

Convergence and Divergence in Spouses' Perspectives on Women's Autonomy in Rural India

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This study explores similarities and differences in the perceptions of rural Indian women and their husbands with regard to various dimensions of women's autonomy and investigates the extent to which various reproductive outcomes—contraception, unmet need, recent fertility, and spousal communication—are influenced by individual partners' views of women's autonomy. Data are drawn from a 1993–94 community-based study of women's autonomy in Uttar Pradesh and Tamil Nadu, states that are, respectively, more and less patriarchal. Matched data were obtained from 1,660 women and their husbands. Results indicate no more than a loose agreement between women and their husbands concerning the dimensions of women's autonomy within the home. Where disagreement is expressed, husbands are more likely to project a comparatively liberal picture of their wives' autonomy than do their wives, and the inference can be made that in surveys men tended to provide more "acceptable" responses than when they were questioned in greater depth. Findings also suggest that cultural context affects the influences that wives' and their husbands' perceptions of women's autonomy have on reproductive outcomes. A clear regional divide is seen, net of individual and household characteristics, in the influence of almost every aspect of women's autonomy. (STUDIES IN FAMILY PLANNING 2002; 33[4]: 299–308)

Evidence of the limited control that Indian women exercise over their own lives is increasingly documented. Recent studies underscore their limited control over material and other resources, their restricted access to knowledge and information, their constrained authority to make independent decisions, their enforced lack of physical mobility, and their inability to forge equitable power relationships within families (Basu 1992; Visaria 1996; Jejeebhoy 2000). The role of men as gatekeepers enforcing this status quo is implicitly recognized, and, particularly since the International Conference on Population and Development held in Cairo in 1994, the need to involve men in working for greater gender equity has been widely expressed. To date, however, few studies have documented Indian men's perceptions concerning women's roles and autonomy.

Few studies, moreover, have compared the perspectives of women and their husbands on women's roles and the extent to which they have and should have a voice

in their own lives. Rather, studies that have explored spousal convergence have focused on reproductive attitudes and preferences (see, for example, Mason and Taj 1987; Bankole 1995; Becker 1996; Bankole and Singh 1998; and Mason and Smith 2000). The extent of spousal agreement reported in these studies varies. For example, a recent review of studies reporting attitudes of women and their husbands concerning reproductive health finds that with respect to fertility and family planning, the proportion of agreement between partners across a number of studies is in the range of 60–70 percent (Becker 1996). Another study found that spousal agreement on the desire for additional children in 26 Asian communities ranged from 70 percent to 90 percent (Mason and Smith 2000). Another study, conducted in Punjab Province, Pakistan, explores attitudes and perceptions of women and their husbands with regard to aspects of reproductive health and female autonomy and suggests considerable divergence in spousal perceptions of women's autonomy (Sathar and Kazi 1997). Findings from most of these studies indicate that reproductive health interventions aimed at both partners in a couple may be more effective than the same interventions focusing on only one partner.

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The objective of this study is to explore similarities and differences in the perceptions of rural Indian women and their husbands with regard to women's autonomy in terms of decisionmaking, physical mobility, and access to resources. Available data also permit a preliminary investigation of the extent to which current contraceptive use, interspousal communication regarding contraception and family size, unmet need for contraception, and the experience of births in the five years preceding the interview are influenced by individual partners' views of women's autonomy. The availability of similar data from the states of Uttar Pradesh and Tamil Nadu makes possible an inquiry into whether social norms concerning gender play a role in this relationship, and, more specifically, whether women's own assessments of their autonomy play a greater role in determining reproductive outcomes in the more egalitarian setting of Tamil Nadu than in the more gender-stratified setting of Uttar Pradesh. The study seeks to provide the backdrop for actions to promote male involvement in support of gender equity.

The study draws upon data from a community-based survey on women's autonomy in Uttar Pradesh and Tamil Nadu. The survey was conducted in 1993–94 and included questionnaires for women and their husbands, if available. Matched data were obtained from 1,660 women and their husbands. Findings presented elsewhere have focused exclusively on women's responses and measure distinct dimensions of autonomy, confirming that social norms concerning gender roles powerfully shape women's autonomy here by region. However, they have not supported the argument that Muslim women are at a disadvantage in terms of autonomy compared with Hindu women from the same region (Jejeebhoy 2000).

The Setting

Uttar Pradesh in the north and Tamil Nadu in the south lie at two extremes of the social and cultural spectrum of India, although economically they are similar. Both states are poor, with about 37 percent of inhabitants in Uttar Pradesh and 40 percent of inhabitants in Tamil Nadu (and 33 percent in India) living below the poverty line, and both are largely agricultural (Uttar Pradesh, 72 percent; Tamil Nadu, 61 percent; and India, 70 percent). Yet huge differences are found in social development levels. For example, literacy rates are much higher in Tamil Nadu (63 percent) than in Uttar Pradesh (42 percent), and fertility and mortality are much lower: The infant mortality rate is 98 deaths per 1,000 live births in Uttar Pradesh, compared with 58 deaths in Tamil Nadu; the under-five mortality rate is 141 deaths in Uttar Pradesh and 87 deaths in Tamil Nadu; and the total fertility rate is 5.1 children per woman of reproductive age in Uttar Pra-

desh, compared with 2.2 children in Tamil Nadu (Population Research Centre et al. 1994a and 1994b.)

