

Gender Inequality and Women's Empowerment

Ethiopian Society of Population Studies

**In-depth Analysis of the Ethiopian Demographic
and Health Survey 2005**

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Acronyms and Abbreviations

| | |
|-------|--|
| BMI | Body Mass Index |
| BPA | Beijing Platform for Action |
| CEDAW | Convention on Elimination of all forms of Discrimination Against Women |
| CSA | Central Statistical Authority |
| DHS | Demographic and Health Survey |
| FDRE | Federal Democratic Republic of Ethiopia |
| FGD | Focus Group Discussion |
| FGM | Female Genital Mutilation |
| GAD | Gender and Development |
| GER | Gross Enrolment Ratio |
| GPI | Gender Parity Index |
| MDGs | Millennium Development Goals |
| MMR | Maternal Mortality Ratio |
| SSA | Sub-Saharan Africa |
| UNFPA | United Nations Population Fund |
| WID | Women in Development |

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Executive Summary

This study on gender inequality and women's empowerment assessed of the gender gap in socio-economic and demographic characteristics that included literacy, educational attainment, work status, access to media, marital status and age at first marriage, and desire for children. It further assessed women's empowerment at household level by using a set of direct and evidence-based indicators included in the Ethiopian Demographic and Health Survey (EDHS). The study is primarily based on data from the 2005 EDHS and the sample comprises 14,070 women and 6033 men of reproductive age (Women in 15 to 49 and men 15 to 59 age group). In the analysis of the DHS data both bivariate and multivariate tests were employed to ascertain the statistical significance of differences and associations. Specifically, t tests for difference of proportions and gross and net logistic regression models were applied. Moreover qualitative data were collected from selected regions and used to supplement and explain gaps identified in the analysis of the EDHS data. Semi-structured guide questions were used to generate data from focus group discussions involving adult women and from key person interviews.

Statistically significant level of gender gaps were observed in literacy, educational attainment, work status, type of earning for work, occupation, access to media, age at first marriage and fertility preference or desire for children. Women are seriously disadvantaged in terms of the above variables. Specifically, the findings for women indicate a significantly higher illiteracy rate, lower proportion with primary or secondary and above education, lower proportion not working to earn, low or non-existent media access and, by far younger age at first marriage. Women indicated more interest to limit their number of children than men. The analysis identified that determinants of poor educational attainment of women are early marriage and rural and household poverty, i.e. belonging to households with lower and lowest wealth quintile groups. The qualitative study results indicated that there is a widely prevalent attitude in the society, particularly in rural areas, that early marriage and assuming household responsibilities are the primary roles of women. Because of this girls are forced to discontinue their education. Household workload for both married women and young girls is also a deterrent for schooling. Similarly, factors that contribute to women's work for earning are having some education, living in urban areas, being in a household with better economic status and older age at first marriage (age at first marriage above 18). Women's empowerment at household level was found to be generally low according to direct and evidence-based indicators which address women's involvement in household economic decision making and health matters. Better educational attainment, working to earn, living in urban areas, better household wealth status, better access to media, and age of women (being older) are significant positive contributors to women's empowerment at household level. A further analysis of evidence of empowerment

indicators which are set to capture women's self-esteem and autonomy on their own body revealed that women's empowerment in this dimension is extremely low. A considerably high proportion of women all over the country still accept wife beating for some given reasons and also believe that women are not justified in negotiating or in refusing sex with their husbands even if there are health risks. Women who have better education, are working to earn, living in urban areas, with better household wealth status, and better access to media are relatively more empowered in this dimension. Significant variations in all variables explored were observed among regions due to cultural diversities and the state of development.

It is recommended that existing programs and strategies should be reviewed and new ones designed to effectively improve the situation of women in the country. Specifically, priority programs should improve girls' education by focusing on retaining girls in schools, stopping early marriage, creating opportunities for women to work for earning, intensifying family planning programs and services, focusing on gender-sensitive rural development programs, and most importantly, working to bring cultural revolution towards gender equality in all aspects. Such programs should also consider region-specific problems, causes and traditions in order to be effective.

1. Introduction and Objectives

1.1 Introduction

Gender can be defined as a set of characteristics, roles, and behaviour patterns that distinguish women from men socially and culturally and relations of power between them (Women Information Centre, 2005). These characteristics, roles, behaviour patterns and power relations are dynamic; they vary over time and between different cultural groups because of the constant shifting and variation of cultural and subjective meanings of gender (Hirut, 2004).

The difference in power relations between men and women results in different gender roles, social roles and socially appropriate characteristics and behaviours. All are culture-specific. Kabira and Masinjila (1997) identified action, locus, visualization and power, among other things, as components in the identification of different roles of men and women.

Action refers to sexual division of labour. Actions are generally categorized into three: productive, reproductive, and community activities. Productive activities are those accomplished for income generation through production of goods and services. Reproductive activities include child bearing and nursing, as well as activities performed for maintenance of the family, such as fetching water, cooking, collecting firewood, etc., while community activities are those performed for the welfare of the general community, such as attending meetings. In most cultures, reproductive activities are defined to be roles of women, whereas productive and community activities are heavily dominated by men.

Locus shows the environment in which men and women operate. It is important in identifying gender gaps, particularly working at home or away from home. This is usually connected to freedom of movement and whether one has access to better income generating employment or not. In most societies women are the ones who are mostly working at home in the maintenance of the household or very close to home, doing both household activities and small-scale production and trading. By contrast, it is invariably the men who work mostly away from home and are employed in better paying jobs. As a result, the place of work of men and women, in such context, is strongly associated with the level of autonomy and economic empowerment they have.

Visualization is recognizing and being recognized due to certain activities and rewarded materially and also by privilege. Power is the ability to make decisions and force others to do what the power holder prescribes. The deeply-rooted patriarchal culture prevalent in most societies attributes power to men both at home and community level. Such persistent attribution of roles to either sex is referred to as gender stereotyping. Gender

stereotyping, and thereby gender inequality – the inequality of opportunity, right, responsibility, role, and access to and control over resources – is the result of socialization; gender roles are not necessarily determined by sex status. Socialization is defined as “the process by which individuals acquire knowledge, skills and dispositions that enable them to participate as more or less effective members of a group and the society” (Almaz, 1991:2). Thus, differential socialization induces differences in components of gender roles as mentioned above. The socially constructed division of labour results in different rewards, statuses, opportunities and roles (Hirut, 2004).

Different studies indicated the low status of women in developing countries in general and in Ethiopia in particular (Almaz, 1991; Hirut, 2004; Mukuria et al., 2005). Lack of access to productive resources such as land; lack of access to education, employment opportunities, basic health services, and protection of basic human rights; low decision making; violence and harmful traditional practices are some of the indicators of the socio-economic marginalization of women in the country.

Such gender gap between men and women in socio-economic indicators has negative impact on the overall development of the country in general and on demographic and health outcomes of individuals in particular. According to Kishor (2005), gender differences in power, roles and rights affect health, fertility control, survival and nutrition through women’s access to health care, lower control over their bodies and sexuality, and restrictions in material and non-material resources.

The process of correcting gender disparity in a society leads us to improving the condition and status of women in all spheres (household as well as community level) which is also termed as women’s empowerment. By way of defining this concept, Kishor (2005), cited the works of Dixon (1978) and Mason (1986) who defined women’s status operationally as the degree of women’s access to and control over material resources (including food, income, land and other forms of wealth) and social resources (including knowledge, power and prestige) within the family, in the community, and in the society at large. It is a multidimensional concept, which purports to measure a woman’s ability to control resources, her ability to choose and control different outcomes, and above all to enhance her self-esteem. It can be examined based on different indicators.

Until recently, variables such as education and employment were commonly used to capture empowerment and other related concepts such as women’s autonomy and status. Their use is justified by the fact that they have strong positive correlation with the direct empowerment indicators. A woman’s level of education, her employment status, particularly employment for cash, and media exposure are expected to be positively related to empowerment (Mason, 1986; Kishor, 2000). Women who are educated, employed, and exposed to the media are likely to be better equipped with the information and the means needed to function effectively

in the modern world. Together these factors are expected to influence women's inherent abilities as well as their attitudes on gender roles.

While those proxy measures are important and are ideally associated with empowerment, they may not capture all aspects of the multidimensional concept of empowerment (Joshi, 1999). Recently, scholars have turned from using indirect proxies to quantify autonomy/empowerment to using more direct measures. These direct measures consist of a combination of observable items or indicators that are categorized into different dimensions of autonomy, such as access to and control over resources, participation in economic and child-related decisions, self-esteem, mobility, freedom from domestic violence, and political awareness and participation (Balk, 1994, 1997; Blumberg, 1994; Morgan and Niraula, 1995; Hashemi, Schuler and Riley, 1996; Jejeebhoy, 2000; Jejeebhoy and Sathar, 2001).

The search for more direct measures has focused on capturing 'evidence' of empowerment (Kishor, 2000). One widely accepted measure of 'evidence' (or lack thereof) is women's participation in household decision-making. This variable is increasingly used as an objective indicator of women's household level empowerment, particularly in demographic and health studies (Schuler and Hashemi, 1994; Balk, 1997; Hindin, 2000; Kritiz et al., 2000).

The purpose of this paper is to carry out an in-depth investigation of gender differences on basic socio-economic and demographic characteristics and status of women in Ethiopia and their differentials and correlates based on data supplied by the Demographic and Health Survey (DHS) of 2005. Moreover, an attempt was made to assess levels and differentials of women's empowerment based on household level indicators, the components of which are supplied by the DHS.

Even though various studies in the past assessed the situation of gender differences and status of women in Ethiopia in some characteristics, it is important to examine, update and document the situation whenever recent data are available as this will allow to identify changes/improvements over time or the lack thereof and to assess effects of various pertinent policies and programs in the main areas of concern such as women, population, youth, health and education.

The paper is organized in to six main units. Unit 1 is introduction and objectives. Unit 2 is on literature review and background. Unit 3 addresses data and methods including limitations. Unit 4 is on findings and discussion on gender gap across basic socio-economic variables and the differentials by background and context characters such as place of residence, region, household wealth index, age, religion, etc. Unit 5 is on findings and discussion on women's empowerment situation based on indicators supplied in the DHS. Unit 6 is recommendations and limitations.

1.2 Objectives of the Study

The main objectives of the study are:

- To examine the extent of the gender gap in terms of some socio-economic and demographic profile indicators such as literacy, educational attainment, employment, access to media, age at first marriage and fertility preference, among others; i.e. to carry out gender analysis on available data;
- To examine the factors and determinants that are associated to and responsible for gender inequality in Ethiopia in the main dimensions described above;
- To examine determinants and correlates of women's empowerment indicators at household level, the latter described by women's decision making role, on husbands' income, large purchase and own health care, and attitude towards domestic violence and autonomy on own sexuality; and
- To make recommendations which are useful for policy review and advocacy.

2. Background and Literature Review

2.1. An Overview of Gender Inequality in Developing Countries

The issue of gender inequality can be considered as a universal feature of developing countries. Unlike women in developed countries who are, in relative terms, economically empowered and have a powerful voice that demands an audience and positive action, women in developing countries are generally silent and their voice has been stifled by economic and cultural factors. Economic and cultural factors, coupled with institutional factors dictate the gender-based division of labour, rights, responsibilities, opportunities, and access to and control over resources. Education, literacy, access to media, employment, decision making, among other things, are some of the areas of gender disparity.

Increase in education has often been cited as one of the major avenues through which women are empowered. Education increases the upward socio-economic mobility of women; creates an opportunity for them to work outside the home; and enhances husband-wife communication. In Demographic and Health Surveys (DHS), school attendance ratio and literacy rate are used as measures of education. The former shows the ratio of girls' school attendance to that of boys'.

As far as primary school level is considered, the proportion of females attending primary school in developing countries in general and in Sub-Saharan African (SSA) countries in particular is found to be lower compared to that of males. For instance, among females of primary school age, only 17% of them in Niger (in 1998) and 21% of them in Burkina Faso (in 1998/99) were attending school, while the respective figures for males are 24% and 29% (Mukuria et al., 2005).

