

ORIGINAL ARTICLE

Status and Determinants of Women's Participation in Household Decision Making in Ethiopia

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Abstract

Women's participation in household decision making has a pivotal role to the development of countries. At a national level, studying the status of women's participation in household decision making and its determinants is necessary to devise policies and take immediate measures to empower women. Therefore, this study was aimed at assessing the status and determinants of women's participation in household decision making in Ethiopia. A cross-sectional study based on data from the 2016 Ethiopian Demographic and Health Survey (EDHS) program was employed. The sample was limited on married women (N=3676) and analyzed through binary logistic regression. The finding revealed that the majority (63.87%) of women were found relatively in a good position of participation in household decision making. Education and employment were positively associated with their participation. Women who never fear their husbands (AOR=1.391;95%CI=1.196,1.618) and women who did not refuse sexual intercourse (AOR=1.384;95%CI=1.192,1.606) were more likely participate in household decision making. There were variations of women's participation in household decision making as to religious affiliation and geographical location. In conclusion, the status of women's participation in household decision making in Ethiopia is relatively good albeit taking some proper interventions are still necessary to address the existing gaps.

Keywords: Ethiopia, Household, Decision Making, Married Women.

1. Introduction

There is no disagreement on the importance of girls'/women's participation in the development of a given community and country (Golla, et al., 2011; Ayferam, 2015; Bhat, 2015). Any growth and development that ignores females who are the major actors and half part of population is useless. Their active involvement in decision making process is crucial to achieve social, economic, cultur

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al, and political development (Sharma, Rao & Sharma, 2013). However, since no culture is free from gender based discrimination, women are adversely affected (Brandt, 2011). Literatures show that women in many countries have low level of participation in most decision making as they do not fully express their feelings (Hagos, et al., 2017; Ilesanmi, 2018). In many cultures around the world, women are denied the right to participate in decision making and to determine their fate. Since women's active involvement in decision making is a precondition to achieve development, the global movement has recently begun to enable women to enhance their decision-making ability including at household level. For instance, promoting gender equality and empowering women were the central Millennium Development Goals that were planned and implemented between 2000 and 2015 (Kabeer, 2005; Ki-Moon, 2013).

Moreover, gender equality and empowering all women and girls are the prime focus among seventeen identified "Sustainable Development Goals" for the transformation and quality life of the world (Assembly, 2015). The restriction of women's primary role to the domestic sphere is understood as one of the main causes of gender inequality as well as a major obstacle to implement policies related to poverty alleviation (Sow, 2010). This infers to the achievement of the proposed "Sustainable Development Goals" through taking proper interventions, studying the status of women's participation in different areas including in household decision making with its determinates is compulsory. There is no doubt about the importance of assessing the position of women in household decision-making to empower them and to address the problem of gender inequality (Kabeer, 2005; Beteta, 2007; Upadhyay, et al., 2014; Pratley, 2016; Prata, et al., 2017).

Studying the position of women in household decision making at a country level is necessary to propose better policies and make intervention that empower women. Accordingly, countries like Nepal gave attention to studying the status of women in household decision making at macro level (Acharya, et al., 2010). In Ethiopia, however, researchers fixated only on measuring women's participation in decision making on health (Bogale, et al., 2011; Nigatu, et al., 2014; Belay, et al., 2016; Abate & Belachew, 2017; Alemayehu & Meskele, 2017; Wado, 2018; Tadesse, et al., 2019), violence (Hagos, et al., 2017; Ebrahim & Atteraya, 2019) and agricultural related issues (Mulugeta & Amsalu, 2004; Woldu, Tadesse & Waller, 2013; Baliyan, 2014). The other studies have principally focused on assessing the level of women participation in household decision making and at a local level (Mekonnen & Asrese, 2014; Regassa & Regassa, 2016).

When the first study (Mekonnen & Asrese, 2014) examined the effects of merely three variables including women education, annual household income and residence on the status of women in household decision making by taking sample from a single district out of >832 Ethiopian districts (geographically and culturally too limited), the second study (Regassa & Regassa, 2016) also studied women's autonomy in household decision makings in Sidama zone alone. Thus, due to (1) geographic delimitations, (2) cultural affiliations and (3) amount of sample size, it is too difficult to generalize for Ethiopia in which it has more than 80 nations, nationalities and peoples. These do not help to properly understand the position of Ethiopian women in household decision making and identify associated factors which imply the need for national studies in which the current study is meant for. Hence, this study was aimed at assessing the status of women's participation in household decision making and its determinants in Ethiopia. The study will strongly inform policy makers and other stakeholders to take immediate intervention measures to empower women in order to improve their participation in household decision making in Ethiopia.

3. Research Questions

The study's research questions were: What looks like women's status in household decision making in Ethiopia? What determinants are associated with Ethiopian women's participation in household decision making?