In most of India, in both north and south and among both Hindus and Muslims, the family is mainly patriarchal, patrilocal, and patrilineal. The country has long been known for inequalitarian gender relations (Altekar 1962; Karve 1965). Women are defined as inferior; husbands are assumed to "own" women, and to have the right to dominate them. Inegalitarian gender relations deny women a decisionmaking role in family matters, inhibit them from moving about freely, prevent their access to material resources, and expose them to violence in the household. Within this situation of generally limited autonomy, however, sharp cultural and regional differences are found in women's situation and vulnerability (Dyson and Moore 1983), and these are reflected in the available social indicators. For example, in Uttar Pradesh, life expectancy is about four years higher for men than for women (54 and 49 years, respectively); in Tamil Nadu, life expectancy for both women and men is 61 years. Moreover, the maternal mortality ratio is 931 deaths per 100,000 live births in Uttar Pradesh and 319 deaths in Tamil Nadu. Gender disparities in literacy are far wider in Uttar Pradesh (25 percent for females compared with 56 percent for males) than in Tamil Nadu (51 percent for females compared with 74 percent for males).

Methodology

The main objectives of the study from which these data are drawn were to disentangle the concept of women's autonomy, to assess the role of context in conditioning levels of autonomy, and to determine the influence of context on reproductive behavior. Samples were drawn from the north and south of India and from Hindu and Muslim populations. The survey consisted of a household questionnaire, a questionnaire for eligible women (those currently married and aged 39 or younger), and a questionnaire for those husbands who were available to be interviewed. Parallel questions were asked of women and their husbands concerning women's autonomy within the home and about gender norms and expectations.

Uttar Pradesh and Tamil Nadu were selected deliberately to represent a range of gender norms and socio-cultural conditions. Within each state, two districts were purposively selected (on the basis of an index of development measured from such indicators as income, proportion of surfaced roads, and other economic criteria) so as to maximize differences in socioeconomic conditions while allowing for comparisons of Hindu and Muslim women. From each district, one *taluka* (subdistrict) was selected in a similar way. The four sites thus selected included: in Tamil Nadu, Pollachi taluka from Coimba-

tore district (ranked, in terms of socioeconomic level, 1 of 21) and Mudukulathur taluka from Ramnathpuram district (ranked 18 of 21) and in Uttar Pradesh, Kunda taluka from Meerut district (ranked 2 of 63) and Baghpat taluka from Pratapgarh district (ranked 51 of 63).

From each of the four sites, a cluster of contiguous villages of roughly 1,000 to 2,000 households was randomly selected, and about 800 currently married women aged 15–39 were randomly selected to be interviewed.¹ Husbands who were present were also interviewed. On the assumption that norms governing female autonomy vary widely among Hindus and Muslims, in each setting, about half of all respondents selected were Hindu and the other half Muslim. As a result, a total of eight communities are covered: four geographical sites, and within each site, the two distinct religious groups.

A total of 1,842 women and 1,660 of their husbands constitute the sample. Most of the 182 husbands who were not interviewed had migrated to other parts of India or had gone abroad in search of work. Some were not available at the time of the three visits to the households that the research team made, and in rare cases, some refused to be interviewed. In the course of interviews with women, respondents were asked not only about their education and work status but also about a variety of dimensions of autonomy within their married lives, including their decisionmaking authority, personal freedom of movement, and control over economic resources. Women were also asked about wife–husband power relations and other attitudes. Husbands were asked a corresponding set of questions regarding, for example, the locus of decisionmaking on a variety of issues, as well as specific questions concerning their wives' mobility and access to resources.² The inclusion of these two perspectives allows for a better understanding of interspousal perceptions of female autonomy. From their responses, indexes were developed for such dimensions of autonomy as economic decisionmaking, mobility, and access to economic resources. A separate index was created from women's and from husbands' responses.

A demographic and socioeconomic profile of the sample of women and their husbands from Uttar Pradesh and Tamil Nadu is shown in Table 1. Results clearly indicate that although households' economic status may be similar, moderate to wide differences are evident in educational levels, women's economic activity, in age, and in parity for the two states, and particularly between the two states. A review of similar characteristics of women whose husbands were not available for interview suggests that these women were somewhat better educated and owned a moderately larger number of consumer durables than the women represented in the table, but resembled them in terms of age, parity, range of economic activity, and communication with husbands concerning

Table 1 Women surveyed, by selected sociodemographic characteristics, according to state, Uttar Pradesh and Tamil Nadu, India, 1993–94