Gender gap in access to education is more pronounced at secondary and higher levels in SSA and Southern and Western Asia. According to UNFPA (2005), based on the 2001/02 millennium indicators data base of the United Nations, the ratio of females per 100 boys enrolled in secondary education was 46 in Benin, 57 in Equatorial Guinea, 60 in Cambodia, 62 in Djibouti and 65 in Burkina Faso. Generally, the report shows that, in most developing countries, gender disparities in access to education increase with increasing level of education. Among 65 developing countries for which the required data were available, about half have achieved gender parity in primary education, 20% of them achieved gender parity in secondary education, and only 8% of them in higher education (UNFPA, 2005).

Developing countries exhibit considerably lower literacy rate where women are the most disadvantaged. Adult literacy rate is 76% and 99% in developing and developed countries, respectively, indicating that the latter contribute only about 1% to the world's illiterate people (UNFPA, 2005). Latin America and the Caribbean and

East Asia and the Pacific have literacy rates of 89% and 91%, respectively. The lowest adult literacy rates are observed in South and West Asia, Sub-Saharan Africa, and the Arab States with respective figures of 58%, 62%, and 62%, respectively. Surprisingly, about two-thirds of the world's illiterates are women. Adult illiterate women account for 55% in Latin America and the Caribbean, 61% in sub-Saharan Africa, and 64% in both Arab states and South and West Asia (UNFPA, 2005). Regarding youth illiteracy, among 137 million illiterate youth in the world, 63% of them are females. This gender gap in youth literacy is noticeable in Southern and Western Asia, the Arab States, and Sub-Saharan Africa.

One of the areas of disparity between males and females is related to the difference in their employment status which is manifested by occupational segregation, gender-based wage gaps, and women's disproportionate representation in informal employment, unpaid work and higher unemployment rates (UNFPA, 2005). As women in developing countries have low status in the community, the activities they perform tend to be valued less; and women's low status is also perpetuated through the low value placed on their activities (March et al., 1999). In-depth analysis of DHS by Hindin (2005) showed that only 17% of women in Zimbabwe, 12% in Zambia and 4% in Malawi have higher status job than their partners. The respective percentages of women whose partners have higher status jobs are 52, 43 and 53.

Women are also overrepresented in the informal sector. In Sub-Saharan Africa, 84% of women's non-agricultural employment is informal compared to 63% of men's. The figure is found to be 58% and 48% for women and men, respectively in Latin America (UNFPA, 2005). Studies generally show that women are more likely to be engaged in work and also work for longer hours than men. For instance, in 18 of the 25 countries in Sub-Saharan Africa, greater than 50% of women were employed and even in six of these countries the percentage of employed women was greater than 75% (Mukuria et al., 2005). However, as most of the employed women work in agricultural and other activities which are mostly considered to be having limited or no financial returns, their employment does not contribute much to their status and empowerment. Thus, women in those countries have no or little autonomy and they are dependent on their partners in most aspects of their life.

In spite of its importance in enabling women to get access to information about personal health behaviours and practices, household, and community, the percentage of women exposed to different types of media is limited in most developing countries. The analysis of DHS data of 25 countries in Sub-Saharan Africa showed that in nine countries less than 10% of women reported they read newspapers at least once a week. In four of eight Latin American and Caribbean countries, the prevalence of newspaper reading is greater than 50%. Sub-Saharan Africa is at a disadvantage with regard to women's access to television. In 2000, among women aged 15 – 49, only 3.8% and 6.3% of them watched television at least once a week in Malawi and Rwanda, respectively.

However compared to access to newspaper and television, access to radio is relatively better. For Malawi and Rwanda, the percentage of women who listen to radio at least once a week is 52 and 39 in the same order.

Women's limited access to education, employment opportunity, and media, coupled with cultural factors, reduces their decision making power in the society in general and in a household in particular. Regarding their participation in decision making at national level, though the number of women in national parliaments has been increasing, no country in the world has yet achieved gender parity. According to the millennium indicators data base of the United Nations, cited in the UNFPA (2005), the percentage of parliamentary seats held by women in 2005 was 16% at world level, 21% in developed countries, and 14% in developing countries. This low representation of women in national parliaments could be due, among others, to type of electoral systems in different countries, women's social and economic status, socio-cultural traditions and beliefs about women's place in the family and society, and women's double burden of work and family responsibilities (UNFPA, 2005).

Women's low decision making power, particularly in developing countries, is more pronounced at household level. In the study conducted by (Visaria, 1993 cited in Desai et al., 2005) in Gujarat, Western India, about 50% of the women stated that they do not feel free to take a sick child to a doctor without the approval of their husband, and 70% of the women do not make decisions regarding the purchase of their own or their children's clothing. Similarly, DHS data of Zimbabwe, Zambia and Malawi analyzed by Hindin (2005) show low decision making power of women, though women in Zimbabwe have better autonomy than women in Zambia and Malawi. In Zambia, men are more likely to have the sole final say over women's own health care, large household purchases, visiting relatives, and number of children to have and when to have them. In Malawi, men are more likely to have the sole final say over large household purchases and women's own health care. In Zimbabwe, however, women have the sole final say than their partners over their own health care, household purchases, and what food to cook; and the decisions concerning large purchases and visiting relatives are primarily made jointly.

Hindin (2005) employed multivariate statistical analysis to examine factors that influence the decision making power of women in the three countries and found that, for women in urban areas, their partners have the final say in fewer decisions. In polygynous households, men are found to have more final say than women in all the three countries. Higher levels of household wealth are associated with more joint decision making and less decision making by women alone. Regarding household size, in Zambia, women in larger households make fewer final household decisions alone. Older women report having the final say alone in more decisions and younger women report more decisions being made by their partners alone. In Zimbabwe, more educated women report having the final say in fewer decisions, but have more joint decisions. In Zambia and Malawi, more educated women report having more final say in decisions and also report that their partners have

the final say in fewer of the decisions. Employed women have the final say in more domains compared with unemployed women.

The aforementioned facts clearly show the lower status of women in the society compared to that of men, which has an adverse impact on the overall health status and conditions of women in developing countries. Maternal Mortality Ratio (MMR), an indicator of women's health, is one of the highest in most of these countries. For instance, Mukuria et al. (2005), based on analysis of DHS data from 22 Sub-Saharan African countries, showed that MMR is greater than 500 per 100,000 live births in 16 of them, and even greater than 1000 in the Central African Republic, Eritrea, Malawi, and Rwanda. Body Mass Index (BMI), an indicator of maternal nutritional status, is also found to be worse. Among 24 sub-Saharan African countries included in the analysis, ten of them have poor nutritional status, four countries have serious nutritional situation, and one country has a critical situation.

2.2 The Ethiopian Context

The problems of gender inequalities discussed above are very much prevalent in and relevant to Ethiopia. Ethiopia is a patriarchal society that keeps women in a subordinate position (Haregewoin and Emebet, 2003). There is a belief that women are docile, submissive, patient, and tolerant of monotonous work and violence, for which culture is used as a justification (Hirut, 2004).

The socialization process, which determines gender roles, is partly responsible for the subjugation of women in the country. Ethiopian society is socialized in such a way that girls are held inferior to boys. In the process of upbringing, boys are expected to learn and become self-reliant, major bread winners, and responsible in different activities, while girls are brought up to conform, be obedient and dependent, and specialize in indoor activities like cooking, washing clothes, fetching water, caring for children, etc. (Haregewoin and Emebet, 2003; Hirut, 2004).

The differences in the ways in which individuals are treated through the socialization process, due mainly to their sex status, leads to the development of real psychological and personality differences between males and females (Almaz, 1991). For instance, a female informant in Arsi stated that a man is a big person who has higher social position and knowledge, who can govern others and think in wider perspectives; while a woman is a person who can serve a man, who is like the husband's object transferred through marriage, and to whom he can do anything he wishes to do (Hirut, 2004). These socially induced differences between males and females result in discriminatory rewards, statuses, opportunities and roles as shall be discussed below.

Low educational level is one of the causes and consequences of females' low socio-economic status. In spite of the fact that significant progress has been realized in girls' education during the last decade, gender gap is still

observed. According to various statistical abstracts of the Ministry of Education, the share of female students has increased from 21% to 25% between the years 1998/99 and 2002/03. Nevertheless, the sex disaggregated Gross Enrolment Ratio (GER), the ratio of total enrolment at primary or secondary education to the corresponding school age population, shows disparity between the two sexes. Though female GER in primary education has increased from 41% in 1999/2000 to 54% in 2002/03, the respective figures for males are 61% and 75%. The gender gap is clearly observed when the Gender Parity Index (GPI), the ratio of female to male enrolment, is considered. Between the years 1999 and 2003, GPI was found to be 0.7, indicating that there were only 7 girls enrolled at primary schools for every 10 boys (Federal Civil Service Commission, 2005). This gender gap increases with increasing level of education.

Women are underrepresented in the formal sector of employment. The survey conducted by the Central Statistical Authority (CSA, 2004) showed that women account for less than half (43%) of the total employees in the country. Considering the percentage of female employees from the total number of employees by employment type, the highest was in domestic activities (78%) and followed by unpaid activities (59.3%). In other types of formal employment (e.g. government, NGOs, private organizations), the percentage of female workers is less than 35. On the other hand, the survey showed overrepresentation of female workers in the informal sector. About 58% of working women work in the informal sector whereas the percentage of working men in the informal sector was 37.7 % (ibid).

The breakdown of the federal government employees by occupational groups also indicated gender disparity. From federal government employees found in the clerical and fiscal type of jobs 71.3 % were female, while the percentage of females was slightly more than half (51%) in custodial and manual type of jobs. Women make up 25% and 18% of the administrative and professional and scientific job categories, respectively, indicating that upper and middle level positions are overwhelmingly dominated by men (Federal Civil Service Commission, 2005). This concentration of women in the informal sector and low level positions has implication on their earnings. In this regard, the survey showed four out of ten women civil servants earn Birr 300 a month compared to two out of ten for men (Federal Civil Service Commission, 2005).

Ethiopian women's access to mass media is one of the lowest. In their DHS comparative report, Mukuria et al. (2005) show that, among 25 Sub-Saharan African countries, Ethiopia was the last with respect to percentage of women who have access to newspaper. In the same report it was indicated that in 2000, among women aged 15-49 in Ethiopia, only 1.7% read newspaper at least once a week, compared with 15% in Uganda, 36% in Gabon and 37% in Namibia. Regarding women's access to television, among the 25 countries, Ethiopia was the second from the last with only 4.4% of women aged 15-49 watching television at least once a week, surpassing

only Malawi (3.8%). Women's access to radio was relatively better than access to newspaper and television, with 11% of the women listening to radio at least once a week. It is, however, the lowest compared to other sub-Saharan African countries; 72% for Gabon, 53% for Uganda, 52% for Malawi and 39% for Rwanda.

Though women in the country have constitutional rights of participation in decision making, their involvement is limited at all levels. For instance, according to the 2004 report of the National Electoral Board of Ethiopia, among 547 seats of the Federal Parliament, only 7.7% of them were occupied by women. At regional and district levels, women constitute only 13% and 14% of council members and elected officials, respectively (Federal Civil Service Commission, 2005). It is also the case that women have little or no power of making decisions on matters related to their own households. Their decision making power is limited regarding land use in rural areas (Haregewoin and Emebet, 2003) and even on sexual interactions (Adanech and Azeb, 1991). Haregewoin and Emebet noted that less than 25% of women are able to decide by themselves on contraceptive use. Mostly women in the country have the power to make decisions on issues related to the daily life of their family, but decisions about large household purchases, degree of participation of a woman in social activities, and reproductive health issues are dominated by men.

