**RESEARCH ARTICLE**

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## FACTORS ASSOCIATED WITH WOMEN'S DECISION-MAKING IN BANGLADESH

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**ABSTRACT**

This study is designed to examine the determinants which affect women's participation in decision-making on health care, household purchases and visits to family or relatives in Bangladesh. The study used 17842 ever married women of reproductive age (15-49) from Bangladesh Demographic and Health Survey (BDHS), 2014. Bivariate data analysis is performed to determine the association of women's participation in decision making on health care, household purchases and visits to family or relatives with possible determinants followed by fitting logistic regression model to assess the effects of these variables. About 63% women, 60% women and 61% women have active participation in decision making on health care, household purchases and visits to family or relatives respectively. Religion, Residence, Number of living Children, Working status, Educational attainment, Media exposure, Wealth index and Sex of household head showed statistically significant association with women's participation in decision-making on health care, household purchases and visits to family or relatives.

**Keywords:** Decision-making, Bivariate analysis, Logistic Regression

## 1.1  Introduction

Women are born with equal rights as men but people make this difference and discriminations on the ground of gender. God has not made anyone superior and inferior on basis of gender but females are always the second priority for every task in many less developed countries. From birth to death women face many discriminations and atrocities. Women do not have rights to decide their own educational field, career, life-partner etc. (Russell Kabir (2017)). They grow under the fear of society and family which abolish their confidence and keep them away from decision-making. Talking about personal empowerment, many times women do not have rights to decide what to wear, where to go, where to study, where to work (Davis LM et al. (2014)).These all decisions are taken by their parents or siblings. It is not wrong to take guidance of elder members in the family but there should be self-opinion and decision too. They have to face atrocities like physical harassment, rapes, dowry killings, human trafficking, acid attacks etc. Women are dominated at every phase of life because of gender**.** This should stop somewhere for being a safe country for women.

Bangladesh with 16 million populations is the eighth most populous countries in the world (Mainuddin Rawal LB and Islam A (2015)) where sex ratio is about 100:103 which mean that half of this nation population is females. But here the gender inequality is so high especially in the rural areas (Acharya M and Bennett L (1983)). There are several sources of power, such as personality, organizational, property, wealth, and class.  Where women's empowerment is a complex term that captures a multitude of constructs: control of household resources and assets, decision making capabilities, position in society, and knowledge level. Haque et al. (2011) noticed that there prevails a mid-level of women empowerment but autonomy level of Bangladeshi women is absolutely low. BDHS (2011) demonstrated that women fall behind men owing to some critical factors, such as educational acquisition, literacy, employment, exposure to mass media, contribution to women's empowerment and exercising remarkable influence on the development of women's personality and on strengthening their position in the household and society in general. The United Nations Development Program (UNDP) (2011) reported that Bangladesh ranks 112 out of 187 countries in context of Gender Inequality Index which implies a composite measure reflecting inequality in achievements between women and men in three dimensions: reproductive health, empowerment, and the labor market. Bennholdt-Thomsen (1988) stated that Bangladesh ranks 69 out of 135 countries in terms of gender equality reported in 2011 Gender Gap Index developed by world economic forum. Thus, based on both gender-related indices, Bangladesh took place in bottom half of countries included in each index. Thus, without considering empowerment of half of the population, sustainable economic development can't be achieved. Therefore, the full participation and partnership of both women and men are necessary in productive and reproductive life, including the sharing of responsibilities for the care and nurture of children as well as the maintenance of the household. In according to Jejeebhoy (2000), the ability to make choices can be a function of several factors, such as women's economic decision making, child-related decision making, and freedom of movement, power relations with their spouse, and access to and control over resources (Schwefel D (1986)).

It is very necessary for all men to understand the power of women and let them go ahead to make themselves independent and power of the family and country(Blumberg, R L (1991)). Gender equality is the first step to bring women empowerment. Men should not understand that women are made only to handle household chores or take responsibility of home and family. Instead, both (men and women) are responsible for everything of daily routine (Tiano (2001)). Men too need to understand their responsibility of home and family and all other works women do so that women can

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get some time to think about themselves and their career. Every person need to change their mind towards women and strictly follow all the rules made for women empowerment.

### 1.2 Objectives of the Study

The objective of this study is to describe, explore and explain the determinants of decision making power of women in family. The study will attempt to meet the following aims:

- To estimate the current status of women participation in decision making about own health care, purchases large household and visits to relatives or family.

