

CHAPTER I

INTRODUCTION

“A woman who participates in decisions that affect or control her life and environment are everywhere more empowered than women who do not” -Anonymous

“Man and woman are the two wheels of a chariot”

1.1 Background of the Study

As it has been said, every history shows how strongly and supportively women have stood along with men in marking a new dawn in history. Women have always played a crucial role as like men in every epoch of human development. As like men, women are also a reservoir of creativity, energy, ideas and strength for a country's progress. Although most of us are quite aware of this fact but still women are facing the bitter truth of discrimination, weakness, underrepresentation, etc. Working women have a whole set of problems involving both family and professional lives. In one hand she has to maintain her responsibilities at her home and in the other hand she has to fulfill her work duties and maintain her career. In fact for working women it is two sets of overlapping responsibilities.

In this South Asian part of the world, in countries like Nepal, culture and tradition had confined women within the four walls until for recent decades. In societies where priority is given to male and their dominance roars, women are considered weak and are imposed to be the one who takes care of family and shapes the home whereas men dominates as he earns for the family. Most of all our societies have given very small window for women in the decision making. Though the scenario is slowly changing in city areas but still in the rural part most of the decision is made by the men and the women are made to follow. Patriarchal society thinks of women only as homemakers and sexual objects and is generally subjected to exploitation and torture (Dube, 2001). It has hardly been a decade or two that the doors for education, employment and career have been opened for women in general. But in rural places many are still doomed with the dominance of male. And even for the women who are educated and employed, barriers of culture, family and society are still a big hurdle. The role that a women has to play, as a wife, in-

law, mother, daughter and as an employee has been a great challenge for women making their life full of work load and stress. And moreover, in most of the families, the males hardly provide a helping hand in the household work even though the women work and earns. Therefore, in addition to their traditional roles, professional roles seem to be one of the major sources of stress that working women have to face.

Though the number of successful women in different sectors likes corporate, government, non government, business and even politics have increased and in recent times, but their righteous representation is still a question mark. And even for these successful women, success has a high price tag. The number of women may vary according to professions, but there is hardly any profession left today where women have not participated. Either it is a teacher, an engineer and doctor, a lawyer, a diplomat, a businesswomen and even in military and so on, women are in every profession, but have one thing in common, the bitterness of discrimination due to their sex.

Economic, social and political empowerment of women is essential for the development of any society. Women workers are an essential part of the work system and cannot be dispensed with in any way (Barnett, Marshall & Sayer, 1992). Until and unless the women are empowered and they have full access to participation in development with optimum representation, a country can never progress to its full potential. Knowing this fact for sure, its implementation in societies of our country has hardly been achieved. To a matter a fact the numbers of female headed households are increasing. However compared to the whole population, this number of female headed households still has milestones to be covered. Even though women work and earn independently, in most of the households the socio-economic role of these women has heights to gain. These women still do not have the proper liberty to utilize their earning by themselves, and still their voices in the decision making of the family are to be heard. The gender gap in the ownership and control of property is the most significant contributor to the gender gap in the economic wellbeing, social status and empowerment of women. Nevertheless, women are being empowered and are slowly rising up from the shadows of oppression and dominance. And we look forward for a just society where women can live, walk and work with the feeling of equality and security.

“Stressing that greater and equal participation of women at all levels of decision making shall decisively contribute to accelerating the pace of development and the maintenance of peace.”(UN Convention)

1.2 Statement to the Problem

If we turn the pages of history we will always find the superiority of men over women. Even in this present era where ‘Gender Equality’ is highly advocated one way or another women are deprived of this privilege. Although women and men together make up the complete species of human, but still the involvement of women in household decision making has a milestone to cover as compared to men.

As the time is passing by, women are being empowered in terms of education, employment and involvement in decision making. Therefore how the empowerment of women through their education and employment has improved their role in household and how age and marital factor play role in decision making is the major part of this study. As a part of empowerment, the involvement of women and the impact that they have in the decision making of the household is the research problem.

This research entitled “Women’s involvement in Household Decision Making” will be conducted to find out the role played by women in household decision making based on their age, education, employment and marital status. This research will also be helpful to evaluate the extent (percentage) of women involved in decision making. It will be leads us to a conclusion whether majority of women are involved or are not involved in decision making.

This study has been carried out to answer the following research questions:

-) In what terms are women involved in household decision making?
-) What role does the age and marital status of women play in their household decision making?
-) How the empowerment of women through education and employment played role in the decision making of women?

1.3 Objectives of the Study

➤ General Objectives

The purpose of research is to discover answer to question through the application of scientific procedures. Through each research study has its own specific purpose we may think of research objectives. (Kothari, 2004). Hence, the overall objective of this study is to find out of the role of women in household decision making.

➤ Specific Objectives

The specific objective of the study is;

-) To find out women's involvement in household decision making based on their age, education level, employment status and marital status

1.4 Significance of the Study

While searching for some prior work in this topic, researcher found out that there was hardly any research conducted in this topic. So the most vital significance of this study is that it is one of the first of its kind. The survey concentrates on women's involvement in household decision making.