Women's health problems, which were formerly conceived as biological and reproductive issues, are nowadays re-conceptualized to encompass gender issues. This is because reproductive health issues do not give the full picture of the problem as women's health is also embedded in the social and cultural settings. Accordingly, Yegomawork et al. (2005) classified the health problems into two. The first is maternal health problems which are directly related to child bearing complications such as prolonged labour, retained placenta, maternal malnutrition, etc. In this regard, Ethiopia is one of the developing countries with high maternal mortality ratio (871 deaths per 100,000 live births in 2000) (Mukuria et al., 2005). Although the MMR has reportedly decreased since then to 673 deaths per 100,000 live births for the period 2000 to 2005, according to the recent DHS 2005 result, it is still on the higher side. Similarly, among women aged 15 – 49 and with children under three years, 25% have Body Mass Index of below 18.5, a cut-off point used to identify chronic energy deficiency (Mukuria et al., 2005). The authors also stated, according to the categorization of World Health Organization, this percentage shows a serious nutritional situation in the country.

The other health problem related to the low socio-economic and cultural status of women, are among others, Female Genital Mutilation (FGM), rape, abduction, etc. In Ethiopia, 80% of women (and in some parts of the country up to 100%) are mutilated, as a means of women's loyalty to culture and faith (Haregewoin and Emebet, 2003). It is also estimated that, in each of the 28 woredas in Addis Ababa, three women are raped each day making it a total of 30,660 rape cases every year (Haregewoin and Emebet, 2003). Data compiled

by the Ethiopian Women Lawyers Association from woreda police stations in Addis Ababa showed a 39% and 54% increment of abduction and assault and bodily injury to women and young girls between 1999 and 2001 (Federal Civil Service Commission, 2005). To summarize, the above documented facts regarding the status of women in Ethiopia in terms of social, economic and cultural profiles in the society revealed the appalling situation women are in, and called for more serious and joint efforts by all concerned to bring about the much expected improvement and change towards gender equality.

2.3 Policy Overview

The issue of gender equality has become an area of concern in development planning during the last few decades. The marginalization, from development programs, of women for a long period of time is challenged with changing policy perspectives from Women in Development (WID), which aims to include women in development projects in order to make the latter more effective, to Gender and Development (GAD), which aims to address inequalities in women's and men's social roles in relation to development (March et al., 1999). Gender mainstreaming, the integration of gender issues into every aspect of development programs, is aimed at empowering women to enable them participate in and benefit from the programs equally as men, being supported by international and national policies.

Global effort had been underway to alleviate the low status of women since the 1990s. In the framework of the general conferences held in Cairo (1994) and in Beijing (1995), direction was set and recommendations were made targeting mainly the removal of all the obstacles to gender equalities. The outcomes of these conferences recognized that the integration of gender issues into the general development plan and program of a country is crucial and unavoidable step for overall sustainable development and that needs to get proper attention by governments.

At international level, the Convention on Elimination of all forms of Discrimination Against Women (CEDAW), the Beijing Platform for Action (BPA), and the Millennium Development Goals (MDGs) are the main strategies and conventions introduced for the achievement of gender equality.

CEDAW incorporates the following measures that governments have to take to guarantee gender equality: elimination of discrimination against women in employment opportunities and benefits of service; ensuring gender equality in all areas of socio-economic life such as legal rights to contracts and property, and access to financial credit; equality of women in national constitutions; and abolishing existing laws, regulations, customs and practices that discriminate against women.

The measures that are included in the BPA are ensuring women's equal rights and access to economic resources; elimination of occupational segregation and all forms of employment discrimination and promoting women's access to employment, appropriate working conditions and control over resources; facilitating women's equal access to markets, trade, information, and technology; promotion of harmonization of work and family responsibilities for women and men; and conducting gender-based research and dissemination of its results for planning and evaluation.

The key commitments of governments and other development partners set in the MDGs include gender equality and women's empowerment. The commitments include ensuring universal primary education for both boys and girls by 2015; elimination of gender disparity at all levels of education by 2015; and reducing maternal mortality ratio by three quarters between 1990 and 2015. Ethiopia adopted these agreements to promote gender equality and improve the lives of women. As a means to implement these global agreements, different policies and legislations have also been enacted. These are the National Policy on Women, National Population Policy, Education Policy, Cultural Policy, and other legal documents.

The National Policy on Women, introduced in 1993, was the first policy that is specifically related to the affairs of women (Jelaludin et al., 2001). The objectives of the policy include facilitating conditions conducive to the speeding up of equality between men and women so that women can participate in the political, economic and social life of their country on equal terms with men; ensuring that their right to own property as well as their other human rights are respected and that they are not excluded from both the enjoyment of the fruits of their labour or performing public functions and participating in decision making.

Cognizant of the adverse impact of low status of women on the overall economic development in general and on reproductive health issues in particular, the National Population Policy of the country, which was also endorsed in 1993, included in its objectives women's status and health issues such as reduction of incidence of maternal mortality, improvement of females' participation at all levels of education and enhancement of the contraceptive prevalence rate (TGE, 1993).

The 1994 Education and Training Policy affirmed the importance of girls' education. It focused on the reorientation of the attitude and values of the society towards recognizing the roles and contributions of women in development. The policy included gender equality issues such as increasing girls' school enrolment ratio, preparing a gender sensitive curriculum, and reducing girls' dropout and repetition rates (FDRE, 1994).

In an attempt to address customary practices and backward traditions that undermine the roles of women in society, the National Cultural Policy was enacted in 1997. The main objectives of this policy are to ensure equal

participation in and benefit from cultural activities, and to abolish traditional harmful practices that violate the rights of women such as early marriage, female genital mutilation and abduction (FDRE, 1997).

In addition to the aforementioned national policies gender equality is guaranteed by the Constitution of the country. Article 25 of the FDRE Constitution states that all persons are equal before the law and prohibits any discrimination on grounds of gender. In Article 35, equality in matters related to employment, equality in acquisition and management of property, equal participation in policy and decision making, and right of women to plan families are stated to ensure gender equality. Similarly, Article 42 states the right of female workers to equal pay for comparable work (FDRE, 1995). Despite the fact that the country adopted global agreements and endorsed country-specific laws and policies, there are gaps and limitations in implementation, as a result of which the status of women in the country remained very low as discussed in the first part. It is imperative, therefore, to revisit policy implementation strategies and programs, identify problem areas and take appropriate action for improvement.

This particular study, as mentioned earlier on, has the purpose of supporting this effort by producing recent evidence and facts usable in revealing the situation of gender inequality and status of women in the country based on in-depth analysis of the DHS 2005 data.

3. Data Source and Study Population

The data used for this study are obtained from the nationally and regionally representative Ethiopian Demographic and Health Survey (EDHS) carried out in 2005. It covered nine regions and two administrative councils. The survey was done using scientifically selected probability samples of households and standardized questionnaires. The data included detailed information from sample households and their members on health, demographic and socio economic characteristics from which the required information for gender analysis and women's empowerment study were obtained. The study units are women in the reproductive age group (15 – 49) and men in the age group 15 – 59. The sample included 14,070 women and 6,033 men.

The findings are also supplemented by qualitative information, for the purpose of this in-depth analysis, collected by means of focus group discussion (FGD) and interviews that were conducted with community members, health professionals and other key personnel.

4. Gender Analysis

4.1. Concepts and Models

Gender analysis refers to a variety of methods and techniques used to understand the differences between men and women in terms of roles, behaviours, activities, needs, opportunities, access to and control over resources, and constraints in relation to one another. Gender analysis also refers to the gender-based disaggregation and appraisal of available data to pinpoint the difference between men and women on account of gender. As stated in the introductory section of this paper, the roles, activities, opportunities and access to and control over resources of men and women vary across different socio-economic and cultural settings. Within the same setting itself their roles and learned behaviour could be different. Due to diverse roles expected from them, men and women have different knowledge, experience, needs, and access to resources. Different gender roles result in one sex having an unequal role in decision making while the other has little or no and being denied the benefits from development. Gender analysis, thus, explores these differences and provides information about gender relations in different settings.

Gender analysis is indispensable in order to promote gender equality and achieve sustainable development. Careful analysis of the differences between men and women enable researchers and policy makers to explicitly show the disparities between the two sexes due to gender roles, in which women are mostly affected, and challenge the disparity for equality to be guaranteed. By doing so, gender analysis adds insight into how the issue of gender equality is incorporated into development policies and programs to pursue efficient development goals in which women generally participate in and benefit from development programs.

Gender analysis is a broad and complex activity that involves careful examination of gender relations in different socio-economic and cultural settings. To do so, various tools (frameworks) have been developed by researchers, among which two of them are presented below.

(a) Harvard Analytical Framework: This framework was developed at the Harvard Institute for International Development in the USA in 1985. Three main components can generally be identified in this framework (March et al., 1999; Women's Information Centre, 2005). The first is the activity profile which deals with the identification of the productive and reproductive activities of men and women. It examines not only the gender-based division of labour but also the percentage of time allocated for each activity, whether the activity is carried out seasonally or daily and specification of the place where the activity is performed (e.g. at home, in the family, or elsewhere) which shows freedom of mobility. As reproductive activities, the roles of men and women to ensure the welfare of the family are also analyzed.

The second component is the access and control profile. It indicates the gender based access to resources, control over the use of resources and the benefits of the use of resources. Access simply refers to the use of resources. But, this has nothing to do with control over it as, for instance, women in most developing countries have access to resources but do not have power to make ultimate decisions about their use. The third component includes influencing factors which enable the assessment of factors that determine different opportunities and constraints for men and women, and shape gender relations. They include general economic conditions, institutional structures, demographic and socio-cultural factors, community norms, legal parameters, education and training and political events (Almaz, 1991; March et al., 1999).

(b) Women's Empowerment Framework: This framework, which is also called the Longwe Framework, was developed by Sara Hlupekile Longwe of Zambia. It emphasizes the assessment of women's empowerment and equality with men regarding equal participation in the development process to achieve control over the factors of production on an equal basis.

In Longwe's Framework, five different levels of equality, which are the basis of gender equality analysis on the one hand and determinants of the level of women's empowerment on the other, are identified (March et al., 1999; Women's Information Centre, 2005). These five levels of equality, in their hierarchical order, are welfare, access, conscientisation, participation and control. Welfare shows women's access to material resources relative to men such as food supply, income, medical care, etc. Access denotes women's access to factors of production on an equal basis with men such as equal access to land, labour, credit, training, marketing facilities, public services and benefits, etc. Conscientisation indicates conscious understanding of the difference between sex and gender, and an awareness that gender roles are cultural and can be changed. It also involves a belief that the sexual division of labour should be fair and agreeable to both sexes and does not involve the domination of one sex and subordination of the other. Longwe defines participation as women's equal participation in the decision making process, policy making, planning, and implementation. Finally, control refers to women's control over the decision making process through conscientisation and mobilization, to achieve equality of control over the factors of production and the distribution of benefits.

None of the frameworks is perfect to be always used for gender analysis. For instance, the Harvard Analytical Framework is too generic and does not tackle gender issues within the target population. It also aims at welfare aspects of development and leaves out the strategic needs of men and women (Women's Information Centre, 2005). Similarly, the limitations of the Longwe Framework are that it misses the macro environment which has an impact on gender relations, and the five levels of empowerment misleads people into thinking that empowerment is a linear process which moves people from the lowest to the highest level (Women's Information Centre, 2005).

Based on the data at hand, therefore, this paper employed the Harvard Analytical Framework to the extent that it helped to systematize the variables and indicators used in examining inequality between men and women. However, useful adjustments are also introduced in order to use the data effectively and show gender gaps as well as situation of women's empowerment. The indicators for gender analysis are given below based on the components of the Harvard Analytical Framework.

