

CHAPTER-II
GENDER DISCRIMINATION AND HOUSEHOLD
DECISION-MAKING

2.1 Introduction:

Gender equality is a potential determinant of economic efficiency and economic development and not only about the protection of human rights. With the recent focus in countries on resource efficiency, measures for development, gender equality provides a measure to unleash the economic potential of a country and to efficiently leverage fruits of economic growth. The two critical components for gender equality are economic empowerment of women through increased investment in human capital of women - an investment that ensures returns not only for women themselves but for other members of the family as well as the nation. However, recognition of women as economic agents is not easy to come by with limited enforcement of women's rights and social justice (Sepashvili 2003). To consider women as economic agents implies maximum utilization of available female human resources, while exercising a word of caution against their exploitation at work and burdening them with the dual responsibility of working at home and outside. The second argument can be qualified with assigning equal importance to the rights and opportunities for both the genders and to ensure a harmonious existence and balanced development of the entire society. Meanwhile, equal opportunities and rights suggest women's equal participation in the country's political, economic, cultural and social life. These are the areas that policy makers have to address while acknowledging gender equality to be the key factor to pursue the ultimate goal of social welfare. This chapter is a preliminary effort to explore the interrelations between social processes that generate continuity in the cultural ideas about gender and the processes that induce significant changes in other aspects of female-male relations i.e., gender inequality in terms of decision-making within the household domain. The extent of gender inequality that exists in the household has been examined with regard to ownership of property by the male and female members in the household. The existing gender gap has been analyzed in the developing economies and developed economies in several studies while, the factors responsible for influencing the disparity in the household decision-making have also been illustrated. In this chapter, the disparity in household decision-making has been studied on

the basis of three development indicators namely, income distribution, education and health, based on available literature.

2.2. Different Aspects of Gender Discrimination and Decision Making Power of Women:

Agarwal (1998) examines the conventional treatment of a household as a homogenous unit in economics, from a 'gender' perspective. As a homogenous unit, the household (HH) is expected to be governed by common tastes and preferences and interests, an assumption that is implicit in most of the standard economic theory. This form of 'unitary' household model operates and has been central to development policies. According to this HH model, equitable sharing of resources among all members is proposed, the failure of which results in intra-household gender inequalities inducing co-operative bargaining to reach equilibrium. In India, these inequalities are most starkly evident in the allocation of basic necessities such as healthcare, education, and in several regions also in food; in access to property and assets; and in the gender division of labor.

Lancaster, Maitra and Ray (2008) have investigated the existence of gender bias in the distribution of resources within the household. This issue has importance in the developing countries: if this phenomenon is true, then the phenomenon of 'missing women' in South Asia could be explained by advancing this reason as 'unequal allocation of household resources'. Unequal allocation of resources among HH members results in 'gender biases'. However, it is difficult to ascertain the internal dynamics of a HH owing to paucity of data, compelling one to approach the gender bias from observations on outcomes in terms of health, education and expenditure. This has been found to be especially true in the cases of Nepal and India. One explanation for this gender inequality within the household domain is the differential effects of traditional kinship norms on women's autonomy and subsequently on outcomes such as children's education and health in India, Nepal and Pakistan. Two types of kinship systems prevail in these countries namely, patrilineal kinship system in which lineage is determined through the father, and matrilineal kinship system which traces lineage through mother. Marriage customs practiced in the former specify that daughter/bride should move on to the groom's household, while in the latter, the son-in-law is accommodated in the bride's HH. In the patrilineal system as opposed to matrilineality, women's autonomy is generally much lower with property rights etc. enjoyed by the male descendants. Such forms of patrilineal kinship have a debilitating impact on the status of women. This is evident from studies on

South Asian countries like India, Pakistan and Nepal where women suffer from low status and excess female mortality (Rammohan and Johar, 2009).

