ELSEVIER

Social Science & Medicine 62 (2006) 2313–2326

SOCIAL SCIENCE & MEDICINE

www.elsevier.com/locate/socscimed

Husbands' and wives' reports of women's decision-making power in Western Guatemala and their effects on preventive health behaviors

Stan Becker[a,*], Fannie Fonseca-Becker[b], Catherine Schenck-Yglesias[c]

[a]*Population and Family Health Sciences Department, Johns Hopkins University, 615 North Wolfe Street, Baltimore, MD 21205-2179, USA*
[b]*Population and Family Health Sciences Department, Center for Communications Programs, Johns Hopkins Bloomberg School of Public Health, Johns Hopkins University, 111 Market Place/Suite 310, Baltimore, MD 21202, USA*
[c]*JHPIEGO—an affiliate of the Johns Hopkins University and Johns Hopkins University School of Nursing, Human Resources for Health Center of Excellence, 1615 Thames St., Suite 200, Baltimore, MD 21231, USA*

Available online 22 November 2005

Abstract

Surveys have attempted to measure married women's decision-making power by asking women who has a say and/or final say in a number of household decisions. In several studies where the same questions were posed to husbands, considerable discrepancies in reports were found. This paper assesses husband and wife reports of decision-making on four matters (whether or not to buy household items; what to do if a child becomes ill; whether or not to buy medicine for a family member who is ill; what to do if a pregnant women becomes very ill) and the relationship of these reports to three recent health behaviors (having an emergency plan during pregnancy; delivering in a health facility; having a postpartum checkup within 4 weeks). A sample of 1000 women in 53 communities in three departments of western Guatemala was selected using a stratified random sampling approach. A standard household questionnaire was used to identify the respondents as well as to obtain data on household characteristics. Husbands of interviewed women were interviewed in every other household giving information on 546 couples for this analysis. Women and men's questionnaires were similar and were designed to obtain information on the respondent's knowledge, attitudes and behaviors regarding maternal health.

Consistent with other research, results show that relative to their husbands' report, wives tend to under-report their household decision-making power. In couples with both partners educated and in couples in which women work for pay, both partners were significantly more likely to report that both of them participate in the final decisions than was the case in couples without education or in which the wife did not work for pay. Women's reports of their decision-making power was significantly related to the household having a plan for what to do in case of a maternal emergency, but was not associated with place of childbirth or with having a postpartum checkup, while husband's reports of the wife's decision-making power was negatively associated with the likelihood of having the last birth in a health facility.

Keywords: Guatemala; Health decision-making; Maternity; Preventive health behavior; Husbands/wives

*Corresponding author. Tel.: +1 410 955 4485; fax: +1 410 502 5831.
E-mail addresses: sbecker@jhsph.edu (S. Becker), ffbecker@jhuccp.org (F. Fonseca-Becker), cschenck-yglesias@jhpiego.net (C. Schenck-Yglesias).

0277-9536/$ - see front matter © 2005 Elsevier Ltd. All rights reserved.
doi:10.1016/j.socscimed.2005.10.006

Introduction

For many decades it has been known that infant and child death rates are lower among children of educated mothers virtually everywhere (e.g. Hobcraft, McDonald, & Rutstein, 1984). Fertility is similarly lower for educated and working women than for uneducated and non-working women throughout the world (e.g. see Martin, 1995, for results from 26 countries). One could consider that these early studies were using women's education and/or labor force participation as proxies for women's status. In the past two decades, the concept of women's status has been expanded from education and socio-economic status to include women's access to and control over resources and decision-making power within the household (Mason, 1986).

Power has been defined (Weber, 1978, p. 53) as "the probability that the actor within a social relationship will be in a position to carry out his [sic] own will despite resistance, regardless of the basis on which this power rests." In a married couple and in the absence of other major actors in decision-making, (e.g. where the mother-in-law is not co-resident) power to make decisions in various domains of life may be shared, or reside more with one or the other spouse. There is some debate about the extent to which power for decision-making is zero-sum between actors or not (e.g. Mosedale, 2005). It is true that if both spouses participate in a decision, a better outcome may result than if either member alone takes the decision, simply because it is likely that more options were explored when there is joint decision-making. Conceptually, a woman's education and the socio-economic status of her family of origin are bases of her power in the household (England, 2000; Huston, 1983). Nevertheless, researchers typically have treated both women's education and her decision-making power as covariates together in statistical models predicting fertility and health outcomes. While power is manifested in relationships, empowerment refers to a process (Malhotra, Schuler, & Boender, 2002). Specifically, a recent definition of empowerment is: "The expansion in people's ability to make strategic life choices in a context where this ability was previously denied to them." (Kabeer, 2001). Malhotra and colleagues have described the various dimensions of women's empowerment including mobility, access to and control over economic resources and domestic decision-making. The latter is the focus of the present study.

While the concept of decision-making power in a couple may be clear, its measurement in cross-sectional surveys is not. There are basically three problems. First, who is reporting, second, how joint decision-making is included and third, what domains of household decision-making are considered. Husbands and wives sometimes do not agree on who has the final say in decisions. With regard to response categories some surveys ask "who takes the final decision" and may or may not have "both husband and wife/together/the couple" as a response category. In this study, with the question "Who takes the final decision" one response category was "the couple." With regard to domains, the areas of cooking and childcare are often seen as women's domains while large purchases and interactions with outsiders are often considered husbands' domains so a woman's decision-making power varies with the domain.

Women's relative power as measured by these new variables has been shown in specific study settings to be a key variable for the decline of infant and child mortality (in Egypt by Kishor, 2000), for women's use of prenatal care services (in Indonesia by Beegle, Frankenberg, & Thomas, 2001) for immunization of children (in Egypt by Kishor, 2000), for seeking treatment for ill children (in Mali by Castle, 1993) and for use of modern contraception (in India by Jejeebhoy, 2002). In Guatemala, Glei, Goldman, and Rodríguez (2003) found that married rural women who reported greater household decision-making power used biomedical services during pregnancy more often than those who reported less autonomy. Also non-Spanish speakers were significantly less likely to seek care early in the pregnancy.

Following a couples' approach which has been advocated for reproductive health generally (Becker, 1996), two recent studies have compared reports of wives and husbands on aspects of women's empowerment and the relative effects of each spouse's reports on reproductive health outcomes. Jejeebhoy (2002), with data from couples in Tamil Nadu and Uttar Pradesh, India found that husbands and wives quite often had discrepant reports of the woman's level of empowerment as measured by questions on her mobility, her access to economic resources and her economic decision-making power vis-à-vis her husband and other