Table 4.1 Components of the Harvard Analytical Framework with corresponding indicators

| Components of Harvard Analytical Framework | | Indicators for gender disaggregated data |
|--|---|--|
| Activity profile | Productive activities | Employment status Type of occupation Type of earnings Women's earnings compared to their partner |
| | Reproductive activities | Marital status Age at first marriage Fertility preference Desire for more children |
| Access and control profile | Access to resources | Educational level Literacy status Access to media Exposure to family planning messages Knowledge of contraceptives Knowledge about HIV/AIDS |
| Influencing factors | Control over resources * | Decision making power on household matters (e.g. for health care, in large household purchase, etc.) Power to refuse sex (e.g. for reasons such as tiredness, not being in the mood, etc.) Power to negotiate safer sex (e.g. If husband has STD, etc.) Acceptance of wife beating |
| | Background characteristics of the respondents and context variables | Educational level, age ; religion, wealth index, place of residence, region |

* Indicators identified under control over resource profile are discussed under the part on women's empowerment based on the response from women. There was no gender disaggregated data in the DHS on ownership of land or other resources which should have been included under access to resources profile; resource ownership was, rather, compiled and converted to household wealth index. Similarly access to health care is not included in the above table as there was no gender disaggregated data on accessing health care.

4.2. Methods

In order to explicitly show gender inequality in the country, both bivariate and multivariate techniques were used based on the variables supplied in the DHS. Bivariate techniques were used to show whether there is a significant difference between men and women with respect to selected socio-economic and demographic variables. Multivariate techniques were used to determine the relative importance of identified explanatory variables in influencing major indicators for gender gap such as education and employment taken as dependent variables. The main explanatory variables include household characteristics and individual characteristics. The former include variables such as place of residence, region and wealth quintile and, the latter include age, marital status, age at first marriage and religion. Binary logistic regression model is employed for the multivariate analysis. The logistic model considers the relationship between a binary dependent variable and a set of independent variables.

4.3 Results

4.3.1 Gender Differences in Selected Socio-economic Characteristics of the Study Population

Table 4.2 summarized the proportion of women and men who are in different categories of background characteristics of the study population. Statistical significance between the proportions were also tested and indicated in the table. It is worth mentioning here that the study group comprised only those in the reproductive age group (15 to 49 for women and 15 to 59 for men) and results can be generalized only within this age frame.

Ethiopia is one of the countries known for gender inequality. The statistical figures of DHS 2005 clearly show this difference. For instance, regarding literacy, sharp disparity is indicated among women and men even though it is low for both sexes. The proportion of illiterate women (who can not read a whole sentence) was as high as 76.8 % where as for men it was 53.3 %. By contrast men are more than twice as likely to be literate compared to women, 45.1 % and 21.5 % for men and women, respectively. The difference is found to be statistically significant.

With regard to educational attainment similar significant inequality is indicated. Educational attainment of women is by far lower than that of men according to the data. The majority of women (65.9%) and 42.9 % of men had no education. During the same year, 19.8 % of men had attained secondary and higher level of education. The percentage was, however, only 11.9% for women. Again the gap is found to be significant.

Access to media is one of the areas of gender inequality. The majority of women (53.7%) did not have access to any media, i.e. newspaper/magazine, radio or television. The figure is 33 % for men. Those who have frequent access to the media ,meaning, who can listen to radio or TV or read newspaper magazine at least once a week

were 20.5 % and 36.5 % for women and men respectively. The inequality was found to be significant in the test. Radio is the most accessible medium. As far as access to radio is concerned, 31.4% of men listen to radio at least once a week. On the other hand, only 16% of women listen to it at least once a week. In other words men were about twice more likely to have frequent access to radio than women.

Table 4.2 Gender differentials on major socio economic variables

| Background characteristics | Categories | Proportion of women | Proportion of men | Significance in difference of proportions |
|--|------------------------------|---------------------|-------------------|---|
| Literacy | Illiterate | d.8% | 53.3% | *** |
| | Literate | 21.5% | 45.0% | *** |
| | Total | 100% (14 061) | 100% (6 027) | |
| Educational attainment | No education | 65.9% | 42.9% | *** |
| | Primary | 22.2% | 37.3% | *** |
| | Secondary and higher | 11.9% | 19.8% | *** |
| | Total | 100% (14 069) | 100% (6 033) | |
| Access to any media (Radio/ TV/Newspaper) | No access | 53.7% | 33.0% | *** |
| | Infrequent access | 25.8% | 30.8% | *** |
| | Frequent access | 20.5% | 36.2% | *** |
| | Total | 100% (14 070) | 100% (6 033) | |
| Exposure to message about family planning (Radio/TV/Newspaper) | None | 68.7% | 59.5% | *** |
| | Heard some message | 31.3% | 40.5% | *** |
| | Total | 100% (14 064) | 100% (6 028) | *** |
| Employment Status in the last 12 months | Not Employed | 64.1% | 12.4% | *** |
| | Employed | 35.9% | 87.6% | *** |
| | Total | 100% (13 431) | 100% (6 020) | *** |
| Type of earning for work | unpaid | 52.5% | 51.4% | Not sig. |
| | Cash only or partly in kind | 39.7% | 28.5% | *** |
| | In kind only | 7.8% | 20.1% | *** |
| | Total | 100% (4 800) | 100% (5 272) | |
| Type of occupation for the employed | Prof/Tech/Manag. | 3.8% | 2.6% | Not sig. |
| | Clerical, Sales and services | 32.9% | 7.0% | *** |
| | Agriculture | 52.2% | 84.6% | *** |
| | Skilled Manual | 6.1% | 3.3% | *** |
| | Unskilled manual | 5.0% | 2.5% | *** |
| | Total | 100% (4 758) | 100% (5 238) | |

*** = P< 0.001, ** = P<0.01, * = P<0.05, (***, **, * indicate level of significance at specified level).

Greater difference is also observed between the two sexes in terms of their employment status. About 87.6% of men were working in the last 12 months before the survey in 2005. However, only 36% of women were working by then. Among respondents working in the 12 months preceding the survey, agriculture is the main type of occupation for both sexes: 84% of men and 52.2% of women, showing overrepresentation of men in agriculture than women. The percentage of women in professional/technical/managerial type of occupation is 3.8% while the figure is only 2.6% for men. But the difference is not found to be statistically significant. More women (31%) were engaged in clerical, sales and services than men (6.8%). This is in agreement with the documented fact that working women are overrepresented in the informal sector. With regard to type of earnings for work, significantly higher percentage of women (39.7%) than men (28.5%) are paid in cash only or in cash and some in kind. On the other hand, more men (20%) than women (8%) are paid in kind only. One of the explanations for this could be that most of the men who were working in the agriculture sector were probably self-employed and their earning was expected to be in kind. Interestingly the proportion of unpaid men and women workers was about the same and there is no statistical significance.

However, further examination of characteristics of the working group by place of residence, i.e. urban and rural areas as shown in table 4.3, revealed that in urban setting, type of earning for work does not show marked variation among men and women. The proportion of men who were paid in cash only or in both cash and in kind was 83% while the corresponding proportion for women was 86%. In terms of occupation in the urban setting, more women (63.1%) than men worked in clerical, sales and services. On the other hand no significant difference was found in the proportion of men and women working in professional, technical, or managerial jobs. However, in skilled manual and unskilled manual jobs, the proportion of men was found to be significantly higher than that of women.

In the rural setting there was marked difference in the distribution of men and women by occupation and type of earning. While most of the women and men were employed in the agriculture sector (76% and 95%, respectively) men's representation in agriculture was significantly higher. On the other hand, more women were employed in clerical, sales and services area than men. Similar to the urban setting no significant difference in proportion of men and women working in professional, technical or managerial jobs was observed. Considering the type of earning for work in rural areas, a relatively higher proportion of women than men were paid in cash only or some in kind, whereas higher proportion of men than women were paid in kind.

The unemployment rate of women was higher in both rural and urban settings (66% and 55%, respectively) compared to men (9% and 32%, respectively).

4.3.2 Gender Difference in some Reproductive Role Variables

In order to assess factors influencing reproductive roles of women and men, variables available from the survey and identified for this purpose were current marital status, age at first marriage, desire for more children, ideal number of children and knowledge of family planning methods. These are variables for which data are available for both men and women. Other reproductive role indicators such as activities performed to maintain family were not included in the DHS or were asked only from female respondents. (e.g. regarding breast feeding). Table 4.4 summarizes the gender differentials in the aforementioned reproductive role indicators.

In Ethiopia, as child bearing mostly takes place in a marital union, distribution of men and women by marital status is important. Data from EDHS 2005 show that the percentage of ever married women and men was 40% and 25%, respectively. The difference was found to be statistically significant. Age at first marriage also determines length of exposure for lifetime fertility performance of individuals. There is a significant difference in age at first marriage between men and women as a whole. Early marriage for women was predominant. The proportion of ever married women who married below 16 years of age was 52.3%, whereas it was only 3.3% for men. By contrast, the majority (80%) of men marry after 18. The mean age at first marriage for men and women also shows significant difference, 16.3 for women and 23 for men. This implies that women assume their reproductive roles very early and carry the responsibility for a longer part of their life at the expense of their education and health. Many studies indicated that early marriage is one of the factors linked to high fertility, low school participation and educational attainment of girls and also poor maternal health. This will be further assessed in subsequent discussions. Moreover once in marriage the reproductive role, burden of child bearing, rearing and maintaining family as a whole is largely left to the woman.

Desire for more children and ideal number of children for men and women were examined as they are indicators of intention for future reproduction. Women seem to want to limit the number of children they want to have more than men. In general, 38 % of women and 19 % of men indicated that they want no more children. With regard to knowledge of contraceptive methods, significantly higher percentage of men (90.7%) than women (86%) knew modern methods.

Table 4. 4 Gender differentials in reproductive role variables

| Background characteristics | Categories | Proportion of women | Proportion of men | Significance in difference of proportions/Means |
|---|-------------------------------|---------------------|-------------------|---|
| Marital status | Never married | 25.0% | 40.1% | *** |
| | Currently married | 64.4% | 56.8% | |
| | Previously married | 10.6% | 3.1% | |
| | Total | 100% (14 070) | 100% (6 033) | |
| Age at first marriage | Below 16 | 52.3% | 3.3% | *** |
| | 16 to 18 | 26.8% | 16.8% | |
| | Above 18 | 21.0% | 79.9% | |
| | Total | 100% (10 555) | 100% (3 424) | |
| | | Mean = 16.28 | Mean = 22.92 | |
| Fertility preference (desire for more children) | Want another or undecided | 61.4% | 80.6% | *** |
| | want no more | 38.6% | 19.4% | |
| | Total | 100% (14 070) | 100% (6 033) | |
| Ideal number of children | 0 | 11.0% | 2.8% | *** |
| | 1 or 2 | 11.0% | 13.3% | |
| | 3 or 4 | 32.2% | 37.3% | |
| | 5 or 6 | 19.7% | 20.6% | |
| | 7+ | 15.6% | 19.1% | |
| | Non numeric response | 10.4% | 6.9% | |
| | Total | 100% (14 066) | 100% (6 028) | |
| | | Median= 4 | Median = 4 | |
| Knowledge of family planning method | Knows no method | 13.9% | 9.0% | *** |
| | Knows traditional method only | 0.1% | 0.3% | |
| | Knows modern method | 86.0% | 90.7% | |
| | Total | 100% (14 070) | 100% (6 033) | |

*** = P< 0.001, ** = P<0.01, * = P<0.05, (***, **, * indicate level of significance at specified level).

4.3.3. Determinants of Education and Work Status among Female and Male Respondents: A Multivariate Approach

In this part the factors which affect educational attainment and work status of women and men are examined. Four logistic models were applied for this purpose, the dependent variables being educational attainment (attaining some education vs. no education) and work status (working vs. not working).