Desai and Jain (1994) in their study on ‘Maternal Employment and Changes in Family Dynamics: The Social Context of Women’s Work in Rural South India’ have examined the role of gender inequality responsible for intra-family dynamics associated with women’s employment. Particularly, they have examined the relationship between maternal employment and child welfare in the context of gender inequality in the labor market, poverty, and lack of excess to infrastructure in rural South India. They have argued that in many developing countries women’s domestic burdens become obstacles with regard to child-care responsibilities while participating in activities which yield higher income. The study on ‘Maternal Employment and Changes in Family Dynamics: The Social Context of Women’s Work in Rural South India’ have advanced the argument that women’s concentration in the private or inside the household leads to the loss of power within the family and reducing their opportunity to earn income which is independent of their husbands and other kin. The preference for limiting women’s activities to the domestic sphere, this is overridden by the economic necessity. Also it has been observed that women in lower strata are more to be employed than women in the higher strata. Thus, women have lower status in the society but due to income they have higher status in the family (Desai and Jain, 1994). Whereas the converse is true for women in higher economic groups. Further, the focus also has been on the relationship between maternal employment and child welfare, this relationship reveals conflict when women or mothers of young children participate in income generating activities and this reduces the amount of time available for child-care, which in turn results in poor health outcomes and higher mortality for children.

A study on “Wealth: Crucial but not Sufficient-Evidence from Pakistan on Economic Growth, Child Labor and Schooling” (2010) has examined the relationship between wealth and child labor and schooling in Pakistan by using cross-sectional time-series data. The findings from this study revealed that wealth is a crucial determinant of child’s activities but as far as schooling is concerned it is not the sufficient and only condition to enroll a child in school in rural areas. Further, non parametric analysis revealed that there is universal increase in school enrollment for rural girls which is independent of wealth.

Mel, McKenzie and Woodruff (2009) in their study on ‘Are Women More Credit Constrained? Experimental Evidence on Gender and Microenterprise Returns,’ shows how

random grant provided to the micro-enterprise owners has resulted in the increased income. The capital shock was the grants provided to the selected male and female in the study in Sri Lanka. The grants resulted in large increase in income of the males which was contrary to their initial expectations. Women could not experience similar increase in income although they were more credit constrained. In order to understand the differences between outcomes for males and females, it is necessary to take into account not only with regard to credit constrains but the competing demands of the household and their bargaining power. They found significant differences among male and female micro-enterprise owners with regard to grant of capital shocks, the outcome of which revealed that returns to grants are heterogeneous on the basis of gender.

Sen (1977) has emphasized the importance of endowments and entitlements of individuals as determinants of economic welfare. While his theory was to explain food availability but the same theory can be subsequently extended to explain the socio-economic status of women in India.

‘Gender’ has been defined as a specific set of characteristics, roles and behavior patterns socially and culturally ascribed to women and men and define power relations between them. These behavior patterns and power relations are indeed dynamic, varying over time and between different cultural groups. Unequal power relations between men and women results in different gender roles that are meant to be socially appropriate behavior. These are all culture-specific. Different gender roles assign different work roles to men and women leading to sexual division of labor. Generally there are three types of actions: productive, reproductive and community activities. Production of goods and services are achieved through productive activities related to income generation. Reproductive activities include child bearing and nursing, as well as activities performed for the maintenance of the family, such as fetching water, cooking, collecting firewood, etc., Community activities are those related to the welfare of the general community such as attending meetings, participation in associations etc. In most cultures, reproductive activities are defined to be the roles of women, where as productive and community activities are heavily dominated by men. Gender gap in such activities has also been identified on the basis of environment, particularly against work at home or away from home. This is usually interlinked with mobility of women and whether one has access to better income generating opportunities or not. In most societies, women bear the responsibility of managing the household or domestic chores, while men operate in the public sphere undertaking paid activities to become the breadwinner of the family. As a

result, the place of work of men and women, in such context, is strongly associated with the level of autonomy and economic empowerment (Ababa, 2008).

Consequent to this separation of work spheres, is the loss of power on the part of women who undertake majority of the unpaid activities outside the monetized sector, and reducing their opportunities to earn income that is independent of their husband's or other kin's. The choice of restricting the women's activities to domestic sphere is often overridden by economic necessity and therefore women in lower strata are much more likely to be employed than the women in higher strata. When the poor women are employed and contribute towards household income, this enables them to have control over their income to some extent. Usually such income empowers them to take decisions towards the welfare of children belonging to both the gender (Desai and Jain, 1994).

Gender inequality is found to be all pervasive - whether in education or in wages, in health or in occupations, outside the home or within the household, in rich or poor countries, but exist in pronounced form in the developing world. In South and South-East Asia, the proportion of young men alive is much higher than young women resulting in as many as 80 million 'missing' young women. The most common explanation for such gender gap is attributed to parent's behavior of allocation of unequal resources to children who have potential for being more economically productive as adults. Also the socially persistent backdrop of wage discrimination in the labor market, loss of earnings from daughters following their marriage, and some proportion of unexplained parental discrimination, the sons emerge as the most preferred gender (Lahiri and Sharmistha, 2004).