Characteristic	Uttar Pradesh ^a	Tamil Nadu ^a	Total ^b
Woman's education (years)			
Any	28.7	61.7	45.1
1–6	15.8	45.0	30.4
7+	12.8	16.7	14.8
Husband's education (mean years)	6.3	4.9	5.8
Mean number of consumer goods owned (of 9)	2.4	2.7	2.5
Worked for wages in last 12 months (percent)	15.7	38.9	27.2
Mean age (years)	27.5	29.1	28.3
Mean number of surviving children	3.0	2.6	2.8
Currently practicing contraception (percent)	27.8	54.0	40.9
Discusses contraception, family-size limitation with husband (percent)	55.4	66.7	61.0
Reports no unmet need for contraception (percent)	82.4	80.6	81.5
Reports a birth in the last five years (percent)	67.4	46.1	56.8
(N)	(826)	(834)	(1,660)

Note: 182 women whose husbands were not interviewed were excluded. ^aData on Hindus and Muslims are combined. ^bTotal column shows the average values for the two states.

contraception, family size, and unmet need for family planning. Because their husbands do not reside with them, they are considerably less likely to report current contraceptive use than are the other women surveyed (not shown).

Levels of Autonomy

Few studies conducted in India have explored men's perceptions of women's autonomy. These few, largely qualitative studies, conclude that men generally corroborate women's reports of their lack of autonomy and that they justify existing power imbalances within the home. One such study conducted in North India highlights the extent to which men justify the central role they play in the life choices of women. "It is the husband or elder male members of the family who decides where or to which clinic women should be taken. Women have no freedom in such matters, but men have all the freedom and power to decide" (Khan et al. 1998). Findings from that study provide quantitative corroboration of this perception. Three dimensions of women's autonomy can be assessed through the independent responses of women and their husbands: women's mobility (the freedom to visit places unescorted), access to economic resources, and decision-making authority

Women's Mobility

Mobility is measured according to respondents' reports concerning women's freedom to visit a number of places

unescorted—the home of a relative or friend, the local health center, a community center, a fair, and the next village. A mobility index was created that ranges from zero if the woman must be escorted to all of these places, to five if she can visit every one of them unescorted (see Table 2a).

Findings suggest that some agreement exists between women and their husbands with regard to mobility, as seen in a comparison of the overall index; this convergence in responses, as measured by t-tests comparing the difference between mean values, is not significant, however, in the case of respondents from Uttar Pradesh. Both partners agree that women have limited mobility: Of the five places included in the index, women report that they can visit, on average, no more than 1.9 places unescorted; on this point, considerable spousal agreement is found. Results point strongly to the north–south dichotomy: Whereas Tamilian women can visit, on average, 2.4 of the five places included in the index unescorted, the respondents from Uttar Pradesh can visit only 1.4 of these places without an escort, on average. Among North Indian respondents, Hindus and Muslim women’s freedom is about equally constrained, whereas Tamilian Hindu women have moderately more mobility than do Tamilian Muslim women. The number of places that women can visit unescorted increases from 1.4, reported by Muslim women from Uttar Pradesh and their husbands, to almost three, among the Hindus of Tamil Nadu (not shown).

As Table 2b shows, a comparison of responses on individual items sheds more light on the extent of convergence and disagreement in the pattern of responses. A larger proportion of women and their husbands agree that women have greater freedom to visit such relatively unthreatening places as the local health center or the home of a relative or friend in the village than other, more remote places, such as a fair or an adjoining village. The level of agreement, as assessed by the kappa statistic, is significant in the case of Uttar Pradesh but not for Tamil Nadu. Regardless of the location considered, Tamilian respondents of both sexes report considerably more freedom of movement for women than do respondents from Uttar Pradesh. Although concordance is found in the responses concerning women’s freedom to visit a friend’s home or a local health center without

Table 2a Index of mobility: wives’ and husbands’ ratings of women’s overall ability to move about unescorted in public, Uttar Pradesh and Tamil Nadu, India, 1993–94

State	Wives’ rating	Husbands’ rating
Uttar Pradesh	1.43*	1.61
Tamil Nadu	2.42	2.41
Total	1.92	2.01

* t-test > 2.0.

Note: The total line shows the average values for the two states.

Table 2b Percentage of wives and husbands who agree and disagree about whether women are permitted to go unescorted to specific places, Uttar Pradesh and Tamil Nadu, India, 1994–94

Wife can visit	Converge			Diverge	
	Total	Both disagree	Both agree	Only husband agrees	Only wife agrees
Uttar Pradesh					
Friend’s or relative’s home	62.3	38.6	23.7	26.5	11.3
Local health center	63.9*	39.9	24.0	19.1	16.9
Local community center	69.0*	54.5	14.5	18.2	12.8
Community fair	76.9	72.7	4.2	8.9	14.3
Neighboring village	70.8	63.6	7.1	15.0	14.4
Tamil Nadu					
Friend’s or relative’s home	79.2	4.4	74.8	11.8	9.0
Local health center	62.9	13.8	49.1	18.8	18.4
Local community center	55.3	35.1	20.2	29.0	15.7
Community fair	62.8	53.2	9.6	16.1	21.2
Neighboring village	73.8	69.9	3.9	6.6	19.7
Total					
Friend’s or relative’s home	70.8*	21.6	49.2	19.2	10.1
Local health center	63.5*	26.9	36.6	19.0	17.6
Local community center	62.1	44.7	17.4	23.6	14.3
Community fair	69.7	62.8	6.9	12.5	17.8
Neighboring village	72.1	66.6	5.5	10.8	17.1

* Kappa is moderately significant at .21–.40.