Table 4.5 Determinants of education and work status among female and male respondents¹

| | | Education (being with some education) | | Work Status (being in working group) | |
|----------------------------|----|---------------------------------------|-----------|--------------------------------------|------------|
| | | Female | Male | Female | Male |
| | | Model I | Model II | Model III | Model IV |
| Predictor variables | | EXP(B) | EXP(B) | EXP(B) | EXP(B) |
| Age of respondent | | *** | *** | *** | ***, |
| 15-24 | RC | 1.000 | 1.000 | 1.000 | 1.000 |
| 25-34 | | 0.678*** | 0.784 | 1.346*** | 5.753*** : |
| 35-44 | | 0.301*** | 0.525*** | 1.599*** | 2.881** |
| 45-49 | | 0.113*** | 0.201*** | 1.390*** | 1.491 |
| Age at first marriage | | *** | * | ** | |
| Below 16 | RC | 1.000 | 1.000 | 1.000 | 1.000 |
| 16-18 | | 1.432*** | 0.951 | 1.072 | 1.115 |
| Above 18 | | 1.796*** | 1.288 | 1.205** | 1.864 |
| Wealth quintile | | *** | *** | | |
| Poorest | RC | 1.000 | 1.000 | 1.000 | 1.000 |
| Poorer | | 1.165 | 1.652*** | 1.072 | 1.221 |
| Middle | | 1.865*** | 2.333*** | 1.033 | 1.967 |
| Richer | | 2.701*** | 4.205*** | 1.185* | 1.767 |
| Richest | | 6.391*** | 10.333*** | 1.253* | 1.618 1 |
| Type of place of residence | | | | | |
| Urban | | 3.890*** | 2.581*** | 1.151* | 0.062*** 1 |
| Rural | RC | 1.000 | 1.000 | 1.000 | 1.000 |
| Region | | *** | *** | *** | |
| Tigray | RC | 1.000 | 1.000 | 1.000 | 1.000 |
| Afar | | 0.378*** | 0.507* | 0.127*** | 0.679 |
| Amhara | | 0.645*** | 0.451*** | 0.613*** | 0.524 ! |
| Oromiya | | 1.113 | 1.755** | 0.697*** | 0.692 |
| Somali | | 0.185*** | 0.327*** | 0.146*** | 0.751 1 |
| Ben- Gumz | | 0.923 | 0.885 | 1.006 | 1.290 |
| SNNPR | | 0.703** | 1.509* | 0.435*** | 0.674 |
| Gambella | | 1.271 | 1.981** | 0.641*** | 1.152 |
| Harari | | 1.207 | 1.624 | 0.638*** | 2.747 |
| Addis Ababa | | 1.526** | 1.594 | 0.562*** | 1.130 |
| Dire Dawa | | 0.851 | 1.593 | 0.431*** | 1.730 ! |
| Religion | | *** | *** | *** | |
| Orthodox | RC | 1.000 | 1.000 | 1.000 | 1.000 |
| Protestant | | 1.703*** | 1.540** | 0.763*** | 0.625 : |
| Muslim | | 0.554*** | 0.615*** | 0.798*** | 0.433** |
| Traditional | | 0.591 | 0.879 | 1.363 | 0.482 |

¹ Adjusted odds ratios for having some education in models I and II, for being in working group in models III and IV

| | | | | |
|--------------------------|-------|-------|--------|---------|
| Catholic and Others | 1.247 | 1.389 | 0.998 | 0.482 |
| Educational Level | | | | |
| No Education RC | | | 1.000 | 1.000 |
| Some education | | | 1.151* | 1.103 ! |

*** = $P < 0.001$, ** = $P < 0.01$, * = $P < 0.05$,

(***, **, * indicate level of significance at specified level).

RC= Reference category

Table 4.5 shows that women's education (Model I), age at first marriage, household wealth and place of residence are significant positive predictors. Those who married at a later age, in the richest wealth quintile, and living in urban areas were significantly more likely to be having some education. Significant variation was also indicated by region and religion. Compared to women in Tigray Region, those living in Addis Ababa were found to be more likely to be educated where as those living in Afar, Amahara, Somali and SNNPR were less likely to be educated. The rest do not show significant difference from Tigray. Considering religion, those who follow Protestant religion were better educated than the Orthodox, where as the Muslim were less likely to be educated than the Orthodox.

Regarding work status of women (Model III) all the included predictors were found to be significant at different levels. Women, who married at later age (>18), are in richer and richest wealth quintile groups, live in urban areas and have some education and are more likely to be working. The regional variation is also significant. A word of caution here: the data size for regions can affect the significance and direction of variation.

By contrast, the situation for male respondents regarding the likelihood of having some education, significant positive predictors are household wealth quintile and place of residence. Compared to those in the poorest wealth quintile, men in the higher four wealth groups (poorer, middle, richer and richest) are significantly more likely to have some education, the likelihood increasing as wealth increases. Those living in urban areas also had better likelihood of schooling than those living in rural areas. On the other hand, the likelihood of having some education decreased significantly as age of male respondents increased. Those in the middle (35 to 44) and older (45-49) age groups were significantly less likely to have some education than those in the younger age group (15 to 24). Interestingly age at first marriage has no significant effect on having some education for male respondents, unlike the female ones. Significant variation was also observed by region and religion. In relation to religion similar pattern of effect was observed in male education as in female education. Compared to followers of Orthodox religion, Protestants were more likely and Muslims were less likely to have some education.

Variables affecting men's work status were age and place of residence. Older men (25+ but below 45) are more likely to be working than those below 25. The pattern is similar for women. However, unlike women in urban

areas, men were less likely to be working in the last 12 months than those in rural areas. It was also indicated that Muslim men were less likely to be working in the 12 months preceding the survey. On the other hand age at first marriage, wealth quintiles, and regions were not found to be significant predictors of men's work status.

4.4 Discussion on Gender and Education

The study has shown that women are seriously disadvantaged regarding educational attainment, concurring with what was assessed in the literature review. Women's education was found to be significantly far behind from that of men. For school age population the participation or enrolment rates in schools has shown a remarkable increase for both boys and girls in recent years, according to documented enrolment statistics as cited in the literature review part. However the gender gap remained to be there. Dropping out after enrolling for few years is the main obstacle to girls' educational attainment. As education of girls and women is rightly considered to be the key for improving women's status at all levels, it is indeed necessary to explore further what specific factors work against girls' education in the society. The analysis in table 4.5, regarding factors affecting educational attainment, brought out factors such as early marriage, living in rural areas and poverty (being in households grouped in lower and poorest wealth quintile groups) as deterring factors. Further exploration of causes for poor educational status of women, by means of qualitative data that are collected from selected regions in the country as part of this in-depth study, revealed the following.

Early marriage is the single most important reason mentioned in all focus group discussions (FGDs) and interviews with key persons as to why girls' education is undermined in almost all regions. Most cultures strongly urge girls to get married early and take the responsibility of serving their husbands. The cultural pressure in favour of early marriage is so strong that families who do not get their daughters married at an acceptably young age will be scorned and ridiculed; the girls may also not get husbands if they pass that age. To respect this tradition, parents continue defying the Constitution that set minimum age of marriage. Other reasons given for early marriage and dropping out from school were fear of sexual violence, such as rape and abduction, that befall young girls before marriage and fear of promiscuity and unwanted pregnancy before marriage on the girls' side. Yet another reason mentioned in the FGDs held in Gambella was the dowry paid to parents of the girl, upon her marriage. Parents do not believe that girls' education is useful and girls are employable. Once married, women will have no time and permission to go to school. Young girls are also expected to share the work load of their mothers at home, taking care of their younger siblings and helping in household chores which lead to being absent regularly and later results in drop out from school. It is also indicated that any financial stress in the household will lead to pulling girls out of school to cut expenses or involve them in household maintenance. In most societies girls' main role is believed to be learning household activities, cooking, cleaning, rearing children

and taking care of the family as a whole, rather than going to school. It is believed that educating girls is not that useful as they are going to get married and assume their role soon anyway. These reasons are shared by almost all rural communities of the country to different degrees while some are indicated even in urban settings. Some region-specific, (in Somali, for example), reasons indicated that girls are not allowed in many cases to attend classes with boys in the same classroom. In addition, the pastoralist lifestyle, which involves relocating temporary residence and family maintenance, burdens women and girls and leads to the disruption of girls' education (Somali and Afar).

Women's work status

Analysis of the DHS data has shown that employment of women was significantly less than that of men (tables 4.2, 4.3, and 4.4). The factors identified as positive predictors for women to be engaged in non-household work (see table 4.4) were living in urban area, later age at first marriage (above age 18), having some education and being in a household at a better economic status (indicated by households in richer and richest wealth quintiles). In rural areas where girls' education is discouraged and the role of a woman is believed to be solely marrying, bearing and raising children and maintaining the family, tradition and culture do not support women to go out and work for earning. This is believed to be the role of the man only. According to the FGDs and interviews, it is thought in some societies that letting women to go out and work for earning could be opening door for them to be unfaithful and disrespectful to their husbands as it involves interactions and some level of independence. Conforming to the culture and tradition husbands do not allow women to go out and work; otherwise they will be considered as deviators from the norm. In addition to this cultural barrier, for the uneducated poor women economic constraint makes it difficult to start even small scale income generating work. In many instances having many children coupled with the heavy daily workload at home to maintain the family does not leave much time to venture working outside. The cultural barriers preventing women from working to earn a living were strongly stated in Gambella, Somali and SNNP regions.

Gender and desire for more children

The results (table 4.4) indicated that men have consistently shown greater desire for having more children than women. Demand for limiting family size is higher for women than men. On the other hand, men are the principal if not the sole decision makers regarding controlling fertility of women in most of the societies particularly in rural areas. The qualitative study revealed that the desire for more children by men has cultural basis. A man with many children has better prestige since having many children is considered strengthening the clan one belongs to (Somali, Afar). It is also believed that children will provide support to their parents at old age. In Gambella, having many children, especially daughters, is desirable, as they may bring dowry money to parents

and are, thus, sources of income. Religion is also another strong reason for both men and women to consider having many children. Children are believed to be God's gifts. Having many children is considered observing the religion rightly (Somali, Afar and other regions). Given all these traditional beliefs, women still desire to limit their children since raising children and family maintenance are their sole burden.

In this unit, the main indicators such as educational attainment, work status, fertility desire and other determinants causing gender difference were presented based on the analysis of data from DHS 2005 and supplemented by qualitative data collected from some selected regions. The explanations obtained from the qualitative data collected in 2008, are believed to enrich the findings from the earlier survey, of 2005, as most cultural and traditional practices and beliefs are deep-rooted and still maintained.

5. Women's Empowerment

5.1 Review of Concepts and Indicators

Women's empowerment is the process by which women gain greater control over the circumstances of their lives (Sen and Batliwala, 2000). It is a multidimensional concept, which purports to measure a woman's ability to control resources, her ability to choose and control different outcomes, and above all enhance her self-esteem. It can be examined based on different indicators. Until recently, variables such as education and employment were commonly used to capture empowerment and other related concepts such as women's autonomy and status. While those proxy measures are important and are ideally associated with empowerment, they may not capture all aspects of the multidimensional concept of empowerment (Joshi, 1999).

Recently, scholars have turned from using indirect proxies to quantify autonomy to using more direct measures. These direct measures consist of a combination of observable items or indicators that are categorized into different dimensions of autonomy, such as access to and control over resources, participation in economic and child-related decisions, self-esteem, mobility, freedom from domestic violence, and political awareness and participation, (Balk, 1994, 1997; Blumberg, 1994; Morgan and Niraula, 1995; Hashemi, Schuler and Riley, 1996; Jejeebhoy, 2000; Jejeebhoy and Sathar, 2001).

The search for more direct measures has focused on capturing 'evidence' of empowerment (Kishor, 2000). One widely accepted measure of 'evidence' (or lack thereof) is women's participation in household decision making. This variable is increasingly used as an objective indicator of women's household level empowerment, particularly in demographic and health studies (Schuler and Hashemi, 1994; Balk, 1997; Hindin, 2000; Kritiz et al., 2000).

In the absence of appropriate measures of empowerment, commonly found measures like education and employment are used as indirect indicators. Moreover, these indirect indicators are found to be positively associated with direct empowerment indicators.