- To investigate the association between some demographic and socio economic factors related to women participation in decision making.

- To analyze the factors influencing participation of women decision making by logistic regression analysis.

- Making some recommendations with the aim of achieving a further improvement of participation of women decision making.

### 2. Methodology

### 2.1 Data Sources

The study uses secondary data from the Bangladesh Demographic and Health Survey (BDHS), 2014. The worldwide Demographic and health survey serve as a source of population and health data for policymakers and the research community. The 2014 Bangladesh Demographic and Health Survey (2014 BDHS) was implemented under the authority of the National Institute for Population Research and Training (NIPORT), of the Ministry of health and family welfare of Bangladesh. The survey was conducted by Mitra from June to November 2014.

### 2.2 Variables

Bangladesh Demographic Health Survey (BDHS) 2014 considers a lot of factors regarding the demographic condition of Bangladeshi people. In our study we are considering several dependent and independent factors regarding the objective of our study.

### 2.2.1 Dependent Variable

In BDHS questionnaire asked about three types of women's autonomy in decision making. These are own health care, large household purchases and visits to her family or friends where each question has six responses: 1-respondent alone, 2- respondent and husband/partner, 3- respondent and other person, 4- husband/partner alone, 5-someone else and 6-others. For the analysis to create binary variable grouped the first three responses 1-3 as respondent participate as "yes" and rest of three responses 4-6 as respondent do not participate as "no".

$$Y = \begin{cases} 1, \text{if the ith respondent participates in dicission making} \\ 0, \text{if the ith repondent can'tparticipate in dicission making} \end{cases}$$

For three different categorical dependent variables, three different logistic regression models are generated using the same independent variables. To understand the association of the variable contingency table along with chi square test is also been used. Some statistical tools are also used check the goodness of fit of the model.

**2.2.2 Independent Variables**

In Bangladesh Demographic Health Survey concerns a lot of information's regarding the women's participation in social activities which may reflect the social status of them. From the large repository of variables we have used some influential explanatory variables as "Wealth index, Number of household members, Sex of household head, Number of living children, Respondent's working status, Husband's education level, Husband's occupation" in our research. Some demographic variable like, Age, Religion, Division, Residence, Educational attainment, Literacy, Reading newspaper or magazines, Watching television have some impact on our dependent variable. These variables are incorporated to study based on the research objectives and the association with the dependent variable.

**2.3 Statistical Techniques**

To understand the association of the variables chi square test has been performed. Binary logistic regression analysis has been done for the generated categorical dependent variables with the significant independent variables. Some statistical tools are also used check the goodness of fit of the models.

**3. Data Analysis**

Here the table shows that distribution of women's participation in decision making by various background characteristics of the respondents and associations between them are explored using cross-tabulation and the chi-squared test. Factors found to be significantly associated at 95% level of significance and $p<0.05$.

**Table 3.1: Percent of women's participation in decision making.**

| Variables | Categories | No. of Respondents | Percentage |
|---|---|---|---|
| Decision making on respondent's health care | Yes | 10639 | 63.20 |
|  | No | 6183 | 36.80 |
| Decision making on large household purchases | Yes | 10042 | 59.70 |
|  | No | 6780 | 40.30 |
| Decision making on visits to family or relatives | Yes | 10297 | 61.20 |
|  | No | 6525 | 38.80 |

From the table we observed that women participation in decision making on health care is 63.20% whereas about 60% women can take part on large household purchasing. Taking decision on visiting family or relatives, 61.20 % women expressed their opinion as positive.