Notes: 182 women whose husbands were not interviewed were excluded. The total panel shows the average values for the two states.

an escort (except in Tamil Nadu), partners’ responses diverge concerning women’s freedom to visit the other places included in the index. Where discord is reported among couples in Uttar Pradesh, the more patriarchal state, women are more likely than their husbands to report constraints on their mobility (see columns 4 and 5). In Tamil Nadu, women tend to report greater freedom of movement for themselves than their husbands are willing to concede, for example, the freedom to visit a fair or a neighboring village.

Access to Economic Resources

Wives’ access to economic resources is measured by four variables: whether the woman (1) has a say in how household income is spent; (2) receives cash to spend; (3) is free to purchase small items of jewelry; and (4) is free to purchase gifts. An index of access to economic resources sums responses to these four questions and ranges from zero to four (see Table 3a). Findings confirm that women’s

Table 3a Index of access to economic resources: wives’ and husbands’ ratings of women’s overall access to household resources, Uttar Pradesh and Tamil Nadu, India, 1993–94

State	Wives’ rating	Husbands’ rating
Uttar Pradesh	1.81*	2.19
Tamil Nadu	2.21*	2.69
Total	2.01*	2.04

* t-test > 2.0.

Note: The total line shows the average values for the two states.

access to household resources is limited, regardless of whose report is considered. As shown in Table 3b, by all accounts, women from Uttar Pradesh clearly have less access to economic resources than do Tamilian women.

Findings also suggest significant differences between the responses of women and their husbands, as suggested by t-tests measuring the differences between mean values of this index. A look at differences in the individual items constituting the index of access to resources suggests that relatively large proportions of women and their husbands agree that women have a say in household spending and receive cash in hand to spend. Far fewer agree, however, that women are free to make small purchases without consulting their husbands or other family members. Compared with perceptions concerning women's mobility, interspousal differences in reports of women's access to resources are considerable. In each setting, convergence is lacking in wives' and husbands' perceptions. Notably, in no case is the kappa value significant. Husbands generally attribute to their wives greater access to economic resources than the women themselves perceive.

Economic Decisionmaking Authority

Economic decisionmaking authority is measured in terms of women's participation in three economic decisions: the purchase of food, jewelry, and major household goods. The index of economic decisionmaking sums the number of these three kinds of purchases, assigning a score of one if the wife is reported only to participate in the decision and two if she also has the major say. The index thus ranges from zero to six (see Table 4a).³

Table 3b Percentage of wives and husbands who agree and disagree about whether women have access to household resources, Uttar Pradesh and Tamil Nadu, India, 1993–94

Wife's access to resources	Converge			Diverge	
	Total	Both disagree	Both agree	Only husband agrees	Only wife agrees
Uttar Pradesh					
Has a say in household spending	77.8	2.0	75.8	20.5	1.8
Receives cash to spend	65.5	7.6	57.9	17.6	17.0
Is free to buy jewelry	61.1	56.8	4.3	29.1	9.9
Is free to buy gifts for relatives	77.4	75.0	2.4	11.1	11.7
Tamil Nadu					
Has a say in household spending	87.9	1.6	86.3	7.2	5.0
Receives cash to spend	91.3	0.3	91.0	7.0	1.9
Is free to buy jewelry	60.8	53.9	6.9	28.7	10.5
Is free to buy gifts for relatives	56.2	47.0	9.2	33.2	10.7
Total					
Has a say in household spending	82.8	1.8	81.0	13.9	3.4
Receives cash to spend	78.3	3.9	74.4	12.3	9.4
Is free to buy jewelry	60.9	55.3	5.6	28.9	10.2
Is free to buy gifts for relatives	66.8	60.1	5.8	22.1	11.1

* Kappa is moderately significant at .21–.40.

Notes: 182 women whose husbands were not interviewed are excluded. The total panel shows the average values for the two states.

Table 4a Index of decisionmaking: wives' and husbands' ratings of women's overall authority to make household decisions, Uttar Pradesh and Tamil Nadu, India, 1993–94

State	Wives' rating	Husbands' rating
Uttar Pradesh	0.73*	1.49
Tamil Nadu	2.79*	3.06
Total	1.76*	2.27

* t-test > 2.0.

Note: The total line shows the average values for the two states.

In their interview responses, women and their husbands generally agree that women's decisionmaking authority is limited. Of a possible index score of six, the average response from women in the sample scores is 1.76; husbands' responses would assign women a score of 2.27. As shown in Table 4b, in both states, respondents of both sexes rank women's participation in the three index decisions in a similar way: In Uttar Pradesh, both women and their husbands report that women are more likely to participate in the purchase of jewelry (often sold from door to door) than in the purchase of food or household goods. In Tamil Nadu, in contrast, women are most likely to be reported as participating in decisions concerning the purchase of food and least likely to be involved in the purchase of major goods. In both states, a huge disparity is evident between women's and husbands' reports of women's participation in economic decisionmaking and of their role as main decisionmaker.