A woman's level of education, her employment status, particularly employment for cash, and media exposure are expected to be positively related to empowerment (Mason, 1986; Kishor, 2000). Women who are educated, employed, and exposed to the media are likely to be better equipped with the information and the means needed to function effectively in the modern world. Together these factors are expected to influence women's inherent abilities as well as their attitudes towards gender roles.

A study in India, on indicators of women's empowerment indicates that a much higher proportion of women who have completed at least middle level of education are involved in decision making, have freedom of

movement and also have access to money, compared to women who are illiterate (Roy and Niranjana, 2004).

Employment also helps to provide alternative sources of social identity, financial independence, and exposure to and integration into power structures independent of kin networks (Dixon, 1993). A study in India on dimensions of women's autonomy and the influence on maternal health care utilization reveals that employed women were much more likely to have higher control over finances, high decision making power and a tendency toward better freedom of movement.

Empowerment of women can be expected to vary over the life cycle since the rights and responsibilities of women vary with age and the parity (Rugh, 1984; Jejeebhoy, 2000). Older women and women with children are likely to have greater status, rights and responsibilities than younger women or women with no children. In addition, the characteristics of the place of residence as well as the socio-economic status of the household define the actual opportunities available to women.

Local studies on women's empowerment are rare. Particularly studies based on direct indicators of empowerment such as decision making power on household matters, autonomy in seeking health care, attitude towards resisting wife beating and attitude towards right to refuse sex with husband for any reason are scarce. As a result, there is lack of comprehensive knowledge regarding different dimensions of women's empowerment and the factors associated with them. It is believed that implementation of pertinent policies and programs targeting gender equality and women's empowerment can benefit immensely from current studies in this area.

This study, therefore, has the purpose of examining women's empowerment situation in Ethiopia based on both direct and indirect indicators using the data supplied by the DHS of 2005.

5.2 Methods

5.2.1 Empowerment Variable Identification

Three types of questionnaires were administered in the EDHS 2005: household, women's and men's questionnaire. The current study uses data from the women's questionnaire.

The variables related to women's empowerment have been categorized into three groups. The first category is referred to as indirect indicators of empowerment and includes education and work status. These indicate the characteristics that have relevance in influencing a woman's access to and control over resources. In this study the indirect indicators of empowerment are but treated as major predictor/explanatory variables in examining

the direct empowerment indicators. The next group is direct indicators of empowerment, and consists of indicators such as involvement in household decision making which include participation in decision on large household purchase, daily purchase, own health care and visits to relatives and friends, and access to money by way of deciding on how husband's or own income is used or spent. In this study the direct indicators selected for analysis are participation in decision regarding large household purchase, own health care and in using husband's income as stronger indicators of empowerment. Decision making on how women's own income is used would have been a good indicator of economic autonomy, but the number of women earners in the survey is insufficient for the intended analysis. Moreover, the majority of women were not engaged in income generating work and were dependent on husbands' income, as indicated in the previous unit.

The third set of indicators relates to a few additional dimensions of empowerment that the survey captures, and is referred to as evidence of empowerment. This category comprised of two indicators, namely, attitude towards wife beating and attitude towards refusing sex with husband. These indicators measure women's level of acceptance of norms in societies that perpetuate violence against women and deprive women's independence of their sexuality. It is expected that the different dimensions of empowerment could be reflected and observed in women as the presence of greater self-esteem and autonomy towards own body.

In the survey, each woman was asked five questions to assess her attitude towards wife beating. The questions relate to whether, according to the respondent, a husband is justified in beating his wife for each of the following reasons: if she burns the food; if she argues with him; if she goes out of the house without telling him; if she neglects the children and if she refuses to have sex with him. A woman's self-esteem is considered high if she does not agree with any one of these reasons as justification for a husband to beat his wife; otherwise her self-esteem is considered to be low.

To measure the extent to which women feel that they have autonomy on their sexuality, the 2005 EDHS included questions on whether the respondent thinks that a wife is justified in refusing to have sexual intercourse with her husband under three circumstances: she knows her husband has sexually transmitted disease (STD); she knows her husband has sexual intercourse with other women; and when she is tired or not in the mood. A woman's sense of autonomy on her body is considered to be high (thus considered to have high empowerment level) if she agrees that a woman is justified to refuse sex for any one of those reasons.

In addition, ten background variables were included in the analysis such as place of residence, region, access to media, number of living children, work status, education, etc. Table 5.1 shows the list of empowerment variables and background variables with their values as used in this part of the study.

Table 5.1 Working definition of dependent and independent variables: women's empowerment study

| Variables | Value classification | |
|------------------------------|---|---|
| Dependent variables | | |
| | Decision maker on large household purchases | Treated as a dummy variable: 0=Husband or others 1= Respondent or jointly with their husband |
| | Decision maker on husbands' Income | Treated as a dummy variable: 0=Husband or others 1= Respondent or jointly with their husband |
| | Decision maker on own health Care | Treated as a dummy variable: 0=Jointly or others 1= Respondent only |
| | Attitude towards sex refusal | Treated as a dummy variable: 0=Does not agree with at least one of the specified reasons 1= Agrees with each of the specified reasons |
| | Attitude towards wife beating | Treated as a dummy variable: 0= Agrees with at least one specified reason 1= do not agree with any of the specified reasons. |
| Independent variables | | |
| Demographic | Age of respondent | Categorized into three 15-24, 25-34, 35-49 |
| | Age at first marriage | Categorized into three: 15 or less, 16-18, 18 and above |
| | Age gap between Spouses | Categorized into three: up to 5 years, 6-10 years and >10 years |
| | Number of living children | Categorized into four: 0 or no children, 1-2, 3-4 and 5 and above |
| Socioeconomic | Level of education of education respondents | Classified only into three categories: no education, Primary education and secondary and higher |
| | Place of residence | Classified into two: Urban and Rural |
| | Marital status | Categorized into three groups: Never married, married or living together and Divorced/Separated/widowed. |
| | Religion | Classified into four categories: Orthodox, Protestant, Muslim, and, traditional or Others. |
| | Work status | Categorized into two: not working and working |
| | Wealth index | Categorized into five: poorest, poorer, middle, richer and richest |
| | Access to media | Categorized into two: No Access, infrequent access and frequent access to any type of media(Printed, radio, television) |
| Region | Classified into Eleven groups: Afar, Tigray, Amhara, Oromiya, Somali, Ben-Gumuz, SNNP, Gambella, Harari Addis Ababa and DireDawa. | |

5.2.2 Method of Analysis

The unit of analysis for this study is a woman aged 15-49 years. Bivariate and multivariate analyses were carried out for the five empowerment indicators: participation in decision making on husbands' income, participation in decision making on purchase of large household items, participation in decision making on own health care, attitude towards wife beating and attitude towards refusal of sex.

For the multivariate analysis, the response variable, an empowerment indicator, is categorized to create a dichotomous variable on the basis of whether a woman is empowered or not. The outcome variables were coded '1' if the woman is assumed to be more empowered and '0' if she is assumed to be less empowered. The same coding procedure was applied for attitude towards sex refusal and wife beating. Logistic regression was used for the multivariate analysis.

5.3 Results

5.3.1 Women's Empowerment Indicators by Background Characteristics: Bivariate Analysis

Table 5.1 presents the results of the bivariate relationship between the socio-economic and demographic characteristics of women and measures of empowerment. It shows how women's empowerment, as indicated by involvement in decision making on husbands' income, purchase of large household items and on own health care varies according to characteristics like age of respondent, religion, region, place of residence, education and access to media.

The majority of women (79 percent) who reside in urban areas participated in deciding on purchase of large household items independently or jointly with their partners as compared to rural residents. Women who reside in urban areas also have a greater share (79 percent) in deciding on their husbands' income independently or jointly with their husband as compared to women who reside in rural areas. However, women's participation in decision making on their own health care is low in both urban and rural residents. Only 29 percent of women who reside in urban areas and 16 percent of women who reside in rural areas decide on their own health care independently.

Level of education and women's decision making power show positive relationship in all of the empowerment indicators. As the level of education of women increases, their involvement in decision making also increases. Around 85 percent of women whose level of education is secondary or higher participate in deciding on large household purchases and on their husbands' income independently or jointly with their partner. Similarly deciding on own health care independently is more likely for women having secondary or more education than for those who are less educated. Women who were working and earning money at the time of the survey were more likely to be involved in decision making than those who were not working. For instance, among women who reported that they were working at the time of the survey, 68 per cent of them participated in deciding on large household purchases, 74 percent participated in deciding on their husbands' income independently or jointly with their husbands and 24 percent participated in deciding on their own health care by themselves.

Women who have frequent access to any media (radio, print or television) show a better involvement on household decision. Women from the richest households show better participation in decision making compared to women from poor and middle household wealth category.

Older women seem to be more empowered in household decision making as compared to younger women. The results in table 5.1 indicate that as the age of a woman increases her participation in household decision making also increases. There is no difference in involvement in decision making and age gap between spouses in all of the indicators.

Women of the Orthodox religion seem to participate more in household decision making as compared to women from other religious groups and Muslim women show a better decision making power on their own health care as compared to other religious groups. Women from Addis Ababa, Dire Dawa and Harari participate more in decision making on large household purchases and on their husbands income as compared to women in other regions of the country.

In general, women with high educational level, women who are working, women who belong to the richest wealth quintile and women who have access to mass media have relatively better decision making power.

Table 5.2 Percentage of currently married women involved in decision making by background characteristics

| Empowerment indicators | | | | | | |
|----------------------------|--|-------------------|------------------------------------|-------------------|-----------------------------------|-------------------|
| Background characteristics | Decision maker on large household purchase | | Decision maker on husband's income | | Decision maker on own health care | |
| | Respondent or jointly | From no. of women | Respondent or jointly | From no. of women | Respondent only | From no. of women |
| Place of residence | | | | | | |
| Urban | 79.4 | 1 | 78.9 | 1 | 29.4 | 1 |
| Rural | 54.7 | 6966 | 59.4 | 671 | 16.0 | 6996 |
| Level of education | | | | | | |
| No education | 55.3 | 6 | 59.2 | 6 | 17.3 | 6 |
| Primary | 62.0 | 3391 | 66.6 | 3311 | 18.0 | 3761 |
| Secondary and higher | 85.2 | 3019 | 85.9 | 3019 | 29.0 | 3169 |
| Work status | | | | | | |
| Not working | 56.8 | 6 | 59.5 | 6 | 17.0 | 6 |
| Working | 67.9 | 4242 | 74.3 | 4402 | 23.6 | 4652 |
| Type of earning | | | | | | |
| Not paid | 60.3 | 1 | 69.7 | 1 | 13.3 | 1 |
| Cash only | 76.2 | 259 | 79.4 | 259 | 34.5 | 269 |
| Cash and kind | 60.7 | 1 | 61.5 | 1 | 13.7 | 1 |
| In kind only | 66.4 | 053 | 69.3 | 017 | 8.4 | 054 |