This study provides a glimpse of the situation of the involvement of women in their household decision making. Moreover this study shows how different factors like age, education, employment and marital status impact the role of women in decision making. This research may also be useful for the concerned authority to make better policies and programs to empower women and just fully provide a better way for women to be involved in decision making.

The importance of the studies is listed below:

-) It helps to figure out how empowered women are today
-) It also addresses the role of women in decision making within the household
-) It also puts light on how the age, education level, employment status and marital status of a woman has impact in her role in decision making

1.5 Organization of the Study

The organization of a study is very important as it plays a vital role in how the study will be conducted and in what manner it is organized. Thus this study has been organized into five different chapters as mentioned below:

-) **Chapter I:** This chapter includes background of the study, statement of the problem, objectives of the study, significance of the study, limitation of the study and organization of the study.
-) **Chapter II:** This part of the study deals with the literature review gathered from various articles, books, newspaper, internet etc.
-) **Chapter III:** This chapter consists of the research methodology used in the study which comprises of the study area, sampling procedure, sources of data, method of data collection and data analysis.
-) **Chapter IV:** This chapter contains data presentation and analysis.
-) **Chapter V:** Finally this chapter contains summary and conclusion of the study.

CHAPTER II LITERATURE REVIEW

“If you want something said, ask a man; if you want something done, ask a woman.”

-Margaret Thatcher

This chapter contains underlying theory and literature related to this thesis. It contains literature about women, decision making and empowerment. Theories related to decision making are outlined. The context of women in Nepal and factors affecting the role of women in decision making are also included here. Lastly different laws and policies related to women at global and national level are summarized.

“Stressing that greater and equal participation of women at all levels of decision making shall decisively contribute to accelerating the pace of development and the maintenance of peace.”

- (1st Women conference in the United Nations, 1975)

The process of human development from over centuries and millennia has always sprinkled light over the inseparable importance of men and women in every aspect of life and progress. Universally we all are aware that one cannot survive without another, and only the two together has a meaning. Even the mythologies of any part of the world, the stories of God and Goddess also clearly mention how important these both genders are and especially for the existence of one another and for growth and development as well.

“Women have a vital role to play in the promotion of peace in all spheres of life: in the family, the community, the nation and the world. Women must participate equally with men in the decision making processes which help to promote peace at all levels.” – (UN Convention)

For a house to prosper and for a nation to progress well in peace, women’s empowerment, women’s participation in decision making and equality is must. It’s a matter of fact that women

make half of the population and maybe a fraction more. So imagining a world, a country, a society, a family blooming in peace and prosperity without the just fully participation of women is just like imagining a tree without its root. The roots are as deep as the height of the tree is, and neither can exist or survive with one another. Thus development and progress, peace and prosperity can never be fully achieved until and unless women are practically free and equal as like a man in decision making.

Decision making can be practiced under various domains such as in household, in community, in national or in global scale. Since our study focuses on decision making in household level, literature too focuses on theories related to household level decision making. In this section I will present established theories and studies which explain that participation in a household decision making is an instrument to the empowerment. Intuitively, decision making and empowerment convey similar concept. Both terminologies contain a notion of authority. I have hypothesized in my thesis that household decision making among women, thus empowerment, is affected by certain factors. These factors are categorized under four different measures:

-) Age
-) Educational level
-) Employment status
-) Marital Status

This chapter contains literature about women, empowerment, and decision making. I have also included women agenda in global stage by outlining the United Nations action plans on women. Later I outlined convincing and widely accepted theory in empowerment followed by theories on decision making and empowerment. Eventually, I have presented literature on factors affecting participation in decision making and eventually empowerment.

Women, empowerment and decision making

“In the history of women’s studies, which is not very long, a variety of approaches have been adopted in order to understand women’s problems and find solutions to them. Such approaches range from how women are perceived in various cultures and historical settings, given their biological functions and what nature ‘intended’ them to do, to their decline in power and status vis-à-vis men in the complex social evolution, to a widely shared emphasis on the need to make

women equal through the economic and legal route which treats them as individuals rather than those having the sole responsibility for looking after the family.” (Somjee, 1989)

Decision making is an objective indicator of empowerment and can serve as an evidence to capture the women’s empowerment. Women’s participation in decision making is widely used in the literature as an indicator of empowerment at a household level (Hindin 2000; Schuler & Hashemi 1994).

Women empowerment is the third of the eight Millennium Development Goals (United Nations 2000). Empowerment is an abstract term. Multitude of its nature, application, and interpretation makes it difficult to define singularly. This can be defined as an end goal or an ongoing process (Medel-Anonuevo 1994: 7 and 8). Scholars have accepted the ambiguity of the meaning and have extensively reviewed the applicability of the definition in various domains (Sadan 2004; Lincoln. 2002; Chaudhary. 2012). Among several definitions available in the literature some of the most compendious and relevant in the context of women are reviewed. For example, it has been agreed that control over the resources and participation in decision making by women is the key indicator of women empowerment (Johnson 2014). In another example authors have mentioned that empowerment of women can be measured by the concepts like their capability to make decisions, their position in the society and knowledge level among many others as cited. (Bhagowalia. 2012: 1).