Beyond these generalizations, however, the evidence shows considerable disparity in the responses of women and their husbands on this point, essentially paralleling those concerning women's access to resources. Differences in mean values of the decisionmaking index are significant (as revealed by t-tests; not shown); conversely, agreement in responses about individual items is generally insignificant (as revealed by kappas). Husbands clearly perceive a greater decisionmaking role for women than women perceive for themselves. This pattern is evident in both states, but is particularly consistent in Uttar Pradesh, where husbands are significantly more likely than women to report the participation of their wives in all three economic decisions. In Tamil Nadu, this pattern is not as strong, but it is clearly evident in responses about decisions to purchase jewelry and major household goods. Scores on the decisionmaking index corroborate this trend among couples in both states, and considerably more disagreement is found between spouses in Uttar Pradesh than in Tamil Nadu (without regard to religion) (not shown).

Focus-group discussions held among women corroborate evidence from interviews of regional disparities in decisionmaking authority. Women in Uttar Pradesh are far more likely than Tamilian women to recognize and justify their exclusion from household decisionmaking. Tamilian women are not only more involved in decision-

Table 4b Percentage of wives and husbands who agree and disagree about whether women have the authority to make specific household decisions, Uttar Pradesh and Tamil Nadu, India, 1993–94

Wife's involvement in decisionmaking	Converge			Diverge	
	Total	Both disagree	Both agree	Only husband agrees	Only wife agrees
Uttar Pradesh					
Involved in decision to purchase food	68.2	59.3	8.9	22.9	9.0
Main decisionmaker for purchase of food	80.4	78.8	1.6	16.1	3.6
Involved in decision to make major household purchases	60.8	56.0	4.8	33.5	5.8
Main decisionmaker for major household purchases	98.3	98.2	0.1	0.9	1.1
Involved in decision to purchase jewelry	56.4	34.9	21.5	31.6	12.2
Main decisionmaker for purchase of jewelry	90.6	89.0	1.6	6.1	3.4
Tamil Nadu					
Involved in decision to purchase food	76.8	2.8	74.0	10.3	13.0
Main decisionmaker for purchase of food	59.5	16.9	42.6	12.1	28.5
Involved in decision to make major household purchases	50.1	21.2	28.9	33.1	17.0
Main decisionmaker for major household purchases	76.8	75.3	1.5	4.0	9.2
Involved in decision to purchase jewelry	51.4	6.8	44.6	39.3	9.5
Main decisionmaker for purchase of jewelry	78.8	76.5	2.3	13.1	8.1
Total					
Involved in decision to purchase food	72.4**	31.1	41.3	16.6	11.0
Main decisionmaker for purchase of food	70.0**	48.0	22.0	14.1	16.0
Involved in decision to make major household purchases	55.4	38.6	16.8	33.3	11.3
Main decisionmaker for major household purchases	92.4	91.6	0.8	2.4	5.1
Involved in decision to purchase jewelry	53.9	20.9	33.0	35.4	10.8
Main decisionmaker for purchase of jewelry	84.7	82.8	1.9	9.6	5.7

*Kappa is moderately significant at .21–.40; **.41–.60.

Notes: 182 women whose husbands were not interviewed were excluded. The total panel shows the average values for the two states.

making, but they are also more likely to believe that they are entitled to exercise this authority. As participants in the focus-group discussions point out:

“In our [district], the woman does not have any value, so most of the decisions are made by men only.” (high-caste woman, Uttar Pradesh)

“We do not have any right to make decisions. The one who is uneducated, what decision could she make? She could only fight and quarrel. So it is right that the man alone makes decisions.” (middle-caste woman, Uttar Pradesh)

“Decisions should be made jointly. A good decision can be made only when made together. Three-quarters of the time, decisions are made by men and one-quarter of the time, they are made by women and men together.” (scheduled-caste woman, Tamil Nadu)

Several common findings emerge from this assessment. First, the evidence from both partners points to women's greatly limited autonomy in all three areas measured. Investigations of women's reports consistently suggest strong regional differences in every dimension of autonomy. Women from Uttar Pradesh fall significantly below Tamilian women for almost every measure, a finding that strongly supports the argument that the north–south cultural divide described earlier powerfully conditions women's roles and freedoms. Tamilian women—regardless of religion—have significantly more

decisionmaking authority and mobility than do women from Uttar Pradesh and considerably greater access to economic resources (Jejeebhoy 2000). The similarities and differences in the partners' reports are striking.

Second, the findings indicate considerable interspousal disparity in perceptions of women's autonomy, as assessed in Tables 2 through 4. The extent of convergence in responses of women and husbands, measured by the kappa statistic, confirms the lack of agreement on the large majority of items considered. Although about 60 to 70 percent of women and their husbands give identical responses on individual items measuring mobility, between 60 percent and 80 percent do so for items measuring access to resources. Interspousal agreement ranges from a low of 54 percent to a high of 93 percent for items measuring decisionmaking authority. On average, the extent of convergence in responses of women and their husbands corresponds well with those obtained in Becker's 1996 review of studies examining reproductive health attitudes.