**Table 3.2: Association of demographic and socio economic factors with women's participation in decision making.**

| Variables | Categories | Own health care | | | Purchases large household | | | Visits to her family or relatives | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Yes (%) | No (%) | P-value | Yes (%) | No (%) | P-value | Yes (%) | No (%) | P-value |
| Religion | Muslim | 9567 (63) | 5625 (37) | | 9015 (59.3) | 6177 (40.7) | | 9233 (60.8) | 5959 (39.2) | |
| | Hindu | 966 (64.4) | 535 (35.6) | 0.00 | 923 (61.5) | 578 (38.5) | 0.00 | 960 (64) | 541 (36) | 0.00 |
| | Others | 105 (82) | 23 (18) | | 103 (80.5) | 25 (19.5) | | 104 (81.2) | 24 (18.8) | |
| Residence | Urban | 3828 (66.7) | 1909 (33.3) | 0.00 | 3733 (65.1) | 2004 (34.9) | 0.00 | 3835 (66.8) | 1902 (33.2) | 0.00 |
| | Rural | 6811 (61.2) | 4274 (38.6) | | 6309 (56.9) | 4776 (43.1) | | 6462 (58.3) | 4623 (41.7) | |
| Number of living children | 0 | 851 (48.2) | 914 (51.8) | | 700 (39.7) | 1065 (60.3) | | 772 (43.7) | 993 (56.3) | |
| | 1 | 8959 (65.2) | 4787 (34.8) | 0.00 | 8561 (62.3) | 5185 (37.7) | 0.00 | 8709 (63.4) | 5037 (36.6) | 0.00 |
| | 2 | 808 (63.4) | 467 (36.6) | | 762 (59.8) | 513 (40.2) | | 798 (62.6) | 477 (37.4) | |
| | 3 | 21 (58.3) | 15 (41.7) | | 19 (52.8) | 17 (47.2) | | 18 (50) | 18 (50) | |
| Working status | Yes | 3507 (60.8) | 1576 (39.2) | 0.00 | 3433 (56.3) | 1650 (43.7) | 0.00 | 3367 (59) | 1716 (41) | 0.00 |
| | No | 7129 (69) | 4605 (31) | | 6605 (67.5) | 5129 (32.5) | | 6926 (66.2) | 4808 (33.8) | |
| Educational attainment | No education | 2333 (62.9) | 1379 (37.1) | | 2285 (61.6) | 1427 (38.4) | | 2346 (63.2) | 1366 (36.8) | |
| | Primary | 3062 (62.3) | 1852 (37.7) | 0.00 | 2936 (59.7) | 1978 (40.3) | 0.00 | 2940 (59.8) | 1974 (40.2) | 0.00 |
| | Secondary | 4073 (62.4) | 2450 (37.6) | | 3734 (57.2) | 2789 (42.8) | | 3856 (59.1) | 2667 (40.9) | |
| | Higher | 1171 (70) | 502 (8.1) | | 1087 (65) | 586 (35) | | 1155 (69) | 5188 (31) | |
| Reading newspaper or magazines | Not at all | 8870 (62.4) | 5334 (37.6) | | 8366 (58.9) | 5838 (41.1) | | 8598 (60.5) | 5606 (39.5) | |
| | Less than once a week | 918 (63.5) | 528 (36.5) | 0.00 | 860 (59.5) | 586 (40.5) | 0.00 | 842 (58.2) | 604 (41.8) | 0.00 |
| | At least once a week | 831 (72.5) | 315 (27.5) | | 798 (69.6) | 348 (40.3) | | 839 (73.2) | 307 (26.8) | |
| Watching television | Not at all | 3931 (59.6) | 2665 (40.4) | | 3740 (56.7) | 2856 (43.3) | | 3831 (58.1) | 2765 (41.9) | |
| | Less than once a week | 907 (63.1) | 531 (36.9) | 0.00 | 845 (58.8) | 593 (41.2) | 0.00 | 829 (57.6) | 609 (42.4) | 0.00 |
| | | 5801 | 2986 | | 5457 | 3330 | | 5637 | 3150 | |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| | At least once a week | (66) | (34) | | (62.1) | (37.9) | | (64.2) | (35.8) | |
| **Wealth index** | Poor | 3704 (59.8) | 2485 (40.2) | | 3530 (57) | 2659 (43) | | 3585 (57.9) | 2604 (42.1) | |
| | Middle | 2127 (62.1) | 1299 (37.9) | 0.00 | 1299 (58.5) | 1423 (41.5) | 0.00 | 2041 (59.6) | 1385 (40.4) | 0.00 |
| | Rich | 4808 (66.7) | 2399 (33.3) | | 2399 (62.6) | 2698 (37.4) | | 4671 (64.8) | 2536 (35.2) | |
| **Sex of household head** | Male | 9485 (62) | 5811 (38) | 0.00 | 8978 (58.7) | 6318 (41.3) | 0.00 | 9214 (60.2) | 6082 (39.8) | 0.00 |
| | Female | 1154 (75.6) | 372 (24.4) | | 1064 (69.7) | 462 (30.0) | | 1083 (71) | 443 (29) | |