As seen from the literature empowerment can manifest itself into many forms and it varies according to the domain. But it also shows that decision making is an objective indicator of empowerment and can serve as an evidence to capture the women’s empowerment. Women’s participation in decision making is widely used in the literature as an indicator of empowerment at a household level (Hindin 2000; Schuler & Hashemi 1994).

Women’s participation in household decision making, as it relates to power and control, is widely accepted indicator of empowerment (Malhotra. 2002: 13). It is increasingly used as an objective indicator of women’s household level empowerment, particularly in demographic and health studies (Schuler & Hashemi 1994: 68; Hindin 2003: 507).

Women in Nepal

Nepal is a small landlocked country and is among the least developed countries in the world. It is a country where culturally and traditionally the societies are male dominated. Until recent decades, the men were the bread earners in the family while women were considered to be the home maker. Though women are now allowed to get education and work outside the house as an employee, but still discrimination prevails in one way or another.

Being a woman in least developed countries like ours, or better to say women in a third world country, the ‘Nepali Women’ can be categorized as “third world woman”. And “The Third World Women”, as an object of development, allows for the uncritical application of universal principal of gender and development ‘across region, culture, class, ethnicity’ (Wood, 2001, p. 430). The average third world woman defined in the woman and development literature has very specific attributes that are presented as essential to her character: she is ‘ignorant, irrational, poor, uneducated, traditional, passive, and sexually oppressed’ (Mohanty, 1991, p. 56, 72). So the third world woman cannot be anything but a victim-of a similarly homogenized third world man, of universal sexism, of globalization and of history (Wood, 2001, p. 430)

A study by Milan Adhikary, ‘Women Graduates in Agriculture and Forestry Development in Nepal’ has investigated the employment prospects of women graduates in agriculture and related natural resource management. The study showed that women professionals faced more barriers to career advancement than the men. And only 8% of the workers in agriculture and natural resource management were women. Furthermore, the male workers actually dominate the work while in most cases women workers are underestimated. Not only in this sector, but in almost every sector whether it is a government sector or non government sector, everywhere women have the same complain that there is male dominance and women are underestimated. Female workers have less access to trainings and skill development inside an organization in comparison to male. Their hard work is less acknowledged than men, and their promotions and representations are also underrated. And moreover the working women have the responsibilities of both the work place and household but hardly get a helping hand in their household. They work, they earn, they manage the family, they have a huge work load and stress, and yet our society and our traditional male dominance values have still not addressed the worth of a woman and have kept women at bay from the so called “Equality”.

Factors affecting decision making

Though there are many theories related to decision making, but few of them which are somehow relevant to this thesis are discussed here.

-) The Blood and Wolfe's (1960) "theory of resources" assumes that the household decision making power is dependent upon the resources. Resources include factors such as income, educational attainment and occupation, age and socio-economic status and a belief in personal relevance.
-) The "theory of utility maximization" which argues that the spouse with the most relevant knowledge or skills makes the related decision.
-) The conflict theory model of decision making (Janis & Mann 1977) assumes that too much conflict hinder one's ability to decision making.
-) The most important one, the gender theory Shu et al. (2011) puts forward cultural and structural context of gender equality having strong influence on marital power over and beyond the effect of individual resources.

In context to Nepalese society, resources and patriarchal structure has more influence on decision making participation. Thus this study is based on the access of women's towards economical resources and hence their role in decision making.

Laws and Policies related to Women's right and Women's empowerment

"Necessary resources should be made available in order that women may be able to participate in the political life of their countries and of the international community since their active participation in national and world affairs at decision making and other levels in the political field is a prerequisite of women's full exercise of equal rights as well as of their further development and of the national well-being." - (UN Convention, 1975)

There are many laws and policies regarding the rights of women. Initiated globally by the United Nations, now there are many right's given to women with special provision even in the Constitution of our country.

➤ **Women's empowerment as a global agenda**

The provision for the equality between men and women is included in the United Nations charter, 1945 (chapter III, article 8) (United Nations 1945: 4). UN declared 1975 as a women's year and since then March 8th is celebrated as an International Women's Day. Starting from 1975, conferences related to women have been convened by the UN.

- i. The Declaration of Mexico and the World Plan of Action for the Implementation of the Objectives of the International Women's Year, 1975 Mexico city
- ii. The review Programme of Action for the Second Half of the United Nations Decade for Women, 1980 Copenhagen
- iii. The birth of global feminism, 1985 Nairobi
- iv. 1995 Beijing Legacy of Success Beijing Platform for Action for Equality, Development and Peace; Beijing Declaration

"Women empowerment is the third of the eight Millennium Development Goals". (United Nations 2000a)

The first conference which was held in Mexico City resulted in Declaration of Mexico on the Equality of Women and Their Contribution to Development and Peace. In the conference UN promulgated thirty different principles which stressed in women's participation in decision making.

