	6	28	57
3	16	12			24	35	53	83	31	62
4	1	7	2	17	21	40	13	33	0	0
P value	0.041		0.005		0.681		0.339		0.088	
Test*	Significant difference		Significant difference		Not significant		Not significant		Not significant	

*χ^2 test for linear trend

DISCUSSION

Gender inequity, women's empowerment and individual rights of women are not only one of the most important social determinants of health but also contribute to overall socioeconomic development of any society. It has been recognized that the absence of an equal status of women is clearly linked to denial of their reproductive rights and is, at least in part, responsible for their poor reproductive health. The findings of the present study supports this as the different scores designed in the study show low "gender power scores" among the study subjects. In 45.1% of families, the females were not involved in any income generating activities. Only 52 females (21.1%) claimed to have any ownership of property. More than 50% of women doing paid work claimed full control over the income they get, while 6% of them said that they do not have any control over their own income. More than three-fourths of housewives claimed that they get sufficient money from the male members for their daily expenditure. More than 75% of women reported that either their opinion is taken or they have partial control over decision-making related to childcare and health seeking. Total 141 (60.0%) females reported any form of psychological abuse. 86 (36.6%) reported that they had ever suffered physical abuse on the hands of their husband, while 12 (5.1%) reported physical abuse by any other family member. 128 (54.5%) reported being psychologically abused by their husbands, while 71 (30.2%) reported being psychologically abused by other family members from the in-laws side.

The findings of the present study are comparable to other evidence that is available from India. Evidence of the limited control that Indian women exercise over their own lives is increasingly documented. Recent studies underscore their limited control over material and other resources, their restricted access to knowledge and information, their constrained authority to make independent decisions, their enforced lack of physical mobility, and their inability to forge equitable power relationships within families.[16] National Family Health Survey-2 (NFHS-2) data suggest that most women in India do have autonomy in areas that are traditionally accepted as a woman's domain, but in most other areas their autonomy is greatly constrained. According to NFHS-2, while 85% of ever-married women participate in decisions about what to cook, only about half participate in decisions about their own health care. Most need permission (or are not allowed at all) to go to the market (68%) and to visit friends or relatives (76%). Only 60% have access to some money that they can use as they wish. The

findings of the present study seem to be consistent with the NFHS-2 findings.[17] Gender-based violence, perhaps the most compelling manifestation of unequal power in sexual relationships, has a multitude of negative effects on women's sexual and reproductive health. A review of studies that measure the prevalence of physical violence suggests that it is more common than previously thought.[15] In this study, 36.6% of study subjects reported physical abuse, whereas 60% of them reported psychological abuse by the husband or any other family member. In this study, the prevalence of physical, psychological, and sexual abuse was 40.6%, 60.2%, and 26%, respectively. According to NFHS-2, almost three out of five women (56%) believe that wife beating is justified for at least one of six specific reasons.[17] The present study does not find any relation between the "gender power scores" and the desired number of children in the family. However, the study finds association between "ownership of property" score and use of contraception among those who do not want more children. No association was found between other "gender power scores" and use of contraception also. This finding is expected because of very high contraceptive prevalence rate and methods of contraception, especially permanent methods, almost being a social norm in the study area. Another factor, which may be responsible for this, is effect of confounding by socioeconomic status. Women in lower socioeconomic status mostly contribute to the family income, they have some control over the money they earn, and they have freedom for movement also in the neighborhood and nearby villages, thus, having higher scores for "women contribution to family income," "financial power," and "freedom of movement" scores. As they contribute significantly to the family income, they also have higher decision-making power in the family resulting in high "decision-making power" score. However, these women are also at high desired number of children; high prevalence of physical abuse in the family; and low use of contraceptive methods. The unequivocal findings of this study are in agreement with the globally available evidence. Studies that have been attempted to find empirical evidence between gender power equations and reproductive health have often pointed toward the complexity of the connections between women's position and their fertility behavior. Although the findings of these studies have generally supported this theory, the evidence has not been demonstrated successfully in many countries. Increasingly, evidence has come to light that when broad-based cultural comparisons are made, consistent differences can be found in gender inequality and fertility regimes across social settings. In micro-level comparisons of individual women, however, the particular social context may be critical in defining the extent to which women's position is an important determinant of fertility outcomes.[18-20]

The present study has attempted to construct and measure the gender power dynamics among women from a rural area in India. The tools developed could be further modified and used in other areas of the country. The study being a community-based study provides fair idea about the gender power equations and women empowerment in a rural Indian setup. However, the findings of the present study need to be interpreted in light of its limitations. As discussed earlier the findings may have been confounded by education level of women and socioeconomic status of the families. Furthermore, the study will have limited external generalizability as it is not representative of the typical rural setup in India, as the study was conducted in the field practice area of the institute wherein women's self-help group movement is pretty strong that may have contributed to women empowerment.

CONCLUSION

Despite above limitations, it can be concluded from the present study that the gender power dynamics is not in favor of women in rural area and is definitely affecting their social status and thereby some of the reproductive health outcomes. Gender inequity is prevalent and women even in today's age are being exploited and dominated by the men in the family. The tools developed in this study and findings could be considered as the first step for exploring this issue further in greater depth in future studies.

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