4. Empirical, Theoretical and Conceptual Frameworks

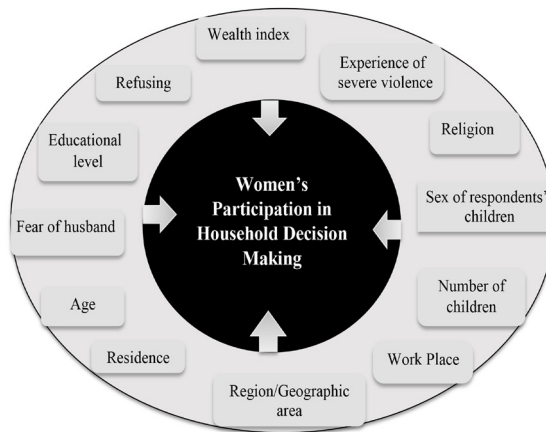
Regarding the factors which determine women's participation in decision making, most foreign studies found women's age as a basic determinant in household decision-making (Kritz & Makinwa-Adebusoye, 1999; Sathar & Kazi, 2000; Kiriti, Tisdell & Roy, 2003; Acharya, et al., 2010; Pambè, Gnomou & Kaboré, 2014; Amugsi, et al., 2016; Wahaga, 2018). While household income is another factor, findings from different countries such as Democratic Republic of the Congo (McKenna, et al., 2019), Nepal (Acharya, et al., 2010), Ghana (Amugsi, et al., 2016; Wahaga, 2018), and Burkina Faso (Pambè, Gnomou & Kaboré, 2014) revealed inconsistent effect of wealth index on women decision making autonomy. Similarly, when residence identified as a factor for Nepalese Women (Acharya, et al., 2010), it was insignificant in Ghana (Amugsi, et al., 2016) and Burkina Faso (Pambè, Gnomou & Kaboré, 2014). Unlike the finding of Acharya, et al. (2010) that shown a positive association of numbers of children and women's participation in household decision making, others (Amugsi, et al., 2016) found insignificant association. In case of religion, it is similar to a study conducted in Burkina Faso (Pambè, Gnomou & Kaboré, 2014), while a study done in Ghana found significant effect of religion (Amugsi, et al., 2016). A study on "Women's Household Decision-Making and Intimate Partner Violence in Ethiopia" revealed that women who faced domestic violence are less likely involved in decision-making (Ebrahim & Atteraya, 2019). Based on geographic areas and associated cultural affiliations, women's participation vary across regions within a given country (Acharya, et al., 2010; McKenna, et al., 2019). Residence of women is the other identified determinant of women's participation indecision-making (Adinkrah, 2017). In case of employment status, housewives are not tolerating violence thus are less likely interested to participate in decision makings (Acharya et al., 2010). Researchers (Strebel, O'Donnell & Myers, 2004) who explored the effect of frustration on consumer choice behavior found their negative association. However, various studies which focused on household (Mekonnen & Asrese, 2014; Regassa & Regassa, 2016), reproductive health (Tadele, et al., 2019) and health care (Alemayehu & Meskele, 2017) as well as household related studies of other countries such as in Nepal (Acharya, et al., 2010), Ghana (Amugsi, et al., 2016), Burkina Faso (Pambè, Gnomou & Kaboré, 2014), Uganda (Sell & Minot, 2018) and China (Carlsson, et al., 2009) underline the importance of women's education to freely make decisions.

This part deals about theoretical framework of the study. In pondering the above-mentioned factors, the researchers would like to test the association between the following theoretical (feminists) assumption and married women's status in household decision making in Ethiopia. It is a feminist belief to advocate women's rights and opportunities through busting the raveled sex related cultural inequalities in societies (Tong, 2009). As feminists argue, in patriarchal society females are underestimated (Lorber, 2010; Sultana, 2010; Makama, 2013; Nehere, 2016). Similarly, although the degree of subordination varies from community to community, in most Ethiopian societies, gender relations are patriarchal where power over economic, political and educational aspects is given to men y ostracizing women (Thubauville & Gabbert, 2014; Bekana, 2020). As a result, women from male household head might be subjugated by their husbands. Feminists argue that religious and community institutions preclude women on above-mentioned

grounds making them reliant on men (Nehere, 2016). Accordingly, in various religions and residential areas, the level of women's participation in household decision making can fluidly vary. Liberal feminism on the other hand, underscores that women should have equal opportunities to access their right including free will to their body with men (Lorber, 2010; Enyew & Mihrete, 2018). Here, non-willful sexual exploitation and violence against women are part of gender inequality (Lorber, 2010). Besides, male violence against women is a means of controlling women (Jóhannsdóttir, 2009). Therefore, women who do not refuse unwanted sex may face other forms of violence. For Marxist Feminism, a woman who works for her family or a housewife woman face deeper subordination by her husband than employed woman (Hossain, Ahmad & Siraj, 2016). Housewives tend to be less educated (Kitterød & Rønsen, 2011) and give high fertility rates (Güneş, 2013; Kim, 2016). Feminists also accentuated that low economic and educational status of women are manifestation of gender inequality (Lorber, 2010). Therefore, being a housewife, having less educational status and more children are interrelated variables which may adversely affect women's participation in household decision making.