| | | | | | | |
|------------------------------|-------------|-------|-------------|-------------|-------------|-------|
| Access to media | | | | | | |
| No access | 52.8 | 4 | 56.3 | 4 | 16.6 | 4 |
| Infrequent access | 63.5 | 955 | 67.7 | 948 | 20.0 | 987 |
| Frequent access | 75.7 | 1 970 | 79.0 | 1 970 | 23.3 | 1 986 |
| Age of respondent | | | | | | |
| 15-24 | 57.4 | 2 | 60.6 | 2 | 17.3 | 2 222 |
| 25-34 | 58.6 | 182 | 63.6 | 195 | 17.6 | 3 422 |
| 35-49 | 62.2 | 3 | 64.6 | 3 | 20.9 | 2 979 |
| Age gap b/n spouses | | | | | | |
| Upto 5 yrs | 59.7 | 3 464 | 64.1 | 3 453 | 18.9 | 3 |
| 6 - 10 | 59.5 | 2 829 | 63.0 | 2 834 | 18.1 | 482 |
| Above 10 | 59.3 | 2 233 | 62.3 | 2 219 | 19.0 | 2 |
| Age at first marriage | | | | | | |
| 15 or less | 59.8 | 4219 | 63.4 | 4 | 16.2 | 4 |
| 16 - 18 | 55.3 | 2373 | 60.9 | 216 | 20.0 | 252 |
| 18 and above | 64.2 | 1979 | 65.4 | 2 | 22.3 | 2 |
| No of living Children | | | | | | |
| 0 | 61.3 | 865 | 63.5 | 885 | 20.4 | 896 |
| 1-2 | 60.8 | 2 | 64.6 | 2 | 19.4 | 2 725 |
| 3-4 | 59.2 | 714 2 | 62.7 | 698 | 17.7 | 2 438 |
| 5+ | 58.1 | 432 | 62.0 | 2 | 18.3 | 2 564 |
| Religion | | | | | | |
| Orthodox | 69.9 | 3 670 | 71.9 | 3 672 | 17.4 | 3 703 |
| Catholic | 53.8 | 80 | 62.8 | 78 | 17.5 | 80 |
| Protestant | 49.7 | 1 | 55.2 | 1 403 3 181 | 15.0 | 1 |
| Muslim | 52.8 | 408 | 57.5 | 214 | 21.9 | 415 |
| Traditional or others | 50.9 | 3 | 50.0 | | 18.3 | 3 |
| Region | | | | | | |
| Afar | 55.7 | 610 | 59.6 | 612 | 18.6 | 614 |
| Tigray | 65.9 | 785 | 64.5 | 791 | 9.9 | 796 |
| Amhara | 66.4 | 1 | 70.0 | 1 283 | 11.8 | 1 294 |
| Oromiya | 57.7 | 277 | 63.2 | 1 456 | 11.5 | 1 467 |
| Somali | 42.4 | 1 | 44.9 | 501 | 34.7 | 507 |
| Ben-Gumz | 52.8 | 460 | 57.8 | 631 | 10.9 | 632 |
| SNNP | 47.0 | 507 | 57.6 | 1 351 | 18.3 | 1 362 |
| Gambella | 44.2 | 629 | 47.6 | 500 | 19.9 | 508 |
| Harari | 70.6 | 1 | 72.2 | 479 | 48.3 | 484 |
| Addis Ababa | 87.6 | 358 | 85.7 | 532 | 32.2 | 541 |
| Dire Dawa | 80.6 | 504 | 72.8 | 416 | 22.2 | 418 |
| Wealth Index | | | | | | |
| Poorest | 48.4 | 2 | 53.3 | 2 | 19.3 | 2 |
| Poorer | 54.7 | 036 | 57.2 | 045 | 14.0 | 051 |
| Middle | 56.8 | 1 | 60.3 | 1 | 12.9 | 1 |
| Richer | 58.7 | 492 | 65.1 | 489 | 16.9 | 498 |
| Richest | 75.2 | 1 | 76.9 | 1 | 26.0 | 1 |
| Total | 67.1 | | 63.3 | | 14.6 | |

Table 5.3 presents the relationship between the different socio-demographic characteristics of women and their attitude towards wife beating and refusal of sex. If a woman agrees and admits that a husband is justified in beating his wife for any one of the reasons asked in the survey, she is seen as not fully empowered. The number of reasons a wife can refuse to have sexual intercourse with her husband reflects perceptions of sexual roles and women's rights over their bodies, and relates positively to women's sense of empowerment.

Women living in rural areas are found to accept wife beating more as compared to women living in urban areas. The educational level of women is found to be an important indicator showing a positive influence on empowerment. As the educational attainment of a woman increases, her attitude towards acceptance of wife beating declines. The same is true for work status and household wealth. There is also a regional variation on attitude towards wife beating. For instance, a much higher proportion of women who were living in Addis Ababa (58%) and Dire Dawa (52%) agree that a husband is not justified in beating his wife under any of the reasons. On the contrary, women who were living in Amhara (91%) and Somali (88%) regions accept wife beating for at least one of the reasons.

In general education, work status of women and household wealth are found to be the major predictors of acceptance of wife beating.

The majority of women (76 percent) who reside in urban areas are more likely to refuse sex for any of the specified reasons as compared to rural residents. Women who were working at the time of the survey and who were employed for cash are more likely to refuse sex for any of the specified reasons as compared to women who were not working and women who were not employed for cash. More than 70 percent of women who have frequent access to any form of media agree with any of the specified reasons to refuse sex as compared to women with no access to media or infrequent access to media. Younger women are more likely to agree with any of the specified reasons to refuse sex as compared to older women and women in the middle age groups. Women who were never married and women who have no living children are more likely to refuse sex with any of the specified reasons as compared to married women or women who have one or more living children. There is also a substantial variation by region. Women residing in Gambella, Somali and Afar are the least likely to agree with any of the reasons for refusing sex (27 percent, 34 percent and 37 percent, respectively). Women in Dire Dawa (72 percent), Harari (76 percent) and Addis Ababa (80 percent) are the most likely to believe that a wife is justified in refusing sex with her husband for any of the specified reasons.

In general, those women with no education, who are not working, who have five or more children, who are poor, who live in rural areas, live in Afar, Somali and Gambella and have no access to media are the least likely to agree with all of the reasons for refusing sex.

Table 5.3 Percentage of women by their attitude towards wife beating and refusal of sex with their husbands

| Factors and background variables | Attitude towards refusing sex | | Attitude towards wife beating | |
|----------------------------------|---|--------------|---|--------------|
| | Agrees that a woman can refuse sex for any of the specified reasons | No. of women | Does not agree to wife beating for any of the specified reasons | No. of women |
| Place of residence | | | | |
| Urban | 75.9 | 2 500 | 410 | 2 499 |
| Rural | 59.2 | 11 571 | 14.2 | 11 567 |
| Level of Education | | | | |
| No Education | 56.9 | 9271 | 13.3 | 9 271 |
| Primary | 69.3 | 3123 | 19.8 | 3 119 |
| Secondary and Higher | 77.9 | 1 675 | 49.0 | 1 675 |
| Work Status | | | | |
| Not Working | 60.2 | 10 085 | 17.3 | 10 084 |
| Working | 67.1 | 3 981 | 23.1 | 3 979 |
| Type Of Earning | | | | |
| Not paid | 61.1 | 2 521 | 15.5 | 2 519 |
| Cash only | 69.6 | 1 754 | 31.4 | 1 754 |
| Cash and kind | 55.3 | 150 | 12.1 | 149 |
| In kind only | 62.8 | 374 | 13.1 | 374 |
| Access to media | | | | |
| no access | 56.6 | 7 558 | 13.2 | 7 554 |
| infrequent access | 65.8 | 3 642 | 20.0 | 3 643 |
| frequent access | 72.3 | 2 833 | 33.2 | 2 833 |
| Age of Respondent | | | | |
| 15-24 | 65.2 | 5 812 | 22.2 | 5 808 |
| 25-34 | 60.2 | 4 324 | 17.3 | 4 325 |
| 35-49 | 59.8 | 3 933 | 16.1 | 3 932 |
| No of living Children | | | | |
| 0 | 66.8 | 4 554 | 25.9 | 4 551 |
| 1-2 | 60.6 | 3 226 | 17.7 | 3 225 |
| 3-4 | 60.2 | 2 981 | 16.0 | 2 982 |
| 5+ | 58.9 | 3 309 | 13.4 | 3 309 |
| Marital Status | | | | |
| Never married | 66.9 | 3 515 | 29.9 | 3 512 |
| Married or Living together | 60.2 | 9 066 | 15.1 | 9 066 |
| Divorced/Separated/Widowed | 62.8 | 1 488 | 16.6 | 1 487 |
| Religion | | | | |
| Orthodox | 64.8 | 6 921 | 21.2 | 6 920 |
| Catholic | 61.8 | 173 | 24.9 | 173 |
| Protestant | 60.2 | 2 654 | 20.5 | 2 653 |
| Muslim | 59.6 | 4 008 | 13.8 | 4 006 |
| Traditional or others | 51.9 | 312 | 20.2 | 312 |

| Region | | | | |
|--------------|-------------|---------------|-------------|---------------|
| Afar | 37.0 | 146 | 19.9 | 146 |
| Tigray | 63.4 | 919 | 26.3 | 918 |
| Amhara | 62.2 | 3 | 8.7 | 3 482 |
| Oromiya | 67.0 | 482 | 19.0 | 5 007 |
| Somali | 34.0 | 5 | 12.3 | 487 |
| Ben-Gumz | 43.5 | 010 | 16.1 | 124 |
| SNNP | 55.8 | 486 | 18.8 | 2 993 |
| Gambella | 27.3 | 124 | 22.2 | 45 |
| Harari | 76.3 | 2 | 33.3 | 39 |
| Addis Ababa | 79.8 | 995 | 58.3 | 756 |
| Dire Dawa | 72.5 | 44 | 52.2 | 69 |
| Wealth Index | | | | |
| Poorest | 51.8 | 2 | 13.0 | 2 428 |
| Poorer | 57.9 | 428 | 12.9 | 2 643 |
| Middle | 60.1 | 2 | 13.8 | 2 729 |
| Richer | 62.0 | 642 | 14.8 | 2 646 |
| Richest | 73.8 | 2 | 34.3 | 3 619 |
| Total | 62.1 | 14 070 | 19.0 | 14 070 |

5.3.2 Determinants of Women's Empowerment: Multivariate Approach

5.3.2.1 Determinants of Household Level Decision-making

Table 5.4 presents the multivariate associations between the background characteristics and the measures of women's empowerment. For each empowerment indicator both gross and net effect models were applied in order to show the association between the empowerment indicator and each of the background or predictor variables before and after controlling the effect of the other predictor variables.

The gross effect model indicates that place of residence has a significant relationship in all of the decision making variables; namely decision making on husbands' income, decision making on large household purchases and decision making on own health care. Those women who reside in urban areas have a better decision making power as compared to rural residents. But when control is made for other background variables, the difference in decision making power by place of residence vanishes except in the case of decision making on their own health care. This is indicative of the fact that better access to health care in urban areas encourages women to decide on their health care by their own whatever circumstances prevailed.

In all the models older women seem to have a better decision making power as compared to younger women ($P < 0.001$). In both the gross and net effect models, as the level of education of women improves, their empowerment also increases. For instance, women who are in the secondary and higher level category are better involved in deciding on their husbands' income, large household purchases and their own health care as compared to women with no education or primary level of education.

Work status also tends to have beneficial effects in improving women's empowerment. Those women who reported that they were working at the time of the survey had a better say on deciding on all of the empowerment indicators ($P < 0.001$). There is no significant relationship between number of living children and all of the decision making variables in both the gross and net effect models. Women who belong to the richest households seem to be more empowered as compared to women who belong to poor households. Women who are followers of Orthodox religion tend to be better empowered as compared to women from other religious groups.

Age gap between a respondent and her husband was not found to be a significant predictor of decision making power of a woman on large household purchases and husband's income. But when control is made for other background variables, age difference between spouses tends to have a significant effect on decision making power on own health care, i.e. as the age difference between partners increases the decision making power of women on their own health care increases.

Those women who have frequent access to any media (print, radio, television) have a better decision making power on all of the indicators as compared to women who have no access or infrequent access ($P < 0.001$).

There exists regional difference in decision making power of women. Women who reside in Addis Ababa have a better decision making power in all of the indicators as compared to women residing in other regions of the country and those women who reside in Somali Region have the least decision making power. Age at first marriage also shows a significant effect on decision making power on purchase of large household items and deciding on own health care.

As a whole important predictors for women's decision making indicators are found to be better education, work status, access to media, age and household economic status as measured by wealth quintile group. For women's independent decision making on own health care, additional positive predictors are, living in urban areas, having fewer number of children and wider age gap with a partner.