In the second convention, which was held in Copenhagen, an international bill of rights of women, "The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)", was ratified by 188 states. The conference acknowledged the disparity between the actual right women and exercise and their ability to exercise them. This concern led to the highly focused action plan on access to the education, employment opportunities, and adequate health services

The conventions described the discrimination as,

"...any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and

fundamental freedoms in the political, economic, social, cultural, civil or any other field." (UN, 1979)

After a decade of study by the UN (from 1975 to 1985), the Third world convention revealed that only certain numbers of women had benefited from the improvement. This survey led to new focus areas namely: social participation, equality in political participation and decision making (United Nation 1986).

Fourth conference on women was held in 1995 in Beijing where UN adopted a declaration called as "The Beijing Declaration" with an aim to promulgate a set of principles concerning the equality of men and women. It also adopted "The Platform for Action" and identified twelve critical areas:

- i. Women and poverty
- ii. Education and training of women
- iii. Women and health
- iv. Violence against women
- v. Women and armed conflict
- vi. Women and the economy
- vii. Women in power and decision making
- viii. Institutional mechanism for the advancement of women
- ix. Human rights for women
- x. Women and the media
- xi. Women and the environment
- xii. The girl-child

➤ **Provisions in the Constitution of Nepal**

The new constitution of Nepal has established several positive elements for the empowerment and promotion of women in this country. Particularly, the foundations are made by two main arrangements.

- i. First, the constitution has ensured rights of women as a fundamental right (FR) through legislation from the very initial stage under Article 38.
- ii. Second, the constitutional provision setting aside 33% representation of women in Nepal's all state machineries

Nepal sets aside 33% of parliamentary seats for women through legislation as envisaged under Article 84(8). Similarly, A-86 (2) (a) ensures that three berths shall be given in 59-member national assembly, where eight members to be elected from each province. The constitution envisages that Nepal would be restructured with seven provinces to acquire a federal set up. Moreover, Article A-86(2) (b) says that three members, including at least one woman, is to be nominated by the President in the Upper House as per the recommendation of the Government of Nepal. The constitution also envisages formation of a National Women Commission with substantial powers under A-252 read with (R/W) A-253.

CHAPTER III

RESEARCH METHODS

3.1 Rationale of Site Selection

This study has been carried out in Shiva Nagar area, Kalanki. This area has been selected since it is a mix society and is multi-linguistic, multi-ethnic, multi-religious and multi-cultural. Women of every area age group, educational level, employment status and marital status live in this area which is very suitable for this research. Moreover, I am very familiar with this area and the people living here which are plus point in terms of the cooperation from the respondents. Therefore this study area has been selected for efficient and effective study.

3.2 Research Design

A descriptive and exploratory type of research design has been used in this study. This study is focused in the involvement of women from Shiva Nagar area in household decision making and how their age, education employment and marital status affect their role in decision making. It is written analytically and in a descriptive way. Both qualitative and quantitative technique has been used in the research analysis and interpretation in order to yield a better result.

3.3 Nature and Source of Data

The nature of this research study is both qualitative and quantitative. Primary and secondary source of data are used. The research paper is written in analytical as well as descriptive manner. Primary data are collected through field work and interviews whereas secondary data are obtained through library, previous works, reports internet, etc.

3.4 Universe of Sampling Procedure

Shiva Nagar area has been selected purposively. This area consists of over 120 houses with around 350 families. Most of the families consists couple of women including mother, daughter, daughter in law, and in some cases there are two wives (in Muslim family). There are

approximately 650 women in this area. Out of them all, 20% of the women (i.e. 126) in this area were taken as respondents by the researcher. In most of the cases, eldest women (except elderly women) are taken as respondents. But in those family where there is more than one woman, then the other younger women who are above 20 years and either is employed or is studying is also taken into consideration. Eldest women are considered as they have higher dominance in the family compared to those with smaller age. And those from smaller age group are taken in respect to their role based on employment and education.

3.5 Data Collection Tools and Technique

The women from different age group, educational level, employment status and marital status are included in this study. In this research, the data were collected with the help of structure questionnaire containing questions related with the objectives of the study. Data were collected by interviewing the respondents by the use of designed questionnaire. Furthermore, library, previous research work and internet have been of great use in data collection process.

-) **Questionnaire:** A survey questionnaire was prepared by consulting the dissertation supervisor to gather quantitative data. Questionnaire contained simple 'yes and no' answers. And the questions were asked through face to face conversation with the respondents.
-) **Observation:** The observation has been used to get the relevant information for the study. Each respondents selected in sampling was visited and observed directly in the study area.
-) **Interview:** Interview of the respondents was taken based on the objectives of the study in order to know their experience, their role in decision making and their opinion towards the concerned topic.
-) **Library:** Library was useful for the researcher to sketch the basic framework of the study. Prior studies and research papers had given a concept of how the study should be done. But due to the lack of research done in this topic the researcher had to seek other sources of data as well.