Finally, some evidence shows that where disparity exists, husbands perceive that their wives have greater autonomy than the women themselves do. Again, this finding is more consistently observed in Uttar Pradesh, where gender-based power imbalances are wider than in Tamil Nadu. Indeed, where disagreement between responses of spouses exists in Tamil Nadu, women are often more likely than their husbands to report that they have autonomy.

Reports of Autonomy and Links to Contraceptive Practices

The ways in which dimensions of empowerment influence reproductive behavior are complex, and findings relating to those data have been discussed elsewhere (Jejeebhoy 2000 and 2001). In brief, these findings suggest that contextual factors (notably, region and, less consistently, district-level development and religion) condition the impact of autonomy (as described in women's reports) on measures of reproductive behavior in India. Evidence exists, as well, that individual-level indexes of autonomy—notably mobility and access to economic resources—exert an independent influence on the reproductive outcomes discussed here, even after controlling for region and other social variables (including education, economic activity, coresidence with mother-in-law, and dowry), economic status, and demographic factors (such as age, parity, and duration of marriage). Findings demonstrated the extent to which social institutions shape the effects of various factors on individual women's autonomy. In the more stratified setting of Uttar Pradesh, women's autonomy was found to be affected by factors that traditionally confer status, notably, coresidence with mother-in-law, size of dowry, age, and parity, together with economic status, and, to a lesser extent, secondary-school education. In the more egalitarian setting of Tamil Nadu, education—at both the primary and secondary levels—and, to a lesser extent, economic activity (but not marital duration or age or other traditional indicators of autonomy) are influential determinants of almost every dimension of women's autonomy (Jejeebhoy 2000). Other findings from this survey indicate that although contextual factors condition the impact of women's autonomy on their reproductive behavior, individual-level indexes of autonomy, according to women's own assessment, also exert an independent influence on their reproductive behavior. These effects are considerably stronger among women in Tamil Nadu than among those in Uttar Pradesh. These results suggest that gender inequality affects both women's autonomy and the strength with which measures of autonomy influence their reproductive behavior (Jejeebhoy 2001).

Available information about husbands' perceptions of their wives' autonomy allows a more extensive exploration of the links between such perceptions and reproductive behavior. The following questions are addressed here: Do women's perceptions concerning their own autonomy exert a greater influence than those of their husbands' on their current contraceptive practice, spousal communication about family size, need for contraception, and recent fertility? Can women's perceptions of their own autonomy enable them to generate changes in their reproductive behavior, regardless of their husbands' attitudes?

Table 5 presents the results of logistic regression models predicting whether women report current contraceptive practice, spousal discussion about family planning, unmet need for contraception, and childbirth in the preceding five years. In order to maximize the likelihood that the reproductive events and behavior reported did not precede the currently observed patterns of autonomy, in assessing the correlates the regressions exclude the 297 women who were sterilized more than five years preceding the interview.⁴ In assessing recent fertility, the table excludes data for all those married for fewer than ten years. Unmet need is defined as a dichotomous variable, set equal to zero if women report an unmet need (want no more children but not practicing contraception), and to one if they do not have an unmet need (practicing contraception, consider themselves infertile, are or want to become pregnant).

Correlates include the indexes of women's autonomy mentioned above as reported by women and as perceived by their husbands, separately and together. Additionally, such well-established predictors of contraceptive practice and spousal communication as the woman's education and work status, age, parity, economic status, district, religion, and region are included as controls. Odds ratios greater than one indicate a positive relationship between the independent variable and contraceptive experience, and odds ratios less than one indicate a negative relationship. Three models are presented for each outcome: women's own assessments of their autonomy, husbands' assessments of their wives' autonomy, and the combined assessments of women and their husbands.

The findings are not consistently significant, but are striking in several ways: They highlight the positive association between measures of female autonomy on the one hand, and contraceptive practice and spousal discussion about family planning on the other; the links to unmet need for contraception and the occurrence of childbirth in the past five years are generally weaker. The results suggest that autonomy indicators—women's reports and their husband's perceptions—have an independent effect on contraceptive practice and spousal communication, even after controlling for such well-known determinants as education and parity. Their net influence on unmet need for contraception and on childbirth occurring in the past five years is relatively modest and insignificant.

More important are the relative strengths of women's reports and husbands' perceptions of women's autonomy, and the role of contextual factors—specifically, region—in determining these effects. A clear regional pattern to these relationships is seen, with women's perceptions playing a more central role on reproductive outcomes in Tamil Nadu, where women have some measure of autonomy, than they do in Uttar Pradesh, where women are more acutely powerless. For example, current

Table 5 Odds ratios for associations between perceptions of wives and husbands concerning aspects of women's autonomy and reproductive behavior, controlling for socioeconomic and demographic factors, Uttar Pradesh and Tamil Nadu, India