Gender division of labor further impacts women's decision-making power. As mentioned earlier, decision-making within the household is subject to cooperative bargaining, and the strength in bargaining capacity depends on endowments possessed by the members of the household. Unfortunately, these endowments are not natural, but are mostly the products of human behaviour. Women are constrained by the lack of opportunity to compete with men for certain jobs, to undertake market based activities, etc. Because of socio-cultural and biological nature, women in most societies tend to dominate non-market activities. This traditional division of labor situates women in roles based on providing emotional support and maintenance, while men are primarily responsible for economic support and contact with the world outside the home. Women's participation in activities outside the cash economy, their chores are not considered as "work" and therefore these activities are not recognized and are undervalued. (Sikod, 2007).

2.2.1. Women's Autonomy in Decision Making

Women's autonomy implies their opportunity to make choices that affect their lives. Women's autonomy has demographic outcomes. Several studies reveal that women's autonomy is associated with lower fertility preferences and greater contraceptive use. Women's autonomy is also associated with lower child mortality and better maternal and child health. The different indicators of women's autonomy are greater mobility, decision-making power, and control over resources to benefit their children, and to make use of health-care and family planning services, and to engage in healthier practices in general. (Allendorf, 2007).

Bloom, Wypi and Dasgupta (2001) revealed the female disadvantage in less-developed countries with regard to health and well-being. The female disadvantage is reflected on health status of women and children, particularly female children, who suffer in relation to that of males in areas where patriarchal kinship and economic systems limit women's autonomy. This pattern has been shown with empirical data that compared the demographic outcomes between North and South India, where the respective kinship structure affect the women's position differently. It has been observed that in North India, where women's status is generally low, reflects higher rate of fertility, greater infant and child mortality, and higher ratios of female to male infant mortality were observed. Autonomy refers to capacity to manipulate one's personal environment through control over resources and information in order to make decisions about ones own concerns or about close family members. Further, the study elaborates that since in North India, women's lives are rooted primarily in the domestic sphere, their activities are also related to domestic chores. Thus, family and kinship becomes the key parameters in defining the autonomy. In addition, women's individual roles, rights and responsibilities are defined by household structure and by their relationship with affinal and natal kin. Since the kinship system is patrilineal, the daughter gets married and lives with the husband's family. Also women's progeny belongs to the patriline in which she marries. In addition, any material good that is given to a daughter belongs, in effect, to her affinal kin after marriage. This organization of the kinship structure around property, ownership, and rights ultimately marginalizes daughters in north Indian society.

Kalugina and Sofer (2009) have applied the collective model with the household production, and showed the relationship between the sharing rule from the collective model and self-reported budget data. The values of the budgeted data reported by husbands and wives were significantly different. The data was taken from the Russian Longitudnal

Monitoring Survey. The test was applied to a number of alternative explanations of those discrepancies and concluded that the data supported their hypothesis that differences in those subjective responses reflected real difference in income sharing. Endogenous ordered Probit model was estimated to explain the differences in answers of husband and wife. As expected they found that the more “ bargaining power” a woman has which is measured by her wage relative to her husband, reflects that her higher level of income is based on higher level of autonomy. Further, she reports a level of budget higher than her husband.

Spousal age is an expression of individual preference and social norms, and it varies with psychological and cultural factors, social organizations, and family systems. It is widely used to measure the status of women at both societal and individual levels and is found to be a significant predictor of fertility. At the societal level, the usual pattern of marriages take place where husbands are older than their wives, but large variations exist. Age differences are often larger in patriarchal societies and smaller in more gender-equal societies. Research from different studies have shown that the mean age differences exceeded seven years in some parts of Africa and West Asia, six in South Asia, while less than four in Southeast and East Asia and Latin America. In the United States it declined from greater than four years in the 1990s to about two in the 1970s. Westernization and modernization have narrowed the average spousal age differences. Meanwhile, the increased female status, educational attainment and occupational aspirations usually lead to smaller age differences and more marriages with younger husbands. Moreover, at an individual level within a society, as premarital selectivity, women who choose to marry older men tend to be more traditional in their gender –role beliefs. Within the post-marital power structure, husbands who are older than wives tend to have more power because of their advanced age and achievements and often can command ‘obedience’ from the spouses. This power structure curbs career aspirations of spouses, aspirations that are expected to reduce the desire for large families. It also inhibits wife’s use of contraception and abortion. As a result, the older the husband is relative to his wife, the higher is the fertility; while childlessness is more likely when the husband is younger than his wife. Since husband’s power is supported by their achievements relative to the wives, the spousal differences in education and income are also indicators of marital power structure and women’s status. Education, a leading factor in fertility decline, is one of them. According to the demographic transition, education effectively changes people’s attitude towards the family, resulting in a desire for fewer children and smaller families. It also enhances women’s autonomy and leads them to believe that they can control their own