-) **Previous research work:** Previous studies have been useful in analyzing the data. Since little research has been done in this topic, researcher has gathered as many as available and attempted to merge all the useful and related contents of the studies.
-) **Internet:** Internet has been much of use to the researcher. Different research conducted in different parts of the world, articles and books were referred in order to strengthen this report.

3.6 Data Analysis Procedure

The data and information collected in this study are manually proceed with simple tabulation and analyzed in a descriptive method. Overall sixteen tables are used in the presentation of data and their description is given for analysis.

3.7 Limitations of the Study

In order to determine the purpose of study, time and cost every research has its own limitations. The limitations of this study are as follows:

-) The study is limited to Shiva Nagar, Kalanki, Kathmandu
-) The study is focused to find out the women's involvement in household decision making
-) Since the study is limited within Shiva Nagar, the result and conclusion of the study may not be generalized for Nepal as whole

CHAPTER IV

PARTICIPATION OF WOMEN IN HOUSEHOLD DECISION MAKING

This chapter attempts to analyze the data and information collected for securing objectives and derives the major findings of the study. Out of the total population of women in Shiva Nagar area (i.e. more than 600), around 20% of the women (i.e. 126) were taken as respondents. To give the proper direction of the study at first the data are presented in tables form and analysis is made on the basis of research questionnaire.

The involvement of women in decision making has been categorized based on age group, education anal level, employment status and marital status. And their areas of decision making are health care, education, household purchase and celebration.

- **Decision Making Based on Age group:** In this section, the respondents are divided into four different age group (20-29, 30-39, 40-49 and 50 & above). There are 33, 42, 38 and 13 respondents from the age group 20-29, 430-39, 40-49 and 50 above respectively.

Table No. 1 Women's Involvement in Health care Decision Making based on age group

Age Group	Total no. of respondent	Women's Involvement in Health care Decision Making	
		Yes	No
20-29	33	15 (45.5%)	18 (54.5%)
30-39	42	20 (47.6%)	22 (52.4%)
40-49	38	25 (65.8%)	13 (34.2%)
50 above	13	9 (69.2%)	4 (30.8%)
Total	126	69 (54.8%)	57 (45.2%)

Source: Field survey, 2019

Table 1 indicates that out of 33 respondents in age group 20-29, 18 (45.5%) of respondents are involved in health care decision making where as 22 (47.6%) of respondents from age group 30-39 are involved. Likewise 25 (65.8%) of respondents from age group 40-49 are involved in decision making of health care while 9 (69.2%) from age group 50 and above are involved. Overall 69 (54.8%) respondents out of 126 are involved in decision making but 57 (45.2%) of

the respondents are not involved. The higher percentage of women involvement in decision making in higher age group shows that women with growing age and maturity gain more control over household rather than women in lower age group.

Table No. 2 Women’s involvement in Educational Decision Making based on age group

Age Group	Total no. of respondent	Women’s Involvement in Educational Decision Making	
		Yes	No
20-29	33	19 (57.6%)	14 (42.4%)
30-39	42	21 (50.0%)	21 (50.0%)
40-49	38	23 (60.5%)	15 (39.5%)
50 above	13	7 (53.8%)	6 (46.2%)
Total	126	70 (55.6%)	56 (44.8%)

Source: Field survey, 2019

Table 2 shows that out of 33 respondents in age group 20-29, 19 (57.6%) of respondents are involved in educational decision making of the family where as 21 (50%) of respondents from age group 30-39 are involved. Likewise 23 (60.5%) of respondents from age group 40-49 are involved in decision making of education while 7 (53.8%) from age group 50 and above are involved. Out of all 126 respondents, 70 (55.6%) are involved in educational decision making whereas 56 (44.8%) are not involved. Though there are some differences but overall age don’t seem to have much impact on education choices.

Table No. 3 Women’s involvement in Household purchase Decision Making based on age group

Age Group	Total no. of respondent	Women’s Involvement in household purchase Decision Making	
		Yes	No
20-29	33	12 (36.4%)	22 (63.6%)
30-39	42	32 (76.2%)	10 (23.8%)
40-49	38	31 (81.6%)	7 (18.4%)
50 above	13	10 (76.9%)	3 (23.1%)
Total	126	85 (67.5%)	41 (32.5%)

Source: Field survey, 2019

In reference to table 3, 12 (36.4%) of the women from age group 20-29 are involved in decision making of household purchase but 22 (63.6%) of this age group are not involved in decision making. Among the age group of 30-39 and 40-49, 32 (76.2%) and 31 (81.6%) of women are involved in household purchases respectively. And 10 (76.9%) of women who are 50 above are involved. Overall 85 (67.5%) women out of 126 are involved in household decision making and 41 (32.5%) are not involved. From the table it can be concluded that higher the age the more women are involved in household purchase decision making.