Based on the aforementioned empirical and theoretical related literature reviews, the researchers assumed that the status of women's participation in household decision making is either positively or negatively influenced by variables such as women's age, education attainment, work place of residence, wealth index, religion, region, sex of respondents' children, number of children, experience of severe violence, refusing sex, and fear of husband.

Figure 1. Conceptual framework



Source: Developed by Authors

5. Methods

5.1. Study Design and Data Collection

It is a descriptive cross-sectional study based on the 2016 EDHS collected data. The study used data from the 2016 EDHS, which were conducted by the Central Statistical Authority (CSA) of Ethiopia and Opinion Research Corporation Company (ORC) Macro International. It was conducted in the nine Regional States of Ethiopia namely Tigray, Afar, Amhara, Oromia, Somali, Benishangul Gumuz, Southern Nations Nationalities and Peoples (SNNP), Gambella and Harari and Addis Ababa and Dire Dawa city Administrations (CSA

and ICF, 2016). It is a nationally representative sample survey, aged 15-49 years' women.

The survey collected detailed information on women's background characteristics, and their participation in different issues which needs their active decision. The survey also collected information from unmarried, married, living with partner, divorced and widowed women, however, for the purpose of this study, the researchers used only married women. This is due to the fact that unlike unmarried, divorced, widowed and living with partner women (who have an autonomous right to pass a decision in household issues), the position of married women in household decision making participation is highly influenced by their marital partners. From total of married women aged 15-49, the researchers used valid samples (n=3,676) selected variables (both dependent and independent variables) in this study.

The survey datasets used in this study was based on publicly available online dataset (http://dhsprogram.com/data/dataset/Ethiopia_Standard-DHS_2016.cfm?flag=0) with no participant's identity. After registering with the DHS website, approval was sought from MEASURE EDHS/ICF International and permission was granted for this use.

5.2. Variables & Measurement

Dependent Variables

The dependent variable was women's participation in household decision making. In the 2016 EDHS, this variable was measured by the extent of their participation on the following types of household decisions on: health care, large household purchases, visits to family or relatives, and decision on what to do with money husband earns (DHS data, 2016). Accordingly, for this study, women's participation in household decision making was measured by the extent of their participation on 'decision on health care', 'decision on large household purchases', 'decision on visits to family or relatives', and 'decision on what to do with money husband earns'.

The 2016 EDHS data measured the level of women's participation in household decision making by asking women to respond to one of the six alternatives. These were 'alone', 'with husband/partner', 'with other persons', 'someone else' and 'others. Accordingly, this study assumed women who reported 'alone', 'with husband/partner' and 'with other persons' as they had 'good level of participation in household decision making', while those who replied 'husband/partner alone', 'someone else' and 'others' were considered as they had 'poor level of participation in household decision making'. Thus, each indicator was coded as a (0, 1) binary variable where category 0 represents a poor level of decision making and category 1 represents a relatively good level of decision making. By adding the responses given for each variable, the sum of women's participation in decision making was measured. The median value was used to categorize a woman either in poor level of decision making or relatively in good level of decision making. Consequently, the sum value less than the median was categorized as poor level of women's decision making and the value greater than or equal to the median was categorized as good level of women's decision making and coded (0, 1) respectively.

Independent Variables

The proposed explanatory variables which determine women's participation in household decision making were women's age, education status, work place, place of residence, wealth index, religion, region, sex of respondents' children, experience of severe violence, refusing sex, and fear of husband. The EDHS poses several questions on these indicators. Except measurements for four variables (women's age, educational status, wealth

index, and number of children), the EDHS measurements for each variable were adopted.

The adapted measurements include: (1) age of respondents was an open ended question, but like a study that focused on modern contraceptive use and associated factors among married women (Asfaw & Asfaw, 2020), it is adapted in three categories such as 15-24, 25-34 & 35-49 years old. (2) For educational attainment, the DHS used six responses such as no education, incomplete primary, primary, incomplete secondary, secondary and higher. Studies done using DHS data on “the effect of maternal health service utilization in early initiation of breast feeding among Nepalese mothers” (Ghimire, 2019) as well as “women empowerment and their reproductive behavior among currently married women in Ethiopia” (Tadesse, 2018) have used ‘illiterate’, ‘primary’, ‘secondary’ and ‘higher’ to measure this variable. For the purpose of this study, incomplete primary and primary, and incomplete secondary and secondary also merged into ‘primary’ and ‘secondary’ respectively. (3) Similar to educational attainment, in wealth index, the categories poorest and poor, and rich & richest were merged into poor, and rich respectively. Other studies (Mekonnen & Asrese, 2014; Alemayehu & Meskele, 2017; Ebrahim & Atteraya, 2019; Tadele, Tesfay & Kebede, 2019) have also used these variables to measure wealth index. (4) Originally, number of children was measured through scale. But for this study it is recoded into ordinal as: 1=1-2, 2=3-4, and 3=5 & more.

