

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

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ABSTRACT

There is a rich history of the study of women's autonomy in the field of demography, particularly regarding its role in fertility outcomes. Women's autonomy is associated with parity, contraceptive use, and in more recent work, with children's health outcomes and health services utilization (Bloom 2001, Moursund and Oystein 2003, Allendorf 2007, Woldemicael 2009). However, despite its importance and popularity there is surprisingly little consensus on how to measure women's autonomy. Using data from the Demographic and Health Surveys, this study examines the relationship between women's autonomy and violence in Kenya, Zambia and Zimbabwe. First we examine the predictors of women's autonomy. Next we analyze the relationship between various aspects of women's autonomy and experiences of violence and discover that women who have greater autonomy are more likely to experience emotional, physical and sexual violence. Finally, we investigate the implications of including experiences of violence in measures of women's autonomy.

INTRODUCTION

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

BACKGROUND

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

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

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

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

DATA AND METHODS

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

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

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

PRELIMINARY FINDINGS

In the preliminary findings presented here we use data from the ever-married women sample of the DHS for Kenya, Zambia and Zimbabwe. Unlike previous examinations of women's autonomy and experiences of violence, in our analysis we look at various aspects of empowerment. Presented here are results for women's employment, literacy, and control over money, all integral components of an individuals' autonomy. In addition, we consider four distinct types of violence against women – emotional, less severe physical violence (does not lead to injury), severe physical violence, and sexual violence – as perpetrated by partner or spouse.

Table 1. Various Measures of Women's Autonomy and Experiences of Violence

Type of Violence	KENYA		ZAMBIA		ZIMBABWE	
	Odd's Ratio	p	Odd's Ratio	p	Odd's Ratio	p
<i>Emotional Violence</i>						
Worked in the last 12 months	1.24	0.00	1.27	0.00	1.40	0.00
Literacy	1.22	0.07	1.42	0.00	1.27	0.08
Control over money	2.12	0.00	1.64	0.00	1.54	0.00
<i>Less-severe Physical Violence</i>						
Worked in the last 12 months	1.26	0.00	1.12	0.07	1.13	0.02
Literacy	1.13	0.26	1.27	0.00	1.13	0.37
Control over money	2.04	0.00	1.63	0.00	1.71	0.00
<i>Severe Physical Violence</i>						
Worked in the last 12 months	1.05	0.46	1.09	0.14	1.12	0.04
Literacy	1.40	0.01	1.59	0.00	1.19	0.02
Control over money	2.40	0.00	2.02	0.00	2.19	0.00
<i>Sexual Violence</i>						
Worked in the last 12 months	1.12	0.10	1.23	0.00	1.25	0.00
Literacy	1.65	0.00	1.46	0.00	1.20	0.20
Control over money	2.33	0.00	1.65	0.00	1.62	0.00

Note: Results for logit models demonstrating odds of having experienced particular forms of violence. All models control for years of education, age, age squared and urban residence. All standard errors are robust and clustered at the survey cluster level.

As demonstrated in Table 1, various measures of women's autonomy significantly predict higher odds of having experienced all four kinds of violence. These findings suggest that women with greater autonomy are more likely to experience violence. However, this begs the question of whether it makes sense to exclude women's experience of violence from our measure of autonomy.

Going forward we will measure women's autonomy by building an index for each of the various dimensions such as decision making, freedom of movement, and control over finances. Indexes are commonly used to include variables measuring a single dimension of autonomy (Bloom et Griffiths 2006). We follow a method used by Balk (1994) and Jejeebhoy (1997) where a given number of questions can be used to account for each of the dimensions considered. For dimensions with more than one variable, one unit will be attributed to each of the questions' answers associated with a greater autonomy. A score will then be computed and the median for the sample will be used as a threshold between low or high autonomy. By combining these indices we will get a global measure for women's autonomy. Firstly, the index will be used to predict violence experienced by women. Secondly, we will incorporate the measure for violence in the index to see if associations change.

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