Table No. 4 Women’s involvement in Celebration Decision Making based on age group

Age Group	Total no. of respondent	Women’s Involvement in Celebration Decision Making	
		Yes	No
20-29	33	9 (27.3%)	24 (72.7%)
30-39	42	31 (73.8%)	11 (26.2%)
40-49	38	30 (78.9%)	8 (21.1%)
50 above	13	11 (84.9%)	2 (15.1%)
Total	126	81 (64.3%)	47 (35.7%)

Source: Field survey, 2019

According to the data presented in table 4, 9 (27.3%) of women from age group 20-29, 31 (73.8%) of women from age group 30-39, 30 (78.9%) of women from age group 40-49 and 11 (84.9%) of women from age group 50 above are involved in the decision making of family celebration. In total, 81 (64.3%) respondents are involved in celebration decision making and 47 (35.7%) are not involved.

➤ **Decision Making Based on Educational Level:** In this section, the respondents are divided into five different groups based on educational level (no education, primary level, secondary level, intermediate level and bachelors & above). There are 6, 11, 19, 39 and 51 respondents from education level which are no education, primary level, secondary level, intermediate level and bachelors & above respectively.

Table No.5 Women’s involvement in Health care decision making based on educational level

Educational level	Total no. of respondent	Women’s involvement in health care decision making (%)	
		Yes	No
No education	6	2 (33.3%)	4 (66.7%)
Primary level	11	4 (36.4%)	7 (63.6%)
Secondary level	19	7 (36.8%)	12 (63.2%)
Intermediate	39	20 (51.3%)	19 (48.7%)
Bachelors and above	51	42 (82.2%)	9 (17.8%)
Total	126	75 (59.5%)	41 (40.5%)

Source: Field survey, 2019

Table 5 indicates that out of 6 respondents with no education, 2 (33.3%) of respondents are involved in health care decision making where as 4 (36.4%) of respondents with primary education are involved. Likewise 7 (36.8%) of respondents with secondary level education are involved in decision making of health care while 20 (51.3%) respondents with intermediate education are involved. And 42 (82.2%) respondents who have bachelors and above education level are involved in health care decision making. The data shows that women with higher education level are more involved in health care decision making.

Table No.6 Women’s involvement in Educational decision making based on educational level

Educational level	Total no. of respondent	Women’s involvement in education decision making (%)	
		Yes	No
No education	6	1 (16.7%)	5 (83.3%)
Primary level	11	3 (27.3%)	8 (72.7%)
Secondary level	19	6 (31.6%)	13 (68.4%)
Intermediate	39	17 (43.6%)	22 (56.4%)
Bachelors and above	51	44 (86.3%)	7 (13.7%)
Total	126	71 (56.3%)	55 (43.7%)

Source: Field survey, 2019

Table 6 shows that 1 (16.7%) respondent with no education are involved in educational decision making of the family whereas 3 (27.3%) respondents with primary level education are involved. Likewise, 6 (31.6%) respondents with secondary level education are involved while 17 (43.6%) with intermediate level education are involved. 44 (86.3%) of the respondents with bachelors and above qualification are involved in the decision making.

Table No.7 Women’s involvement in household purchase decision making based on educational level

Educational level	Total no. of respondent	Women’s involvement in household purchase decision making (%)	
		Yes	No
No education	6	4 (66.7%)	2 (33.3%)
Primary level	11	8 (72.7%)	3 (27.3%)
Secondary level	19	13 (68.4%)	6 (31.6%)
Intermediate	39	31 (79.5%)	8 (20.5%)
Bachelors and above	51	47 (92.1%)	4 (7.9%)
Total	126	103 (81.7%)	41 (18.3%)

Source: Field survey, 2019

In reference to table 7, 4 (66.7%) of the women without education are involved in decision making of household purchase. Among those with primary level and secondary level, 8 (72.7%) and 13 (68.4%) of women are involved in household purchases respectively. Similarly 31 (79.5%) of women with intermediate level and 47 (92.1%) of women the bachelors and above are involved in household purchase. In total 103 (81.7%) women are involved in household purchase decision making whereas 41 (18.3%) are not involved.

Table No.8 Women’s involvement in Celebration decision making based on educational level

Educational level	Total no. of respondent	Women’s involvement in celebration decision making (%)	
		Yes	No
No education	6	4 (66.7%)	2 (33.3%)
Primary level	11	7 (63.9%)	4 (36.1%)
Secondary level	19	11 (57.8%)	8 (42.2%)
Intermediate	39	28 (71.8%)	11 (28.2%)
Bachelors and above	51	48 (94.1%)	3 (5.9%)
Total	126	98 (77.8%)	28 (22.2%)

Source: Field survey, 2019

Table 8 shows that 4 (66.7%) of women with no education are involved in decision making for celebration. 7 (63.9%) of those with primary level education and 11 (57.8%) with secondary level are involved in decision making of celebration. Among those with intermediate level and bachelors level, 28 (71.8%) and 48 (94.1%) are involved respectively.