In a nutshell, operational definition of dependent and independent variables of the study has summarized in the following table.

Table 1: Operational Definition of Dependent and Independent Variables

Variables	Description	Measurement Scale: Definition
Dependent variable		
Women's Participation in household decision making	This was defined as whether women participation in household decision making is ‘poor’ or ‘good’.	Dichotomous as 0=poor level of women’s decision making & 1=good level of women’s decision making
Independent variables		
Age	Age of respondents at the time of the survey	Scale, but recoded as Ordinal: 1=15-24, 2=25-34 & 3=35-49 years
Education attainment	Respondents educational level	Ordinal: 0=no education, 1=primary education, 2=secondary education & 3=higher education
Work place	Respondents’ working status at the time of the survey	Ordinal but recoded as: 0=housewife/ unemployed & 1=employed
Wealth Index	This variable is constructed from a household’s durable assets using a principal component analysis	Ordinal: 1=poor, 2=middle & 3=rich
Religion	Religious affiliation of respondents	Nominal: 1=Orthodox, 2=Muslim, 3=Protestant, 4=Traditional & 5=others

Variables	Description	Measurement Scale: Definition
Region	Place/region of respondents	Nominal: 1=Tigray, 2=Afar, 3=Amhara, 4=Oromia, 5=Somali, 6=Benishangul, 7=SNNPR, 8=Gambela, 9=Harari, 10=Addis Ababa & 11=Dire Dawa
Sex of respondents' children	Sex of respondents' children	Nominal: 1=male & 2=female
Number of children	Total children respondents ever born	Scale, but recoded as Ordinal: 1=1-2, 2=3-4, & 3= 5 and more
Experience of severe violence	Experience of severe violence by husband or partner	Nominal: 0=no & 1=yes
Refusing sex	Respondents can refuse sex	Nominal: 0=no & 1=yes
Fear of Husband	Respondents fear of husband	Nominal: 0=Never Feared & 1=Feared

5.3. Data Analysis

Prior to embarking on to the analysis, the data cleaning was done to identify the missing variables/values. Furthermore, coding or recoding of variables and keeping or dropping of variables was carried out. Henceforth, the data obtained from 2016 EDHS were analyzed through SPSS version 22 in three levels. First, the univariate/descriptive statistics was used to summarize the socio-demographic variables of the study participants using frequency and percentages. Second, the bivariate analysis was done using the chi-square test ($p < 0.05$) to identify the socio-demographic variables that were significantly associated with women's participation in household decision making in Ethiopia. Finally, analysis of the determinants of women's participation in household decision making was carried out using binary logistic regression. This is because of the dependent variable (women's participation in household decision making) was dichotomized as 'poor level of women's decision making' and 'good level of women's decision making'.

For binary logistic regression analyses, statistical inferences were made on the basis of estimates of the odds ratio (OR) with 95% confidence level and 5% margin of error or p-value less than 0.05. The study used unadjusted odds ratio to estimate the gross effect of each independent variable on the outcome variable. The independent variables that had an association of a p-value less than 0.05 with the outcome variable were taken for the multiple or adjusted analysis. Accordingly, the following variables: women's education status, work place, place of residence, wealth index, religion, region, number of children, experience of severe violence, refusing sex and fear of husband were fitted into the final model.

Before reporting the result of adjusted odds ratio, a number of models were checked and fitted until the significant variables were screened for the final model. Firstly, the overall goodness of fit was conducted via the Hosmer-Lemeshow test. The result of this analysis's P-value (0.606) was greater than the level of significance $\alpha = 0.05$, hence data fits the model well. Because in Hosmer-Lemeshow test, an insignificant chi-square indicates a good fit to the data (Hosmer & Lemeshow, 2000). Moreover, the final model of the logistic regression was assessed for its robustness using methods of checking multicollinearity. Multicollinearity refers to the relationship between any two

independent variables. It can be checked by three methods: correlation matrices, tolerance, and variance of inflation factors (VIF) (Schreiber-Gregory & Jackson, 2017). The correlation matrix is simply a table produced as one of the logistic regression results that indicates the correlation between two explanatory variables (Chan, 2004). There is problem of multicollinearity if the correlation of any two variables is 0.8 and more (Chan, 2004; Schreiber-Gregory & Jackson, 2017). The maximum correlation matrix analysis of this study was 0.5, which indicates an absence of problem of multicollinearity. The tolerance value of 0.1 & less and the VIF value of 10 & more are the other indicators of the presence of high multicollinearity (Williams, 2015; Schreiber-Gregory & Jackson, 2017). Therefore, since the tolerance and VIF values of this study were ranged from 0.559 to 0.982 and 1.025 to 1.788 respectively, there was no a problem of multicollinearity.