fertility. Furthermore, many factors known to affect fertility could affect both men and women. Education, a leading factor in fertility decline, is one of them. According to the demographic transition theory, education dramatically changes people's attitude towards the world and the family, resulting in a desire for fewer children and smaller families. It also enhances people's autonomy and leads them to believe that they can control their own fertility (Caldwell, 1982; Coale, 1973; Weeks, 2002). Furthermore, the pursuit of higher education often leads to delayed marriage and childbearing, which, itself, often results in lower fertility. Meanwhile, education prepares people for the non familial labor market and thus weakens family ties that are often conducive to high fertility (Rumbaut and Weeks, 1986). All these mechanisms work on men as well as on women.

Tsuya, Wang, Alter, Lee et al (2010) found that in traditional Japanese and Chinese families with patrilineal and patrilocal ties, women who lived with elders or in complex households in the husband's family, on average, had more children. In addition to the above issues, most fertility studies have ignored men and couple dynamics. They treat marriage as one unity for fertility decisions and pay little attention to the conflicts and negotiations within it. Interestingly, however, fertility decisions are usually made jointly by husband and wife, who often differ in their fertility preferences.

A study by Kambhampati (2009) found that the extension of the concept of mother's autonomy beyond the household included the constraints imposed by the extent of gender equity in the regions in which women lives. The study had begun with the expectation that increased autonomy for Indian mothers living in heterosexual households would increase child schooling and decrease child work. However, the result indicated that mother's autonomy can be reinforced or constrained by the environment. The study concluded that mothers and fathers in India make different decisions for girls and boys and that the variable reflecting mother's decision varied in their impact, so that mother's level of education relative to fathers is not often statistically significant, while mother's increased contributions to household expenditure decreased the probability of schooling and girl's work.

Beside the benefits of greater women's autonomy for the welfare of the children found in the studies, Rammohan & Johar (2009), in their study based on Indonesian households, reveal that in many developing countries like Indonesia, women have very little household decision-making authority. One of the explanations offered in support of this is the probable differential effects of traditional kinship norms on women's autonomy and this is subsequently manifest in the outcomes such as children's education and health.

‘Physical mobility and economic autonomy’ are also expected to influence women’s autonomy and decision making and their influence varies with kinship structure as mentioned earlier. Women’s autonomy in decision making is reduced in patrilocal communities than in ‘uxorilocal’ communities especially in terms of personal autonomy and decisions related to child care.

There has been a new measure that is related to a mother’s preference for a son for the next generation. In China (and in several South Asian countries), there is a long-standing social norm that a son is generally preferred than a daughter. Only through son, the family name and inheritance could be carried to a family patrimony. Therefore, women who gave birth to a boy might receive more respect from the older generations and have a higher status in the family. The One-Child Policy in China placed a limit on the maximum number of children that a couple could legally have, making the gender of the children more important. Thus, the gender of children could reflect the mother’s status within the family and serve as an effective measure for her relative bargaining position (Lixing Li, Xiaoyu Wu, 2011).

2.3. Ownership Rights of Women and Decision-making Status (Women as Property Owner and/or Income Earner & Decision Making Status):

A Study in Rajasthan examined that the women’s participation in paid work enhances their well-being, which has been measured through the freedom of decision-making and freedom from spousal violence. The study asserts that paid work has been effective measure in enhancing women’s well-being. It has been attributed that women’s lower well-being is on account of not participating in paid work and thereby depriving them of access to independent income and decision-making freedom (Jose, 2012).