Reproductive behavior	Index of mobility (0–5)		Index of decisionmaking (0–6)		Index of access to economic resources (0–4)	
	Wives' reports	Husbands' perceptions	Wives' reports	Husbands' perceptions	Wives' reports	Husbands' perceptions
Current contraceptive use						
Total	1.07*	—	0.99	—	1.19***	—
	—	1.03	—	0.94	—	1.06
	1.07*	1.01	0.94	0.93**	1.22***	1.06
Uttar Pradesh ^a	1.03	—	0.81*	—	1.15	—
	—	1.02	—	0.95	—	1.09
	1.02	1.02	0.80*	0.94	1.19*	1.11
Tamil Nadu ^b	1.18***	—	0.99	—	1.21*	—
	—	1.12	—	0.92	—	1.00
	1.17***	1.09	0.99	0.94	1.20*	0.98
Interspousal discussion of family planning						
Total	0.99	—	0.95	—	1.36***	—
	—	1.07	—	1.08**	—	0.97
	0.98	1.06	0.95	1.06**	1.34***	0.97
Uttar Pradesh ^a	0.94	—	0.64***	—	1.51***	—
	—	1.12**	—	1.21***	—	1.19*
	0.90**	1.17***	0.60***	1.22***	1.40***	1.25**
Tamil Nadu ^b	1.18***	—	1.31***	—	0.94	—
	—	1.04	—	0.99	—	0.94
	1.19***	1.06	1.32***	0.98	0.92	0.90
No unmet need for contraception						
Total	0.99	—	1.03	—	0.94	—
	—	0.98	—	0.92*	—	1.12*
	1.02	0.97	1.02	0.95	1.00	1.16*
Uttar Pradesh ^a	0.97	—	1.06	—	0.95	—
	—	0.95	—	0.94	—	1.31**
	0.97	0.95	1.05	0.94	0.98	1.30**
Tamil Nadu ^b	1.08	—	1.01	—	0.92	—
	—	1.06	—	0.93	—	1.03
	1.07*	1.06	0.99	0.93	0.91	1.02
Women married 10+ years who had a birth in last five years^c						
Total	0.98	—	0.97	—	0.89	—
	—	0.89**	—	0.94	—	1.03
	1.00	0.89**	0.98	0.94	0.89	1.03
Uttar Pradesh ^a	0.95	—	1.05	—	0.87	—
	—	0.83***	—	0.93	—	1.12
	0.99	0.82***	1.07	0.93	0.86	1.12
Tamil Nadu ^b	1.00	—	0.95	—	0.86*	—
	—	0.89	—	0.99	—	1.05
	1.00	0.89	0.95	0.99	0.87	1.05

*Significant at $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. ^a(N) = 740. ^b(N) = 623. ^c(N) = 930. — = Not applicable.

Notes: The first line in each panel shows women's own assessments of their autonomy; the second line shows husbands' assessments of their wives' autonomy; and the third line shows the combined assessments of women and their husbands. 182 women whose husbands were not interviewed were excluded as were an additional 297 women sterilized five or more years prior to interview. Coefficients are from regressions controlling for woman's education, economic activity status, age, number of surviving sons, daughters (in panel four, excluding those born in the last five years), ownership of consumer goods, district, religion, and in the case of all women combined, state. Reference categories: panel one, women who are not currently practicing contraception; panel two, women reporting no discussion about family planning with husband; and panel three, women experiencing unmet need for contraception. The total panels show the average values for the two states.

contraceptive practice is significantly and positively influenced by Tamilian women's reports of their mobility and access to resources; interspousal communication concerning family planning, likewise, by their reported mobility and decisionmaking authority; and the experience of a recent birth is negatively influenced by women's perceptions of their access to economic resources. The findings also show that the perceptions of husbands—on any dimension of women's autonomy—have little or no in-

fluence on the outcome measures in Tamil Nadu, without regard to which model is considered.

In Uttar Pradesh, however, the husbands' perceptions are clearly much more important in shaping outcomes than they are in Tamil Nadu, and the effect of women's perceptions of their autonomy is relatively modest and its direction erratic. For example, only one dimension of wives' autonomy reported by women—access to economic resources—has a significant positive

influence on such outcome factors as contraceptive discussion and practice (but not on others); their reported mobility and decisionmaking have no influence on unmet need or recent fertility, but decisionmaking appears to inhibit significantly current contraceptive practice and interspousal communication about family planning. Mobility has a significant inhibiting effect on interspousal communication about family planning. At the same time, husbands' perceptions of women's mobility, decision-making authority, and access to household economic resources exert a powerful and significant positive influence on interspousal discussion concerning contraception. In addition, husbands' perceptions of their wives' access to resources are significantly positively associated with the extent to which need for contraception has been met, and their perceptions of their wives' mobility are significantly negatively associated with recent fertility. Therefore, the findings suggest that husbands' perceptions of the extent to which their wives have a say in their own lives play a more powerful role than the women's own perceptions in shaping aspects of reproductive choice in Uttar Pradesh, although not in Tamil Nadu.