6. Results

6.1. Background Characteristics of the Respondents

As it has shown in Table 2, the relative majority (46.5%) of women were found 25-34 years old. When only (3.7%) women had higher education status, the majority (62.4%) women were illiterate. The vast majority (79.1%) women were rural residents. The majority (68.1%) women were housewife/unemployed. With regard to religion, the top two majorities were found in Muslim (44.2%) and Orthodox Christian (34.8%) women, while the least two were Catholic (0.4%) and others religion (0.7%) followers. The sample distribution across regions and two federal city administrations revealed that the relative majority were from Oromia, SNNPR and Amhara, 535(14.6%), 506(13.8%), and 436(11.9%) respectively. By sex of respondents' children, proportional to 51.8% with 48.2% male-to-female child, the relative majority 38.9% were rearing five and more children. Interestingly, 92.2% of women were inexperienced with severe violence. Regarding to sexual intercourse, 53% of women can refuse to have sexual intercourse with their husbands. Many women (57.4%) have been frustrated by their husbands due to the fear the husbands create.

Table 2: Socio-demographic Variables (n=3676)

Background Characteristics of Women		Frequency	Percent
Age	15-24 years	739	20.1%
	25-34 years	1709	46.5%
	35-49 years	1228	33.4%
	Total	3676	100%
Education attainment	No education	2293	62.4%
	Primary education	962	26.2%
	Secondary education	284	7.7%
	Higher education	137	3.7%
	Total	3676	100%
Work place	Housewife/unemployed	2502	68.1%
	Employed	1174	31.9%
	Total	3676	100%
Place of Residence	Urban	768	20.9%
	Rural	2908	79.1%
	Total	3676	100%

Wealth Index	Poor	1780	48.4%
	Middle	550	15%
	Rich	1346	36.6%
	Total	3676	100%
Religion	Orthodox	1278	34.8%
	Catholic	16	0.4%
	Protestant	702	19.1%
	Muslim	1623	44.2%
	Traditional	33	0.9%
	Others	24	0.7%
	Total	3676	100%
Region	Tigray	342	9.3%
	Afar	310	8.4%
	Amhara	436	11.9%
	Oromia	535	14.6%
	Somali	384	10.4%
	Benishangul	317	8.6%
	SNNPR	506	13.8%
	Gambela	262	7.1%
	Harari	211	5.7%
	Addis Ababa	184	5.0%
	Dire Dawa	189	5.1%
Total	3676	100%	
Sex of respondents' children	Male	1904	51.8%
	Female	1772	48.2%
	Total	3676	100%
Number of children	1-2	1217	33.1%
	3-4	1030	28.0%
	≥ 5	1429	38.9%
	Total	3676	100%
Experience of severe violence	No	3415	92.9%
	Yes	261	7.1%
	Total	3676	100%
Refusing sex	Yes	1950	53.0%
	No	1726	47.0%
	Total	3676	100%
Fear of husband	Never Feared	1566	42.6%
	Feared	2110	57.4%
	Total	3676	100%

Source: 2016 Ethiopian Demographic and Health Survey

6.2. Determinants of Women's Household Decision

The Bivariate analysis of women's participation in household decision making by socio-demographic variables in Table 3 disclosed that from a total of 3676 married women the majority 2348(63.87%) were found in 'good level of participation in household decision making and the rest 1328(36.13%) women were found in poor position. Variables such as women's education attainment, work place, place of residence, wealth index, religion, region, number of children, experience of severe violence, refusing sex and fear of husband were statistically associated with women's participation in household decision making.

The participation of women in household decision making increased when women's educational level increased. Women with no education (60.7%), women with primary education (65.8%), women with secondary education (75%), and women with higher education (81%) had participated in household decision making. Women's educational status and women's participation in household decision making was associated at $P < 0.001$. Employed women were more likely to participate in household decision making (70.2%) compared to unemployed/housewife women (60.9%).

The participation of urban women in household decision making was better (74.2%) than rural women (61.1%). The proportion of women who participated in household decision making increased as the level of wealth increased, from poor (58.4%) to rich (71.5%). In terms of religion, women's participation in household decision making was higher among Orthodox Christian women (70.3%), followed by Muslim (61.4%) and Protestant women (60.1%). The reported women's participation in household decision making was higher among women who resides at Harari (84.8%), followed by Addis Ababa (77.2%), Amhara (75.7%) and Dire Dawa (68.3%).

The odds of women's participation in household decision making decreased among women who experienced severe violence (64.6%) compared to those who did not experiencing severe violence (54.8%). Women who did not refused sex were more likely to participate in household decision making than who did. As the above table inferred, the majority of women (57.4%) feared their husband. In regard to women's participation in household decision making, women who never feared their husband had better participation (69%) than women who feared (60%) their husband.

Regarding number of children, women with 3-4 children had better (66.6%) participation than those who had 1-2 children (65.6%) and 5 and more children (60.5%). This infers that the effect of numbers of children on women's household decision making participation is neither positive nor negative.