In some cases, women do not fulfill their requirements because of interruptions in their work, due to the unbalanced remunerated and unremunerated work (Alam, 2010). Desai and Jain (1994) have examined the relationship between mother’s employment and child welfare in the context of gender inequality in the labor market, poverty, and lack of access to infrastructure in rural South India. Women who participate in income generating activities will find lesser time for child care which might result in poor health conditions of children with higher infant mortality outcomes. In developing countries this conflict has sometimes been resolved by promoting employment that use traditional skills and are primarily home-based or part-time work. These activities include sewing, cooking, knitting, poultry farming, etc. which are low productive activities and hence low income

generating, do not contribute much to the economic bargaining power or capacity of the women.

Women are found to be concentrated in jobs with low pay and authority levels, placing limits on their overall access to income, status and power (Patel, 2005). With the introduction of new technology such as green revolution in the late 1960s in India, a differential impact on rural populations by both class and gender was experienced. With increase in the demand for labour, the revolution succeeded in affecting rich and the poor, landed and the landless, male or female headed households, irrespective of their caste and religion. However, the wage earners brought in women agricultural labourers from poor HHs, increasing their work burden. Induction of modernized farming methods and extensive 'mechanization' of agriculture also displaced women from 'wage earning opportunities' (Upadhyaya,1994).

Constraints in accessing paid work opportunities is also evident in case of a group of women in Africa, where typically women are responsible for cultivating the subsistence food crops. The promotion of new rural earning-schemes for the men which was launched by national and international agencies, have in many ways adversely affected the household of women. Women continue to be solely responsible for producing the family subsistence food needs and have to carry out obligatory functions to their husband's new activities. Thus, any extra cash income so generated accrues typically to the men alone. And such money are spent by men particularly for their need such as for drinks, clothes, radios, inputs for their fields, etc. with relatively little accruing to women (Agarwal,1995). Another study was undertaken in Tamil Nadu to understand the impact of microfinance on women empowerment revealing that even though women are capable of increasing their money income and consumption, they had little control over their resources, assets and could not participate equally in major household decisions. The associated reasons are hierarchal nature of the society, the lack of entrepreneurial talent and the risk-taking ability among these women (Kumar, 2013).

Exploration of literature on gender equality and female empowerment policy revealed that women represented only one third or less of land owners in the five Latin American countries. While in the Europe and Eurasia region, after the fall of communism, land privatization schemes resulted in granting of titles of land to men than women. More recently, the world development report cited data from 16 countries in 5 developing regions showing that female headed households were far less likely to own land. Whereas, across all developing regions, female land holdings were systematically smaller than the

male land holdings, and also the mean value of men's land holdings was substantially larger than that of women's while socio-economic and other factors were controlled due to smaller land holding their income earning opportunities were reduced (Clinton, 2012).

The study on land management in rural China and its gender implications, shed light on women as important mainstay of agricultural production in China, although their access to land has been characterized by even greater ambiguity than to their male counterparts. With embracing liberalization, China undertook agricultural land management policy reforms that were aimed at increasing the securing of land tenure rights, but these reforms have controversially increased the uncertainty surrounding women's claim to land. A growing number of women experienced loss of contract land coincident with marrying, and this trend may be expected to increase given the current direction of land policy (Hare, Yang and England, 2008).

Study on the effect of asset ownership on women of urban households in Nepal has shown that a higher proportion of women were property owners, better educated, had bank accounts and made household financial decisions, had voted in the most recent elections and were satisfied with their lives compared to women without any property. However, these two groups of women were not statistically different in their employment experience, use of contraceptives, and in their experience of domestic conflict (Pandey, 2003).

Limited property rights are a constraint for economic development and even more so for women. A legal change in inheritance law in India was introduced to improve property rights of women. The study by Amaral (2012) estimated the effect of women's improved economic conditions on violence against them. It was found that inheritance rights decreased violence committed against women. Distinction was also made between family and non-family related violence against women and found that improved inheritance rights decreased both types of violence but the effect was larger in magnitude in non-family related violence. This study provided evidence that improved property rights for women may represent an improvement in welfare which need not necessarily be accompanied by an improvement in autonomy.