The above table-3.2 of cross-tabulation reveals that socio background variables are significantly associated with three types of women's decision making. Participation in decision making are increased gradually by age and after age 34 decreased slowly. From the cross-tabulation find that Muslim respondents participate more in all three types decision making which is 63% in own health care,59.3% in purchases large household and 60.8% in visit to family or relatives. Women from rural areas have slightly higher participation than urban areas women the percentage for own health care is 66.7%, for purchases large household and visit to family or relatives is 65.1%. The women who have one child have higher participation which is in own health care48.2%, in purchases large household 39.7% and in visit to family or relatives 43.7%. Interestingly, women with no working status have higher participation in all three types' decision making. Women with secondary education have more participation 62.4% in own health care decision, 57.2% in purchases large household decision and 59.1% in visit to family or relatives decision. Women who do not reading newspaper at all have higher response in decision making. Women who watched television at least once a week have higher participation in decision making. Rich women participate more in all three types of decision making. Respondent's whose household head male have a greater participation which is 62% ,58.7%,60.2% respectively in own health care, purchases large household and visit to family or relatives related decision making. Whose women's husband complete secondary education those make more participation in decision making.

**Table 3.2.1: Logistic regression analysis of women's participation in decision making about own health care on some selected demographic and socio-economic factors.**

| Variables | Parameter | B | S.E. | Wald | df | Sig. | Exp(β) | 95% C.L. Exp(β) | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Lower | Upper |
| **Religion** | Muslim® | | | | | | 1 | | |
| | Hindu | 0.919 | 0.236 | 15.210 | 1 | 0.000 | 2.507 | 1.580 | 3.978 |
| | Others | 0.884 | 0.241 | 13.429 | 1 | 0.000 | 2.420 | 1.509 | 3.883 |
| **Residence** | Urban® | | | | | | 1 | | |
| | Rural | -0.102 | 0.039 | 6.731 | 1 | 0.009 | 0.903 | 0.837 | 0.975 |
| **Working status** | No® | | | | | | 1 | | |
| | Yes | 0.277 | 0.037 | 55.340 | 1 | 0.000 | 1.319 | 1.226 | 1.419 |
| **Educational attainment** | No education® | | | | | | 1 | | |
| | Primary | 0.386 | 0.089 | 18.682 | 1 | 0.000 | 1.189 | 1.235 | 1.753 |
| | Secondary | 0.296 | 0.081 | 13.248 | 1 | 0.000 | 1.344 | 1.146 | 1.576 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Higher | 0.173 | 0.071 | 5.945 | 1 | 0.015 | 1.471 | 1.035 | 1.366 |
| **Reading newspaper or magazines** | Not at all® | | | | | | 1 | | |
| | Less than once a week | 0.199 | 0.080 | 6.245 | 1 | 0.012 | 1.221 | 1.044 | 1.427 |
| | At least once a week | 0.272 | 0.090 | 9.089 | 1 | 0.003 | 1.312 | 1.100 | 1.566 |
| **Watching television** | Not at all® | | | | | | 1 | | |
| | Less than once a week | 0.161 | 0.044 | 13.462 | 1 | 0.000 | 1.175 | 1.078 | 1.280 |
| | At least once a week | 0.052 | 0.063 | 0.686 | 1 | 0.407 | 1.053 | 0.932 | 1.190 |
| **Wealth index** | Poor® | | | | | | 1 | | |
| | Middle | 0.076 | 0.051 | 2.212 | 1 | 0.137 | 1.079 | 0.976 | 1.193 |
| | Rich | 0.071 | 0.049 | 2.158 | 1 | 0.142 | 1.074 | 0.976 | 1.181 |
| **Sex of household head** | Male | | | | | | 1 | | |
| | Female | 0.646 | 0.064 | 103.320 | 1 | 0.000 | 1.908 | 1.684 | 2.161 |
| **Husband's education** | No education® | | | | | | 1 | | |
| | Primary | -0.046 | 0.072 | 0.407 | 1 | 0.523 | 0.955 | 0.829 | 1.100 |
| | Secondary | -0.009 | 0.067 | 0.017 | 1 | 0.897 | 1.001 | 0.869 | 1.131 |
| | Higher | 0.068 | 0.061 | 1.265 | 1 | 0.261 | 1.071 | 0.951 | 1.206 |
| | Constant | -2.394 | 0.573 | 17.431 | 1 | 0.000 | 0.091 | | |

From the analysis found that Hindu women have 2.507 times more and other religion women have 2.420 times have more chance to participate in decision making about own health care than Muslim women. The study also finds that residence as an important factor in decision making. Rural areas women have 0.903 times less chance to participate in decision making about own health care than urban women. The women who are employed have 1.319 times more chance to participate in decision making about own health care than unemployed women.