Table 3: Bivariate Analysis of Women's Participation in Household Decision Making by socio-demographic variables (n=3676)

Table 3: Bivariate Analysis of Women's Participation in Household Decision Making by socio-demographic variables (n=3676)

Background Characteristics of Women		Women's Participation in Household Decision Making			
		Poor=N (%)	Good=N (%)	Total=N (%)	P-value
Age	15-24 years	289(39.1)	450(60.9)	739(100)	.148
	25-34 years	598(35)	1111(65)	1709(100)	
	35-49 years	441(35.9)	787(64.1)	1228(100)	
Education attainment	No education	902(39.3)	1391(60.7)	2293(100)	.000
	Primary education	329(34.2)	633(65.8)	962(100)	
	Secondary education	71(25.0)	213(75.0)	284(100)	
	Higher education	26(19.0)	111(81.0)	137(100)	
Work place	Housewife/unemployed	978(39.1)	1524(60.9)	2502(100)	.000
	Employed	350(29.8)	824(70.2)	1174(100)	
Place of Residence	Urban	198(25.8)	570(74.2)	768(100)	.000
	Rural	1130(38.9)	1778(61.1)	2908(100)	
Wealth Index	Poor	740(41.6)	1040(58.4)	1780(100)	.000
	Middle	204(37.1)	346(62.9)	550(100)	
	Rich	384(28.5)	962(71.5)	1346(100)	
Religion	Orthodox	380(29.7)	898(70.3)	1278(100)	.000
	Catholic	8(50)	8(50)	16(100)	
	Protestant	280(39.9)	422(60.1)	702(100)	
	Muslim	626(38.6)	997(61.4)	1623(100)	
	Traditional	16(48.5)	17(51.5)	33(100)	
	Others	18(75)	6(25)	24(100)	
Region	Tigray	123(36)	219(64)	342(100)	.000
	Afar	143(46.1)	167(53.9)	310(100)	
	Amhara	106(24.3)	330(75.7)	436(100)	
	Oromia	176(32.9)	359(67.1)	535(100)	
	Somali	171(44.5)	213(55.5)	384(100)	
	Benishangul	114(36)	203(64)	317(100)	
	SNNPR	226(44.7)	280(55.3)	506(100)	
	Gambela	135(51.5)	127(48.5)	262(100)	
	Harari	32(15.2)	179(84.8)	211(100)	
	Addis Ababa	42(22.8)	142(77.2)	184(100)	
	Dire Dawa	60(31.7)	129(68.3)	189(100)	

Sex of respondents' children	Male	700(36.8)	1204(63.2)	1904(100)	.404
	Female	628(35.4)	1144(64.6)	1772(100)	
Number of children	1-2	419(34.4)	798(65.6)	1217(100)	.002
	3-4	344(33.4)	686(66.6)	1030(100)	
	≥5	565(39.5)	864(60.5)	1429(100)	
Experience of severe violence	No	1210(35.4)	2205(64.6)	3415(100)	.002
	Yes	118(45.2)	143(54.8)	261(100)	
Refusing sex	Yes	806(41.3)	1144(58.7)	1950(100)	.000
	No	522(30.2)	1204(69.8)	1726(100)	
Fear of husband	Never Feared	485(31)	1081(69)	1566(100)	.000
	Feared	843(40)	1267(60)	2110(100)	

Notes: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Source: 2016 Ethiopian Demographic and Health Survey

The Multivariate logistic regression analysis of the association between women's status in household decision-making and its associated factors in Table 4 indicated that the association between two variables including place of residence and wealth index with women's status in household decision making was insignificant.

Women who did not refuse having sexual intercourse with their husband are 1.384 times more likely to participate in household decision making than those who were refused (AOR=1.384;95%CI=.1.192,1.606). Women who experienced severe violence are less likely be participated than those who did not experience violence (AOR=.662;95%CI=.506,.866). In case of geographic area, women in Amhara Regional State are 1.96 times (AOR=1.96; 95%CI=1.421,2.703), Oromia Regional State 1.619 times (AOR=1.619; 95%CI=1.159,2.261) and Harari Regional State 3.841 times (AOR=3.841;95%CI=2.370,6.224) more likely to participate compared with women of Tigray Regional State. Inversely, women in Gambela Regional State by 50.1% less likely to participate than in Tigray Regional State (AOR=.499; 95%CI=.338,.737).

Women with secondary and higher educational status are 1.483 (AOR=1.483;95%CI=1.060,2.076) and 1.882 (AOR=1.882;95%CI=1.141,3.105) times more likely to participate in household decision making than those who are illiterate. This infers that educational attainment of women had a direct/positive relationship with their level of participation in household decision making. Being housewife/unemployed women reduced the likelihood of their participation in household decision making. In other words, employed women are 1.393 times more likely to participate in household decision making than housewives (AOR=1.393;95%CI=1.184,1.639). Concerning religion, women who were categorized under others 'religion' are less likely (by 71.1%) to participate in household decision making (AOR=.28.9;95%CI=.109,.767) compared with Orthodox Christian women. Women who did not fear their husbands are 1.391 times more likely to participate in household decision making (AOR=1.391;95%CI=1.196, 1.618) than those who feared their husbands.