➤ **Decision making based on employment status:** In this section, the respondents are divided into two groups based on employment status (paid and unpaid). There are 74 paid employees and 52 unpaid.

Table No.9 Women’s involvement in Health care decision making based on employment status

Employment Status	Total No. of Respondents	Women’s involvement in health care decision making	
		Yes	No
Paid	74	53 (71.6%)	21 (28.4%)
Unpaid	52	25 (48.1%)	27 (51.9%)
Total	126	78 (61.9%)	48 (38.1%)

Source: Field survey, 2019

From table 9 we can see that 53 (71.6%) of paid women are involved in health care decision making whereas 25(48.1%) of unpaid women are involved in health care decision making. Overall 78 (61.9%) women out of 126 are involved in health care decision making.

Table No.10 Women’s involvement in Educational decision making based on employment status

Employment Status	Total No. of Respondents	Women’s involvement in educational decision making	
		Yes	No
Paid	74	57 (77.0%)	17 (23%)
Unpaid	52	27 (51.9%)	25 (48.1%)
Total	126	84 (66.7%)	41 (33.3%)

Source: Field survey, 2019

According to table 10, 57 (77.0%) of paid women are involved while 27 (51.9%) of unpaid women are involved in educational decision making. Comparatively paid women have higher percent of involvement in education decision making than unpaid.

Table No.11 Women’s involvement in household purchase decision making based on employment status

Employment Status	Total No. of Respondents	Women’s involvement in household purchase decision making	
		Yes	No
Paid	74	67 (90.5%)	7 (9.5%)
Unpaid	52	41 (78.8%)	11 (21.2%)
Total	126	108 (85.7%)	18 (14.3%)

Source: Field survey, 2019

Above table no.11 shows that 90.5% of paid women are involved in household purchase decision making while on the other hand 78.8% women are involved.

Table No.12 Women’s involvement in celebration decision making based on employment status

Employment Status	Total No. of Respondents	Women’s involvement in celebration decision making	
		Yes	No
Paid	74	66 (89.2%)	8 (10.8%)
Unpaid	52	43 (82.7%)	9 (17.3%)
Total	126	109 (86.5%)	17 (13.5%)

Source: Field survey, 2019

Table no.12 shows that 66 (89.2%) of paid women are involved in celebration decision making whereas 443 (82.7%) of unpaid women are involved in celebration decision making. Employment status don’t seem to have much impact on celebration decision making since both paid and unpaid women are almost equally involved in celebration decision making.

➤ **Decision making based on marital status:** In this section, the respondents are divided into two groups based on marital status (married and unmarried). There are 87 married women and 39 unmarried women.

Table No.13 Women's involvement in health care decision making based on marital status

Marital status	Total no. of respondent	Women's involvement in health care decision making (%)	
		Yes	No
Married	87	52 (59.8%)	35 (40.2%)
Unmarried	39	22 (56.4%)	17 (43.6%)
Total	126	74 (58.7%)	52 (41.3%)

Source: Field survey, 2019

According to table 13, 52 (59.8%) of married women and 22 (56.4%) of unmarried women are involved in health care decision making. Overall 74 (58.7%) of women out of 126 are involve in health care decision making whereas 52 (41.3%) are not involved.

Table No.14 Women's involvement in educational decision making based on marital status

Marital status	Total no. of respondent	Women's involvement in Educational decision making (%)	
		Yes	No
Married	87	50 (57.5%)	37 (42.5%)
Unmarried	39	20 (51.3%)	19 (48.7%)
Total	126	70 (55.6%)	56 (44.4%)

Source: Field survey, 2019

Table 14 shows that 50 (57.5%) of married women and 20 (51.3%) of unmarried women are involved in educational decision making.

Table No.15 Women’s involvement in household purchase decision making based on marital status

Marital status	Total no. of respondent	Women’s involvement in household purchase decision making (%)	
		Yes	No
Married	87	76 (87.4%)	11 (12.6%)
Unmarried	39	27 (69.2%)	12 (30.8%)
Total	126	103 (81.7%)	23 (18.3%)

Source: Field survey, 2019

Based on table 15, 76 (87.4%) of married and 27 (69.2%) of unmarried women are involved in household decision making. It seems that married women are more involved in household purchase decision making than unmarried women.

Table No.16 Women’s involvement in celebration decision making based on marital status

Marital status	Total no. of respondent	Women’s involvement in celebration decision making (%)	
		Yes	No
Married	87	78 (89.7%)	9 (10.3%)
Unmarried	39	22 (56.4%)	17 (43.6%)
Total	126	100 (79.4%)	26 (20.6%)

Source: Field survey, 2019

From table 16 we can see that 78 (89.7%) of married and 22 (56.4%) of unmarried women are involved in celebration decision making. Out of 126 women, 79.4% of married and unmarried women are involved in decision making whereas 20.6% of women are not involved.