The study on women's property, mobility and decision-making in Karnataka, India, has shown that a substantial gap exists in asset ownership between men and women. It further examined the impact of rural women's property ownership on their mobility and autonomy in decision-making. Using logistic regression models, it was revealed that owning a house or a plot of agriculture land enhanced women's ability to travel to the market, health centre, and other places outside the community, and to make decisions

about their employment, health, and use of money independently (Swaminathan, Lahoti and Suchitra 2012).

Kambahampati's (2009) study on 'Child Schooling and Work Decision In India' revealed that the highly unequal gender relations that exists in many parts of the country were reflected in very low female labor-force participation, large gender gap in literacy rates, extremely restricted female property rights. Similar study was conducted by Garikipati (2009) and found in Andhra Pradesh that women laborers with access to productive assets including agricultural land, livestock, sewing machines and small retail shops had greater autonomy in decision-making within the households and in labor markets. The ownership of productive resources will create a sense of ownership and belonging. This in turn helps them to take decisions in the family and in the local group activities. Other impact of ownership is the enhancing of the decision-making ability (Puttaraja and Heggade, 2012).

Globally, there has been evidence of correlation between gender inequality, societal poverty, and the failure to respect, protect and fulfill the rights for women. This failure entrenches gender inequality by reinforcing women's dependence on men, and prevents poor countries from finding a sustainable and equitable path to development. Strengthening women's rights to land can help empower them to reach their potential as citizens, and enable them to take control over their own lives. Further, as per the World Bank report, only independent or joint ownership can ensure that women have access to and control over land based earnings. Moreover, the World Bank recognizes that rights to land and natural resources increase women's bargaining power within the household, which results in increased allocation of household resources to children and women as well as increased household welfare (Gomez and Tran, 2012).

2.4. Women's Decision Making Status and Education:

Looking at the struggle to establish or restore women's human rights, one observes that women's position as an equal partner in society can be achieved only when women become literate, can articulate their needs, voice their concerns and demand their rights, can think of themselves as citizens as well as wives and mothers and when men take on responsibilities that are otherwise entrusted solely on women: for care of children and the home (Fraser 2003, p 58).

Jejeebhoy (1995) argues that education influences five elements of autonomy which are important for fertility change. These are "knowledge autonomy... decision-making autonomy, physical autonomy in interacting with the outside world...emotional

autonomy...and economic and social autonomy and self-reliance" (p 37). All these factors however presume that women are in a gender equal situation where traditional and kinship structures support the autonomy that results from education. According to the author, women's autonomy is also linked to the level of education a woman has received especially in gender-stratified societies. For example, Jejeebhoy suggests that women need to have "considerable education' before they can have a say in important family decisions such as whom and when to marry, whether to work, how best to utilize household resources, all of which have fertility-inhibiting consequences. Lower levels of educational achievement does none the less bring about a change, for example, in women's knowledge of basic good health practices which has a positive impact on child mortality and can possibly result in a decline in fertility. Regarding women's age at marriage which is directly related to fertility, Jejeebhoy suggests that secondary schooling provides women with autonomy which enables them to "exercise greater veto power in marriage choices"(p 182). In south Asia, it is clear, as Jejeebhoy notes, "modest increases in women's autonomy are unlikely to change women's demand for children or...are unlikely to translate into deliberate fertility control" (p 183). This results in a moderately negative relationship between education and fertility. However, when women become economically secure and have extensive decision-making authority, the impact of education on fertility can be significant as the family size is lowered and contraceptive use increased.

Most of the studies on women empowerment support the direct relationship between the education and decision-making ability. However, many studies also contradict the former relationship between education and decision-making. Some say that there may be direct relationship between education and women's empowerment, even though women cannot have full control or say over their earnings. A study on 'Women's Education and Intra-Household Autonomy' in Nepal has asserted that education is an important tool for empowering women (Acharya 2010).

Lahiri and Sharmistha (2004) have documented in *Gender Bias in Education* the existence of gender inequality in education outside the home or within the household, in rich or poor countries. This bias against women is much more pervasive in the developing world. For instance, in Southeast Asia, the proportion of young men is much higher than young women. The most common explanation for this phenomenon was that parents allocate a larger share of the family resources to children who had potential of being more economically productive as adults. They have also included the wage discrimination aspect in the labor market as one of the factors responsible for not allocating household resources

to educate the female child. The reason advanced for this behavior was that in future there would be a loss of earning from daughters following their marriage, and some proportion of unexplained parental discrimination; they have found that son emerged as more preferred gender. Hence the bias.