The study finding implies that adopting a specific policy direction that guides planning, budgeting, implementation and evaluation of interventions to cope up with the present poor position of women's participation in household decision making

would be among the top priority tasks of the government. The policy may guide the NGOs and local government bodies to work on the provision of necessity supports.

Table 4: Logistic Regression Analysis of the Determinants of Women's Participation in Household Decision Making in Ethiopia

Determinant Variables		Women's participation in household decision making	
		Unadjusted OR (95%CI)	Adjusted OR (95%CI)
Education attainment	No education	1(Ref)	1(Ref)
	Primary education	1.248(1.066,1.460)**	1.120(.930,1.348)
	Secondary education	1.945(1.468,2.577)***	1.483(1.060,2.076)*
	Higher education	2.768(1.792,4.278)***	1.882(1.141,3.105)*
Work place	Housewife	1(Ref)	1(Ref)
	Employed	.662(.570,.768)***	1.393(1.184,1.639)***
Place of Residence	Urban	1.830(1.531,2.186)***	1.167(.897,1.520)
	Rural	1(Ref)	1(Ref)
Wealth Index	Poor	.561(.482,.653)***	.910(.742,1.115)
	Middle	.677(.549,.835)***	.917(.719,1.170)
	Rich	1(Ref)	1(Ref)
Religion	Orthodox	1(Ref)	1(Ref)
	Catholic	.423(.158,1.136)	.657(.233,1.853)
	Protestant	.638(.526,.773)***	1.193(.915,1.555)
	Muslim	.674(.577,.788)***	.899(.718,1.1250)
	Traditional	.450(.225,.899)*	.751(.360,1.568)
	Others	.141(.056,.358)***	.289(.109,.767)*
Region	Tigray	1(Ref)	1(Ref)
	Afar	.656(.479,.898)**	.885(.605,1.294)
	Amhara	1.749(1.281,2.386)***	1.960(1.421,2.703)***
	Oromia	1.146(.861,1.524)	1.619(1.159,2.261)**
	Somali	.700(.519,.943)*	.943(.649,1.369)
	Benishangul	1.000(.727,1.375)	1.146(.803,1.636)
	SNNP	.696(.525,.922)*	.773(.545,1.095)
	Gambela	.528(.381,.733)***	.499(.338,.737)***
	Harari	3.142(2.031,4.860)***	3.841(2.370,6.224)***
	Addis Ababa	1.899(1.261,2.858)**	1.236(.779,1.963)
	Dire Dawa	1.208(.828,1.762)	1.272(.829,1.952)
Number of children	1-2	1(Ref)	1(Ref)
	3-4	1.047(.879,1.248)	1.278(1.055,1.548)*
	≥5	.803(.685,.941)**	1.155(.958,1.393)
Experience of severe violence	No	1(Ref)	1(Ref)
	Yes	.665(.516,.857)**	.662(.506,.866)**

Refusing sex	Yes	1(Ref)	1(Ref)
	No	1.625(1.417,1.863)***	1.384(1.192,1.606)***
Fear of husband	Never Feared	1.483(1.292,1.703)***	1.391(1.196,1.618)***
	Feared	1(Ref)	1(Ref)

Notes: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Source: 2016 Ethiopian Demographic and Health Survey

7. Discussion

Using the 2016 Ethiopian EDHS, the study examined the status of women's participation in household decision making and its determinants. Although the majority (63.87%) of married women have good status in participating on household decision making, the remaining (36.13%) of women who are poorly participating in household decision making needs special attention. But in comparison to a local study done in a single district i.e. at Dabat in Ethiopia (Mekonnen & Asrese, 2014), this study disclosed some improvements of women's participation. The reason might be associated with studies' variation due to scope and time differences and action that have taken by both government and non-governmental bodies to empower Ethiopian women. Nevertheless, still the study underlines the importance of working more to empower women. Therefore, the study identified associated factors that can effectively improve women's participation in household decision making.

Many studies done in Nepale (Acharya, et al., 2010), Ghana (Amugsi, et al., 2016; Wahaga, 2018), Burkina Faso (Pambè, Gnoumou & Kaboré, 2014), Kenya (Kiriti, Tisdell & Roy, 2003), Nigeria (Kritz & Makinwa-Adebusoye, 1999), and Pakistan (Sathar & Kazi, 2000) identified age of women as an important indicator for their level of participation in household decision making albeit this study found insignificant effect of age. This incongruence might have stemmed from standards and socio-cultural issues related to the variable that are not identical across countries.

Like the study done in Ghana (Amugsi, et al., 2016) and Burkina Faso (Pambè, Gnoumou, and Kaboré, 2014), this study found insignificant effects of residence in women's participation in household decision making, whereas it is inconsistent with a study done on Nepalese Women (Acharya, et al., 2010). The possible justification might be the cultural identity of Africans (Ethiopia, Ghana and Burkina Faso) is somehow different from Nepal.

The assumption given by feminists (Lorber, 2010; Enyew & Mihrete, 2018) directed the presence of positive association between women who refuse unwanted sex and their higher probable position of household decision making, while this study divulged poor household decision making participation of women who refuse sex than who do not.