CHAPTER V

SUMMARY AND CONCLUSION

Summary

This research study is based on the topic “Women’s Involvement in Household Decision making”.

The study has been conducted in order to find out the roles played by women in their household decision making. In this study women are categorized based on their age group, educational qualification, employment status and marital status. While their decision making in the sector of health, educational choice, household purchase and celebration are focused. This study is conducted in Shiva Nagar area of Kalanki. 126 respondents were sampled in this study. This study is done by descriptive as well as exploratory research design. Furthermore interview plan and field observation were the techniques used for data collection.

In this study, the highest number of respondents based on age group is from the age group 30-39 which is 42 respondents out of 126. The lowest number of respondents is from the age group 50 and above which is 13. For the age group of 20-29 and 40-49, the number of respondents is 33 and 38 respectively. In terms of their role in decision making, in most cases it is observed that age has impact in the household decision making. With increasing age, women have higher percent of involvement in household decision making with the exception of elderly people. Especially in the decision making of household purchase and family celebration, women have the highest percent of decision making.

Likewise in the section of decision making based on educational making, 6 respondents do not have education, while 11 have primary level education. We can see that 19 respondents have secondary level education and 30 respondents have intermediate level education. Nevertheless 51 respondents have bachelors and above education. The study shows that women with higher education have higher percent of involvement in the decision making of health care and education. It seems like due to the higher education women tend to have higher knowledge about health care and education. As seen in the table no. 4 and 5, women with no education have the

lowest percent which is only 33.3% and 16.7% involvement in health care and educational decision making. The percent of women's involvement in this sector has gradually increased with education level. Thus the highest percent of the involvement of women in health care and education is of women with education level of bachelors and above which is 84.9% and 86.3%. However in the decision making of household purchase and celebration, women with any education level has more than 60% involvement though women with highest level education still have the highest percent of involvement in decision making.

Women in terms of employment status, 74 of the respondents are paid employee and 52 are unpaid employee. From the data it is clear that being paid and unpaid has impact in the role of involvement in decision making. Women who are paid employ have higher percent of involvement in every sector of household decision making while unpaid women have comparatively lower percent of involvement.

Lastly in the section of women with marital status, 87 women are married while 39 are unmarried. Marital status also seems have a role in women's involvement in decision making. Married women comparative have higher percentage of involvement in household decision making than unmarried women. Though the difference in percentage of involvement in the sector of health care and education are not much, but married women have much higher percentage of involvement in the household purchase and family celebration.

Conclusion

The study showed that women are more involved in the decision making of household purchase and family celebration in comparison to health care and education. Health care and education decision making are more often determined by the higher level of education and their employment status. But in terms of household purchase and family celebration only age group seems to have an impact, i.e. smaller the age the less is their involvement in the decision making of household purchase and family celebration. Overall women who are more matured, who have higher education, who are employed and who are married are much more involved in the household decision making as compared to those who are smaller in age, have less education, are unpaid and unmarried. Therefore from this study we can say that age and marital status play a

vital role in household decision making and empowerment of women through education and employment has a positive impact in their involvement in decision making as well.

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ANNEX-1

Questionnaire

- Women's Background
 1. Based on age group (20-29, 30-39, 40-49, 50 above)
 2. Based on Education level (No education, primary level, secondary level, intermediate, bachelors and above)
 3. Based on Employment status (Paid worker, unpaid worker)
 4. Based on Marital status and child bearing

- Sectors of Decision making
 1. Health care (Own as well as family)
 2. Education (Own as well as family)
 3. Household purchase
 4. Celebrations (Festivals, holidays and get together)

Questions:

- What is your age group? 20-29/30-39/40-49/50 and above
 1. Are you involved in health care decision making of your family? Yes/No
 2. Are you involved in educational decision making? Yes/No
 3. Are you involved in household purchase decision making? Yes/No
 4. Are you involved in celebration of festivals and holiday of your family? Yes/No

- What is your educational level? No education/Primary/Secondary/Intermediate/Bachelors and above
 1. Are you involved in health care decision making of your family? Yes/No
 2. Are you involved in educational decision making? Yes/No
 3. Are you involved in household purchase decision making? Yes/No
 4. Are you involved in celebration of festivals and holiday of your family? Yes/No

- Are you a paid or unpaid employ?
 1. Are you involved in health care decision making of your family? Yes/No
 2. Are you involved in educational decision making? Yes/No
 3. Are you involved in household purchase decision making? Yes/No
 4. Are you involved in celebration of festivals and holiday of your family? Yes/No

- Are you married or unmarried?
 1. Are you involved in health care decision making of your family? Yes/No
 2. Are you involved in educational decision making? Yes/No
 3. Are you involved in household purchase decision making? Yes/No
 4. Are you involved in celebration of festivals and holiday of your family? Yes/No