The study on 'Female Autonomy and Gender Gaps in Education in Pakistan' has examined whether gender bias in education depends on the extent of female decision-making power. To understand the relationship between whether bias in education depends upon the female decision-making power, household headship has been used as a measure of female autonomy. Most of the female headed households in Pakistan have been formed either because women were widowed or husband had migrated. Women in male headed household are understood to have least autonomy, followed by those households which are headed by married women whose migrant husband may retain some decision-making power. Further, widow heads are supposed to have the greatest degree of autonomy among women in different households. The relationship reveals that married women heads have similar propensity to gender discriminate as much as male heads but that widow heads have lower bias against girls in enrollment decisions than the male heads. Additionally, the result also brings out that educated female headed households gender differentiate less than both uneducated female heads and then male heads. There has been evidence that households having better educated women with more independent status, discriminate less against the education of their daughters than the other households (Aslam, 2007).

Edmonds and Pavcnik (2013) found that girls are expected to perform more household tasks than boys, a gap that grows with preference for sons. This preference for sons is also linked to differential treatments between boys and girls. When parents consider allocation of family resources with gender disparities in parental investments in children's health and education, the gender disparities is well established. All these phenomena happen because in a male dominated society, household decisions are made, for the most part, solely by husbands. This argument is also supported by concept of bargaining model on household decisions which argues that the stronger the bargaining power of decision-maker, the greater that decision maker have influences on resource allocation decisions. Thus, in patriarchal societies, if women have higher bargaining power, they are more likely to participate in the decision-making process with regard to educating a girl child (Sarker, 2013).

In some households, fewer resources are allocated to the female members of the household because many women are not able to fully participate in intra-household

decision-making on the allocation of economic resources. As a consequence, when lesser household resources are allocated, fewer girls than boys may be able to attend school. Girls may also have more housework responsibilities than boys, even when the households are not fighting for survival, and therefore their school attendance and performance may be more affected (Chen, 2013).

The study on international migration, household decision making and gender discrimination in the allocation of household resources, explains the factors responsible for the shift in the household resources which favors girls while fathers have migrated, and favoring boys once fathers have returned home. One assumption was that absence of father allows for increase in women decision-making power and subsequently, women shift resources towards their daughters. After the father has returned home, their bargaining power increases on account of increase in resources from the money they earned abroad. The question remains as to what explains this shift in household resources favoring girls while fathers are migrating and favoring boys once fathers have returned home. With this the related possibility was that fathers felt the need to compensate for the reduced share of resources spent on boys during their absence (Antman, 2012).

2.5. Gender discrimination and Household decision-making with regard to health Status:

A study in India on dimensions of women's autonomy and the influence on maternal health care utilization reveals that employed women were much more likely to have higher control over finances, high decision making power and a tendency toward better freedom of movement (Ababa, 2008). The study on 'The Women's autonomy in household decision-making: a demographic study in Nepal' has explored the link between women's position at house and their autonomy in decision-making. As far as women's position within the household is concerned in terms of their age, employment and number of living children, women's autonomy in decision making is positively associated with their age, employment and number of living children. (Acharya, Bell, Simkhada, Teilingen and Regmi, 2010).

Haddad and Smith (1997) found that increases in the level of nutrition of infants can be attributed directly to improvements in women's education and in their status relative to men. They found that for developing countries as a whole, these factors were directly responsible for over 50% of the total reduction in rates of malnutrition amongst children from 1970 to 1995. Sen (1985) based a study in villages in Bengal and concluded that differential mortality rates were caused by neglect of the female child. He also

concluded that the bias was most prevalent among the landless, asserting also that even minimal land reform yielded substantive results. Pal (1998) conducted a large-scale study that had several important findings. He found strong correlations between the birth order of a child and its level of nutrition. Later born female children were found to be the most discriminated against within the household, though a similar bias was not found for later born male children. Das Gupta (1987) and Vlassof (2007) also found bias against later born female children, evidenced by higher rates of mortality for this group. Das Gupta also quantified differential nutrition expenditure in Ludhiana district in Punjab and found that parents spend twice as much on male children than on female children between the ages of 0-6yrs., possibly explaining Punjab's horrifically low infant sex ratios.