About the relation between violence and women's participation, feminists (Lorber, 2010) asserted that women who experienced violence less likely participate in household decision-making. This finding also confirms with other study which principally focused on examining the association between women's autonomy in household decision-making and the occurrence of intimate partner violence among Ethiopian women using the 2016 EDHS data (Ebrahim & Atteraya, 2019). This might be to escape themselves from risks that probably proceed with their decisions if the consequence is not good. This is due to the fact that although the sources of violence against women are many and complex, one is from their interaction with husbands (WHO, 2002). Besides, it might be due to the fact that violence against women is a means of con-

trolling women not to contribute their part like in decision making (Jóhannsdóttir, 2009).

Researchers (Acharya, et al., 2010; McKenna, et al., 2019) examined and found status difference of women in household decision making across geographic areas and communities within a given country. For instance, the study done in Nepal found that the participation differences of women across Eastern, Central, Western, Mid-western, and Far-western areas of the country (Acharya, et al., 2010). Likewise, in this study, women in Amhara Regional State, Oromia Regional State, and Harari Regional State more likely participate than women of Tigray Regional State. Inversely, women in Gambela Regional State less likely participate than Tigray Regional State's women. The finding can also be comparable with feminists' assumption (Nehere, 2016).

Regarding the association between number of children and the level of women's participation, albeit the finding in Ethiopia (Mulugeta & Amsalu, 2014) that principally assessed rural women's participation in animal husbandry found statically significant differences, this study's finding publicized insignificance differences of women's participation in household decision making due to their number of children. The possible justification for the inconsistency of the findings might be due to (Mulugeta & Amsalu, 2014) women's participation in animal husbandry needs more labor forces in the previous study.

Consistent with other researchers (Acharya, et al., 2010) and feminists' assumption (Lorber, 2010; Hossain, Ahmad & Siraj, 2016; Nehere, 2016), the status of employed women in household decision making is likely better than housewives. The reason might be that economic dependence of women makes them to feel too low self-confidence to engage in decision making.

The study found that educational attainment of women had a direct positive relationship with their level of participation in household decision making. It goes in line with Feminists assumption (Lorber, 2010) and certain empirical studies which focused on household (Mekonnen & Asrese, 2014; Regassa & Regassa, 2016), reproductive health (Tadele, et al., 2019), health care (Alemayehu & Meskele, 2017) and agriculture (Woldu, Tadesse & Waller, 2013) related issues consistently finds better participation of women's decision making when their educational status is higher. Similarly, studies from other countries such as Nepal (Acharya, et al., 2010), Ghana (Amugsi, et al., 2016), Burkina Faso (Pambè, Gnoumou & Kaboré, 2014), Uganda (Sell & Minot, 2018) and China (Carlsson, et al., 2009) finds a positive association of women's education and participation in decision making. The probable justification might be that the betterment of wives' education status gives relatively better confidence to involve in decision making to express their feeling freely. Women who were not frustrated by their husbands more likely participate in household decision making. In this regard, a study done to explore the connection between frustration and consumer choice behavior finds negative association of frustration and decision making (Strebel, O'Donnell & Myers, 2004).

8. Conclusion and Recommendation

Social development cannot be attained without full participation of women. In household decision making, the role of women is significantly important. Nevertheless, this study found 36.13% of women in Ethiopia could not participate in household decision-making. The decision was made either by 'their husband/partner alone', 'someone else', or 'any other'. This research finding revealed that the significant associated factors with women's poor level of participation were education status, work place, region and religion as well as women who faced violence as they refused sexual intercourse. In order to enhance women's participation in household decision making, the following recommendations are forwarded.

The government office of gender affairs, from central to local level, shall devote its resources in supporting women who experience gender-based violence. This may be through providing proper guidance and counseling for victim women as well as broadcasting information that aims on awareness raising about the effect of violence using Mass Medias like Radio and Television. To some extent, the level of women's participation in household decision making is significantly different across Regional States of the country. Hence, the Federal Government of Ethiopia should give special attention to support women who are dwellers of Gambela Regional State. In doing so, the Federal Government in collaboration with the Regional State can work on awareness creation about the importance of women's participation. In view of the fact that women's educational status and their level of participation in household decision making have positive association; the government should strongly continue its plan to implement on girls schooling. Moreover, focusing on awareness creations about women's empowerment and gender equality in each community using mass media (radio and television) and community mobilization may be important to address the gaps. To address poor level of housewife/unemployed women's participation in household decision making, the Federal government in cooperation with NGOs and regional governments should strengthen its current attention in creating work opportunities for women. Since wives who fear their husband are less likely to participate in household decision making, the study also calls both on NGOs and governmental organizations to provide psychosocial support in order to mitigate women's nonparticipation in decision making.

DECLARATION

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Ethics Approval

The data were downloaded and used in this study after receiving permission through registering with the DHS website. Therefore, no ethics approval was required.

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