Women who have primary education have 1.189 times more chance to participate in decision making about own health care than those women who are uneducated. Similarly secondary educated women have 1.344 times more and higher educated women have 1.471 times more chance to participate in decision making about own health care than uneducated women.

Women who reading newspaper or magazines less than once a week have 1.221 times more and women who reading newspaper or magazines at least once a week have 1.312 times more chance to participate in decision making about own health care than those women who do not reading newspaper or magazines at all. Women who watching television less than once a week have 1.221 times more and women who watching television at least once a week have 1.053 times more chance to participate in decision making about own health care than those women who do not watching television.

Women whose wealth status middle class have 1.079 times more and rich class have 1.074 times more chance to participate in decision making about own health care than those women whose wealth status are poor class. Respondents whose household head female have 1.908 times more chance to participate in decision making about own health care than those whose household male.

Women whose husband are primary educated have 0.955 times less chance to participate in decision making about own health care than those women whose husband uneducated. Women

whose husband are secondary educated have 1.001 times more and whose husband higher educated have 1.071 times more chance to participate in decision making about own health care than those women whose husband uneducated

**Table 3.2.2: Logistic regression analysis of women's participation in decision making about large household purchase on some selected demographic and socio-economic factors.**

| Parameters | Parameter | B | S.E. | Wald | df | Sig. | Exp(β) | 95% C.L. Exp(β) | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Lower | Upper |
| **Religion** | Muslim® | | | | | | 1 | | |
| | Hindu | 0.939 | 0.231 | 16.480 | 1 | 0.000 | 2.559 | 1.626 | 4.027 |
| | Others | 0.908 | 0.237 | 14.668 | 1 | 0.000 | 2.479 | 1.558 | 3.946 |
| **Residence** | Urban® | | | | | | 1 | | |
| | Rural | -0.274 | 0.039 | 49.385 | 1 | 0.000 | 0.760 | 0.704 | 0.820 |
| **Working status** | No® | | | | | | 1 | | |
| | Yes | 0.353 | 0.037 | 91.233 | 1 | 0.000 | 1.423 | 1.324 | 1.530 |
| **Educational attainment** | No education® | | | | | | 1 | | |
| | Primary | 0.232 | 0.088 | 6.881 | 1 | 0.009 | 1.110 | 1.060 | 1.499 |
| | Secondary | 0.141 | 0.080 | 3.073 | 1 | 0.080 | 1.151 | 0.984 | 1.347 |
| | Higher | 0.105 | 0.070 | 2.240 | 1 | 0.134 | 1. 261 | 0.968 | 1.274 |
| **Reading newspaper or magazines** | Not at all® | | | | | | 1 | | |
| | Less than once a week | 0.264 | 0.079 | 11.201 | 1 | 0.001 | 1.302 | 1.116 | 1.519 |
| | At least once a week | 0.277 | 0.089 | 9.650 | 1 | 0.002 | 1.320 | 1.108 | 1.572 |
| **Watching television** | Not at all® | | | | | | 1 | | |
| | Less than once a week | 0.123 | 0.044 | 7.880 | 1 | 0.005 | 1.131 | 1.038 | 1.232 |
| | At least once a week | 0.063 | 0.062 | 1.035 | 1 | 0.309 | 1.065 | 0.943 | 1.203 |
| **Wealth index** | Poor® | | | | | | 1 | | |
| | Middle | -0.015 | 0.051 | 0.083 | 1 | 0.774 | 0.985 | 0.892 | 1.089 |
| | Rich | -0.007 | 0.048 | 0.024 | 1 | 0.877 | 1.993 | 0.903 | 1.091 |
| **Sex of household head** | Male | | | | | | 1 | | |
| | Female | 0.510 | 0.061 | 70.964 | 1 | 0.000 | 1.665 | 1.479 | 1.875 |
| **Husband's education** | No education® | | | | | | 1 | | |
| | Primary | -0.008 | 0.072 | 0.013 | 1 | 0.909 | 1.002 | 0.862 | 1.142 |
| | Secondary | 0.079 | 0.066 | 1.413 | 1 | 0.235 | 1.066 | 0.950 | 1.233 |
| | Higher | 0.064 | 0.060 | 1.144 | 1 | 0.285 | 1.082 | 0.948 | 1.200 |
| | Constant | -1.518 | 0.584 | 6.758 | 1 | 0.009 | 0.219 | | |