Swaminathan (1997) on 'Work and Reproductive health' discusses about women's right and to what extent the right exercised in employment contribute to greater sexual and reproductive choice. As based on the perception that high fertility stem from women subordination and oppression. Oppression results as exclusion of women from outside employment. Liberating the women from the subordination and oppression would require enlarging women's role outside the family and ensuring equal pay, would, enhances their greater sexual and reproductive autonomy than had the women and girls done work at home.

The issue concerning which household members should consume the medical services and in what quantities was examined by Japanese household level data. To understand the issue two concepts were employed; health risk and income risk and along with these concepts whether the family heads or the dependents bore the risks were also investigated. Health risks were the risk when household member became ill and the income risk was concerned with the reduced household income. The result revealed that both the heads and the dependents made fewer visits to doctors with increase of household size. After the reform of public insurance system, only dependent visited the doctors less frequently. This implied that the health risk was borne by both while the income risk was borne by the household alone. This reflected discriminating behavior on dependent members of the household who were usually female members (Yoshida and Kim, 2008).

Thus gender inequalities are crucial while designing health promotion strategies. Health promotion involves the agent of promotion and the beneficiary of it. With regard to this promotional strategy, social construction of gender has been considered as many of the promotional measure put into action by women who are the care guarantor of every individual in the household. Consequently, health promotion messages often target women

in their assigned role as caregivers in the family (Doyal,2001).Since women's ability to make decisions about implementing health promotional measures is often limited in many countries due to their lower status in the household. Thus, the positive health effects of the promotional measures may be less than expected (Ostlin, Eckermann, Mishra, Nkowane and Wallsam, 2014). The study on reproductive healthcare in the context of women's perceptions and experiences of illness in general as well as in terms of the material, ideological and political dynamics of household, kin and gender relations, highlights the disadvantage of women relative to men with regard to seeking for healthcare services in terms of their access and utilization of healthcare services. Especially in their role as mothers, women account for greater health burden as well as greater reproductive burden than men in the households. Further, the recent inequity approach to health considers the gender skewed allocation of resources and power in the household as among the critical factors responsible for women's disadvantaged position within the healthcare system (Kumar, 1999).

In China, the trend of increased male-bias primarily reflects two forms of discrimination against females, firstly sex-selective abortion which has a great impact on the sex ratio at birth, and also negligence of preventive and curative health care for girls, which leads to excess mortality among females at the youngest ages and this is especially because of the attitude of the patriarchal culture where the male child is preferred to female child due to expectation of higher return of labour of male over female children. And also the son is preferred since he would support the parents in the old age (Attane, 2009).

There is now consensus that increasing rates of delivery with a skilled attendant, ideally in a well-equipped facility, are essential to reduce maternal mortality globally. While technical biomedical improvements are important, attention to larger, socially shaped aspects, such as access, use, and quality, is essential to reducing maternal and neonatal deaths in developing countries. Women are not necessarily autonomous agents in decisions regarding childbirth, and influence of partners on reproductive health outcomes. It has been shown to be direct and indirect –biological and social. In low settings such as Tanzania, strategic decisions may have to be made regarding delivery in a health facility, which is more expensive and less convenient than delivery in the home, and it is likely that these decisions are influenced by partners and other household members (Danforth, Kruk, Rockers, Mbaruku and Galea, 2009). In developing countries, men seek treatment more frequently at formal health services, whereas women are more likely to self-treat or use

alternative therapies. This has been explained by factors, such as multiple roles of women which limit their activities mainly to the domestic sphere and make it difficult for them to go to clinics during opening hours. By contrast, traditional healers or community shops are easier to access and would often accept delayed payment or payment in kind. Traditional healers also provide explanations in ways that are easily understood, in contrast to the more scientific explanations of clinic staff. Women are often treated in an inferior ways at health services and are blamed for coming late or for not bringing their children for regular immunization or check-ups. This only exacerbates women's reluctance to access healthcare, even when other access barriers are removed. Insensitive treatment by health personnel is also a problem in industrialized countries, although in these situations women have more options for restitution (Vlasoff, 2007). A study on gender discrimination revealed that women's decision-making power within the households with regard to decisions about caring for children takes place and it is known to be lower than that of their husbands, women were the main caretakers of children in South Asia, as in the most of the developing world. Past studies have demonstrated that when their power is increased, women use it to direct household resources toward improving their caring practices and therefore, the health and nutritional status of their children (Smith and Elizabeth, 2005).

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