Conclusions

The results of this study indicate no more than a loose agreement between women and their husbands concerning the dimensions of wives' autonomy within the home. In general, between half and three-quarters of the couples surveyed agree about the extent to which women are able to exercise autonomy according to the index indicators described. Where disagreement is expressed, husbands are more likely to project a comparatively liberal picture of their wives' autonomy than do their wives. The available data do not permit an exploration of the factors underlying this finding, but inferences can be drawn from focus-group discussions conducted among women at all sites and among men at a single site in Uttar Pradesh. Although women's comments essentially corroborated the survey responses and provided depth to their interpretation, men's focus-group comments indicated far more conservative perceptions of female autonomy among men than were revealed in the survey responses. A tentative inference may thus be drawn that, on balance, in surveys men tended to provide more "acceptable" responses than when they discussed wives' autonomy in greater depth. At the same time, the findings drawn from logistic regressions, particularly for Uttar Pradesh, suggest that women may have strategically downplayed their autonomy in order to conform to social norms.

The study's results clearly show that cultural context—as measured here by region—affects the influences

that wives' and their husbands' perceptions of women's autonomy have on reproductive outcomes. In Uttar Pradesh, the setting in which gender imbalances are particularly acute, husbands' assessments of wives' autonomy influence reproductive outcomes more strongly than do women's perceptions of their own autonomy. In Tamil Nadu, the perceptions of husbands are not significant by any measure. Tamilian women's perceptions are clearly and significantly related to three of the four reproductive outcomes for which data are available. The findings indicate that the influence husbands' and wives' perceptions of women's autonomy have on reproductive outcomes is shaped by local social institutions concerning gender roles, as defined here by region. A clear regional divide is seen, net of individual and household characteristics, in the influence of almost every aspect of women's autonomy. In the highly patriarchal setting of rural Uttar Pradesh, women's reports of autonomy may not be sufficient to engender contraceptive choice; the perceptions of their husbands are central influences in shaping reproductive behavior, whereas in Tamil Nadu, women's perceptions are the dominant influence on such behavior.

These findings have implications for policy. Findings described in Jejeebhoy (2000) suggest that the traditional measures used to define female autonomy—education and economic activity—produce erratic results for settings that are highly stratified by gender. Strategies designed to enhance women's autonomy need to expand beyond the provision of education and employment or those promoting delay in age at marriage. Findings reported here indicate that although women's perception of their autonomy may be sufficient to enhance interspousal discussion of family planning and contraceptive practice in settings in which gender relations are relatively egalitarian, in all settings, but especially in those where women are powerless, husbands' perceptions of their wives' autonomy greatly influence reproductive choices and outcomes. A two-pronged approach is indicated to accompany long-term efforts designed to enhance women's educational and economic opportunities. One such approach includes raising women's consciousness of gender roles to the point where they can mobilize community resources and public services to challenge traditional norms underlying gender inequity, to acquire useful vocational and life skills, and to enhance access to and control over economic resources, so that they are enabled to establish and attain their rights. Simultaneously, the findings described here suggest the advisability of designing programs to involve men in promoting female autonomy and reproductive health and to sensitize them about women's rights and the links between their attainment of those rights and their families' well-being.

Notes

- 1 Similar studies were conducted in four other Asian countries, namely Malaysia, Pakistan, the Philippines, and Thailand (Mason et al. 1995). In the Indian study, in each taluka selected, village lists were drawn up that included information on the total number of households in each village by religion and caste. In order to represent Muslims and scheduled-caste households adequately, contiguous villages were merged into sampling units of roughly 1,000–2,000 households in a way that would allow for adequate representation of the different groups in the study design. As a result, in Tamil Nadu, where there are generally few Muslims, clusters of villages were much larger than in Uttar Pradesh where Muslims represent a substantial proportion of the population. The primary sampling unit (PSU) included in the sample was then selected randomly. In Tamil Nadu, the selected PSU contained a total of 12 villages from Pollachi (Coimbatore district) and 15 from Mudukulathur (Ramanathapuram district). The selected PSUs in Uttar Pradesh contained fewer villages: seven from Kunda (Pratapgarh district) and two large villages (with many “petis” or identifiable clusters) in Baghpat (Meerut district). Each household in the selected cluster of villages was listed, and this list constituted the sampling frame. The difference in the number of villages selected in each state is attributed to the following factors: (1) village sizes tend to be larger in Uttar Pradesh than in Tamil Nadu, and (2) because Muslims constitute less than 10 percent of the population of Tamil Nadu, a larger number of villages was required in order to reach the targeted respondents. A household-listing exercise was carried out in each of the selected PSUs prior to data collection. House listing was conducted for every structure in the PSU and comprised assigning numbers to structures; recording the addresses of each structure; and listing the names, religion, and caste of each household head. Households to be interviewed were selected randomly from the household lists of each religion and caste list.
- 2 Community questionnaires were also fielded at each village site, and 25 focus-group discussions were held at different sites and with different religious and caste groups. Six discussions were conducted per site: two among Muslims, two among the dominant Hindu caste, and one each among the high- and low-caste groups. Groups were restricted to women as old as 39, but not to respondents to the questionnaire (about 75 percent were respondents). One discussion group was conducted among men (Jats of Meerut district).
- 3 A limitation of the index of decisionmaking authority is that it weights women’s participation, raising equivalence problems with certain scores where it could be interpreted to suggest that having the major say in fewer decisions yields more autonomy than merely participating (but not having the major say) in many.
- 4 Largely similar coefficients are obtained in similar models that include the 297 women sterilized more than five years preceding the interview.

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