From the analysis found that Hindu women have 2.559 times more and other religion women have 2.479 times more chance to participate in decision making about large household purchases than Muslim women. The study also finds that residence as an important factor in decision making. Rural areas women have 0.760 times less chance to participate in decision making about large household

purchases than urban women. The women who are employed have 1.423 times more chance to participate in decision making about large household purchases than unemployed women.

Women who have primary education have 1.110 times more chance to participate in decision making about large household purchases than those women who are uneducated. Similarly secondary educated women have 1.151 times more and higher educated women have 1.261 times more chance to participate in decision making about large household purchases than uneducated women.

Women who reading newspaper or magazines less than once a week have 1.302 times more and women who reading newspaper or magazines at least once a week have 1.320 times more chance to participate in decision making about large household purchases than those women who do not reading newspaper or magazines at all. Women who watching television less than once a week have 1.131 times more and women who watching television at least once a week have 1.065 times more chance to participate in decision making about large household purchases than those women who do not watching television.

Women whose wealth status middle class have 0.985 times less and rich class have 1.993 times more chance to participate in decision making about large household purchases than those women whose wealth status are poor class. Respondents whose household head female have 1.665 times more chance to participate in decision making about large household purchases than those whose household male.

Women whose husband are primary educated have 1.002 times more chance to participate in decision making about large household purchases than those women whose husband uneducated. Women whose husband are secondary educated have 1.066 times more and whose husband higher educated have 1.082 times more chance to participate in decision making about large household purchases than those women whose husband uneducated.

**Table 3.2.3: Logistic regression analysis of women's participation in decision making about visit to family or relatives on some selected demographic and socio-economic factors.**

| Parameters | Parameter | B | S.E. | Wald | df | Sig. | Exp(β) | 95% C.L. Exp(β) | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Lower | Upper |
| **Religion** | Muslim® | | | | | | 1 | | |
| | Hindu | 0.970 | 0.232 | 17.421 | 1 | 0.000 | 2.639 | 1.673 | 4.162 |
| | Others | 0.881 | 0.238 | 13.669 | 1 | 0.000 | 2.413 | 1.513 | 3.849 |
| **Residence** | Urban® | | | | | | 1 | | |
| | Rural | -0.271 | 0.039 | 48.444 | 1 | 0.000 | 0.762 | 0.706 | 0.823 |
| **Working status** | No® | | | | | | 1 | | |
| | Yes | 0.204 | 0.037 | 30.887 | 1 | 0.000 | 1.226 | 1.141 | 1.318 |
| **Educational attainment** | No education® | | | | | | 1 | | |
| | Primary | 0.335 | 0.088 | 14.342 | 1 | 0.000 | 1. 191 | 1.175 | 1.663 |
| | Secondary | 0.283 | 0.080 | 12.395 | 1 | 0.000 | 1.327 | 1.134 | 1.553 |
| | Higher | 0.175 | 0.070 | 6.226 | 1 | 0.013 | 1.398 | 1.038 | 1.367 |
| **Reading newspaper or magazines** | Not at all® | | | | | | 1 | | |
| | Less than once a week | 0.216 | 0.080 | 7.307 | 1 | 0.007 | 1.241 | 1.061 | 1.142 |

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|---|---|---|---|---|---|---|---|---|---|
| | At least once a week | 0.442 | 0.090 | 24.218 | 1 | 0.000 | 1.556 | 1.305 | 1.855 |
| **Watching television** | Not at all® | | | | | | 1 | | |
| | Less than once a week | 0.149 | 0.044 | 11.677 | 1 | 0.001 | 1.160 | 1.065 | 1.360 |
| | At least once a week | 0.187 | 0.061 | 9.297 | 1 | 0.002 | 1.206 | 1.069 | 1.264 |
| **Wealth index** | Poor® | | | | | | 1 | | |
| | Middle | -0.014 | 0.051 | 0.072 | 1 | 0.788 | 0.986 | 0.893 | 1.089 |
| | Rich | 0.011 | 0.048 | 0.048 | 1 | 0.826 | 1.011 | 0.920 | 1.110 |
| **Sex of household head** | Male | | | | | | 1 | | |
| | Female | 0.513 | 0.061 | 71.313 | 1 | 0.000 | 1.670 | 1.482 | 1.881 |
| **Husband's education** | No education® | | | | | | 1 | | |
| | Primary | 0.017 | 0.072 | 0.058 | 1 | 0.810 | 1.017 | 0.884 | 1.171 |
| | Secondary | 0.136 | 0.066 | 4.216 | 1 | 0.040 | 1.146 | 1.006 | 1.306 |
| | Higher | 0.132 | 0.060 | 4.793 | 1 | 0.029 | 1.149 | 1.014 | 1.284 |
| | Constant | -2.793 | 0.259 | 116.608 | 1 | 0.000 | 0.061 | | |

We see from the binary logistic regression analysis table 5.3.3 that Hindu women have 2.639 times more and other religion women have 2.413 times more chance to participate in decision making about visit to family or relatives than Muslim women. The study also finds that residence as an important factor in decision making. Rural areas women have 0.762 times less chance to participate in decision making about visit to family or relatives than urban women. The women who are employed have 1.226 times more chance to participate in decision making about visit to family or relatives than unemployed women.

Women who have primary education have 1.191 times more chance to participate in decision making about visit to family or relatives than those women who are uneducated. Similarly secondary educated women have 1.327 times more and higher educated women have 1.398 times more chance to participate in decision making about visit to family or relatives than uneducated women.

Women who reading newspaper or magazines less than once a week have 1.241 times more and women who reading newspaper or magazines at least once a week have 1.556 times more chance to participate in decision making about visit to family or relatives than those women who do not reading newspaper or magazines at all. Women who watching television less than once a week have 1.160 times more and women who watching television at least once a week have 1.206 times more chance to participate in decision making about visit to family or relatives than those women who do not watching television.

Women whose wealth status middle class have 0.986 times less and rich class have 1.011 times more chance to participate in decision making about visit to family or relatives than those women whose wealth status are poor class. Respondents whose household head female have 1.670 times more chance to participate in decision making about visit to family or relatives than those whose household male.

Women whose husband are primary educated have 1.017 times more chance to participate in decision making about visit to family or relatives than those women whose husband uneducated.

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Women whose husband are secondary educated have 1.146 times more and whose husband higher educated have 1.149 times more chance to participate in decision making about visit to family or relatives than those women whose husband uneducated.

**Model fitting information**

| Decision making about | -2log likelihood | Chi-square | Degrees of Freedom | Significance Level |
|---|---|---|---|---|
| Own health care | 21359.584 | 722.254 | 23 | 0.000 |
| Purchases large household | 21593.266 | 1043.835 | 23 | 0.000 |
| Visit to family or relatives | 21492.385 | 929.450 | 23 | 0.000 |

From the above table we find that the P less than 0.05, so all the three models are statistically significant.

### 4.    Conclusion

The above discussion leads to conclusion that Religion, Residence, Employment Status, Education, Media Exposure and Wealth Index are positively associated with women's participation in decision making in all three types about own health care, major household purchase and visit to family or relatives. Urban area women have higher participation in decision making about three factors. Women with primary education are less likely to decide about three factors of decision making in the bivariate analysis, while they are more likely to do so in the multivariate analysis. Women with secondary and higher education are also significantly associated women's participation in decision making in all three types. The richest women are significantly more likely to make decisions in all three types of outcome measures in bivariate analysis and multivariate analysis. Employed women have greater chance to participate in decision making about own health care, major household purchase and visit to family or relatives in both bivariate analysis and multivariate analysis. Reading newspaper or magazines and watching television have significant influence in decision making. Women whose husbands are primary educated have greater influence in decision making about own health care, major household purchase and visit to family or relatives than those women whose husband uneducated. This influence increasing as women's husband educated more such as secondary and higher education.

### 6.2    Recommendation

For a happy family, both husband and wife's equal participation in family decision-making are necessary. In rural Bangladesh women decision-making powers are limited to patriarchal ideology. Women's educational attainment, occupation and income were positively related to their decision-making power. According above analysis here are some recommendations-

➢ Ensure education for all men and women. Increasing education level will make women aware about participating in decision making.

➢ Ensure job participation of women at all levels. Job participation of women would have positive influence to participate in decision making.

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