Table 5.4 Adjusted (net effect) and unadjusted (gross effect) odds ratios for indicators of women's decision making autonomy

| Variables | Decision on Large Household Purchase by respondent or jointly | | Decision on husbands income by respondent or jointly | | Decision on own health care by respondent only | |
|------------------------------|---|----------|--|----------|--|----------|
| | Gross effect | Net | Gross | Net | Gross | Net |
| Place of Residence | | | | | | |
| Urban | 2.34*** | 0.984 | 2.220*** | 0.850 | 3.011*** | 1.359* |
| Rural | 1.00 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| Level of Education | | | | | | |
| No Education | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| Primary | 1.170** | 1.139* | 1.230*** | 1.164* | 1.085 | 0.899 |
| Secondary and Higher | 3.853*** | 2.393*** | 4.267*** | 2.848*** | 4.997*** | 1300** |
| Work Status | | | | | | |
| Not Working | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| Working | 1.673*** | 1.493*** | 2.071*** | 1.493*** | 1.841*** | 1.281*** |
| Access to media | | | | | | |
| No access | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| Infrequent access | 1.553*** | 1.124* | 1.625*** | 1.330*** | 1.263*** | 1.188 |
| Frequent access | 2.784*** | 1.160 | 2.918*** | 1.242** | 1.530*** | 1.229** |
| Age of Respondent | | | | | | |
| 15-24 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 25-34 | 1.046 | 1.106 | 1.175** | 1.302*** | 1.053 | 1.143 |
| 35-49 | 1.242*** | 1.306*** | 1.302*** | 1.431*** | 1.307*** | 1.616*** |
| Age Gap b/n Spouses | | | | | | |
| Up to 5 yrs | 0.965 | 0.993 | 1.010 | 1.029 | 0.923 | 0.745*** |
| 6 - 10 | 1.017 | 0.990 | 0.978 | 0.967 | 0.938 | 0.844* |
| Above 10 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| Age At First marriage | | | | | | |
| 15 or less | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 16 - 18 | .831*** | 0.844** | .895* | 0.888* | 1.293*** | 1.150 |
| 18 and above | 1.207*** | 1.035 | 1.091 | 0.900 | 1.479*** | 0.898 |
| No of living Children | | | | | | |
| 0 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 1-2 | 0.867 | .910 | 1.090 | 1.088 | 0.962 | 0.823 |
| 3-4 | 0.856 | .886 | 0.994 | 0.901 | 0.935 | 0.731* |
| 5+ | 0.866 | .869 | 1.059 | 0.948 | 0.917 | 0.703* |
| Religion | | | | | | |
| Orthodox | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| Protestant | 0.425*** | 0.805** | 0.482*** | 0.673*** | 0.839* | 0.688*** |
| Muslim | 0.480*** | 0.605*** | 0.529*** | 0.672*** | 1.333*** | 1.034 |
| Traditional or others | 0.460*** | 0.731* | 0.448*** | 0.693** | 1.051 | 0.830 |

| Region | | | | | | |
|--------------|----------|----------|----------|----------|----------|----------|
| Afar | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| Tigray | 1.451 | 0.738 | 1.063 | 0.598* | 0.915 | 0.473* |
| Amhara | 1.474 | 0.774 | 1.422 | 0.838 | 1.642* | 0.672 |
| Oromiya | 0.976 | 0.627* | 1.007 | 0.704 | 0.796 | 0.639 |
| Somali | 0.527** | 0.569* | 0.493** | 0.513** | 0.561* | 3.114*** |
| Ben-Gumz | 0.743 | 0.480* | 0.731 | 0.517* | 0.640 | 0.633 |
| SNNP | 0.613* | 0.365*** | 0.781 | 0.590* | 0.662 | 1.431 |
| Gambella | 0.547 | 0.338* | 0.543 | 0.400* | 0.616 | 1.504 |
| Harari | 1.900 | 1.000 | 1.742 | 0.896 | 1.474 | 4.326** |
| Addis Ababa | 5.143*** | 1.513 | 3.889*** | 1.179 | 4.819*** | 1.644 |
| Dire Dawa | 2.825* | 1.732 | 1.588 | 0.954 | 1.251 | 1.105 |
| Wealth Index | | | | | | |
| Poorest | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| Poorer | 1.298*** | 1.270*** | 1.090 | 0.997 | 1.080 | 0.892 |
| Middle | 1.482*** | 1.432*** | 1.288*** | 1.109 | 1.127 | 0.848 |
| Richer | 1.740*** | 1.583*** | 1.665*** | 1.326*** | 1.489*** | 1.012 |
| Richest | 2.309*** | 1.340** | 2.296*** | 1.274* | 2.480*** | 0.844 |

*** = $P < 0.001$, ** = $P < 0.01$, * = $P < 0.05$, (**, **, * indicate level of significance at specified level).47

5.3.2.2 Determinants of Evidence Empowerment Indicators

Table 5.5 presents the logistic gross and net effect models by taking women's attitude towards wife beating and refusing sex as dependent variables. The odds ratios of women not agreeing to wife beating for any reason and agree that a woman is justified in refusing sex for any reason against background characters are presented.

The result of the logistic analysis indicated that in both the gross and net effect models, significant predictors of attitude towards wife beating are place of residence, education of women, work status and marital status. Women who live in urban areas, have secondary or higher education, were working in the 12 months before the survey or not married are less likely to agree to wife beating. Access to media was not found to be a significant predictor to attitude towards wife beating in the net effect model, after controlling for other variables. But in the gross effect model those women with some access to media seem not to agree to wife beating for any reason.

Respondents from the older age group or those having one or more children seem to be more likely to agree to wife beating as compared to younger women or women with no children, but when control is made for other background variables there is no significant difference on attitude towards wife beating between women of different age groups or with different parity.

Similarly in the gross effect model it is indicated that women living in richest households were less likely to agree to wife beating ($p < 0.001$) but when other variables were controlled the magnitude declined and it lost its significance. Muslim women were more likely to agree to wife beating for some reasons compared to women from other religious groups. Those respondents who were living in Addis Ababa and Dire Dawa were less likely

to agree to wife beating as compared to women who were living in other regions of the country and those women who were living in Amhara Region were more likely to agree to wife beating as compared to women living in other regions ($P < 0.001$).

Attitude towards refusing sex is also an indicator of women's empowerment. The number of reasons a wife can refuse to have sexual intercourse with her husband reflects perceptions of sexual roles and women's rights over their bodies, and relates positively to women's sense of empowerment. As can be seen from table 5.5 those women who reside in urban areas are more likely to agree to women refusing sex with their partners at least for one of the specified reasons. Those women who attended secondary and higher education are more likely to do the same as compared to women with no education and primary education. For instance, women who attended secondary and higher education are 72 percent more likely to agree to women's right to refuse sex with their partners for at least one of the specified reasons as compared to women with no education.

In both the gross and net effect models women who belong to the richest wealth category seem to agree to women's right to refuse sex with their partners as compared to women in the middle and poor wealth category and the relationship is statistically significant at ($P < 0.001$). Better access to media is also positively related to agreeing to refusing sex.

Significant relationship was also observed between work status of women and their attitude towards refusal of sex. Table 5.5 indicates that those women who were working at the time of the survey tend to agree to women's autonomy over their body as compared to non-working women.

However there is significant regional difference in attitude towards sex refusal. For instance, women who reside in Afar, Somali and Gambella regions were found to be less likely to agree to women refusing sex with their partners for the given reasons than those in the other regions of the country.

Number of living children a woman has and her attitude towards refusal of sex seemed to have significant relation in the gross effect model. Women with greater number of children seem to disagree to women refusing sex with their partners for the given reasons. But when other background variables were taken into account in the net effect model, the magnitude of the relationship narrowed and it lost its significance.

Table 5.5 Adjusted and unadjusted odds ratio for evidence of empowerment indicators

| Variables | Attitude towards wife beating: Not agreeing to wife beating for any of the specified reasons | | Attitude towards sex refusal: Agreeing to women Refusing sex for any of the specified reasons | |
|------------------------------|--|------------|---|------------|
| | Gross effect | Net effect | Gross effect | Net effect |
| Place of residence | | | | |
| Urban | 4.193*** | 1.423*** | 2.173*** | 1.126 |
| Rural | 1.000 | 1.000 | 1.000 | 1.000 |
| Level of education | | | | |
| No education | 1.000 | 1.000 | 1.000 | 1.000 |
| Primary | 1.614*** | 1.139* | 1.711*** | 1.411*** |
| Secondary and higher | 6.273*** | 2.727*** | 2.671*** | 1.724*** |
| Work Status | | | | |
| Not working | 1.000 | 1.000 | 1.000 | 1.000 |
| Working | 1.435*** | 1.186*** | 1.351*** | 1.184*** |
| Access to media | | | | |
| No access | 1.000 | 1.000 | 1.000 | 1.000 |
| Infrequent access | 1.646*** | 1.067 | 1.477*** | 1.190*** |
| Frequent access | 3.273*** | 1.129 | 1.995*** | 1.164* |
| Age of respondent | | | | |
| 15-24 | 1.000 | 1.000 | 1.000 | 1.000 |
| 25-34 | 0.735*** | 1.009 | 1.477*** | 0.890* |
| 35-49 | 0.674*** | 1.155 | 1.995*** | 0.897 |
| Marital status | | | | |
| Never married | 1.000 | 1.000 | 1.000 | 1.000 |
| Married/Living together | 0.418*** | 0.670*** | 0.750*** | 1.276** |
| Divorced/Widowed/separated | 0.468*** | 0.588*** | 0.838** | 1.204* |
| No of living children | | | | |
| 0 | 1.000 | 1.000 | 1.000 | 1.000 |
| 1-2 | 0.614*** | 1.153 | 0.765*** | 0.893 |
| 3-4 | 0.543*** | 1.096 | 0.753*** | 0.966 |
| 5+ | 0.443*** | 1.011 | 0.711*** | 0.945 |
| Religion | | | | |
| Orthodox | 1.000 | 1.000 | 1.000 | 1.000 |
| Protestant | 0.957 | 1.182* | 0.820*** | 0.898 |
| Muslim | 0.598*** | 0.866* | 0.802*** | 0.927 |
| Traditional or others | 1.045 | 1.300* | 0.677*** | 0.775* |
| Region | | | | |
| Afar | 1.000 | 1.000 | 1.000 | 1.000 |
| Tigray | 1.462 | 1.232 | 2.935*** | 2.267*** |
| Amhara | 0.389*** | 0.367*** | 2.779*** | 2.258*** |
| Oromiya | 0.964 | 0.875 | 3.431*** | 2.697*** |
| Somali | 0.573* | 0.615** | 0.868 | 0.873 |
| Ben-Gumz | 0.786 | 0.761 | 1.298 | 1.355** |

| | | | | |
|--------------|----------|----------|----------|----------|
| SNNP | 0.952 | 0.819 | 2.131*** | 1.852*** |
| Gambella | 1.130 | 0.834 | 0.640 | 0.581*** |
| Harari | 2.022 | 0.891 | 5.368*** | 2.789*** |
| Addis Ababa | 5.735*** | 1.847*** | 6.676*** | 2.632*** |
| Dire Dawa | 4.517*** | 2.848*** | 4.588*** | 2.647*** |
| Wealth index | | | | |
| Poorest | 1.000 | 1.000 | 1.000 | 1.000 |
| Poorer | 0.993 | 0.966 | 1.282*** | 1.145* |
| Middle | 1.077 | 1.000 | 1.398*** | 1.185** |
| Richer | 1.168 | 0.938 | 1.518*** | 1.282*** |
| Richest | 3.512*** | 1.064 | 2.618*** | 1.704*** |

*** = P< 0.001, ** = P<0.01, * = P<0.05, (***, **, * indicate level of significance at specified level).

5.4 Discussion

In this part of the study assessment of women's empowerment situation at household level was carried out using direct indicators as well as evidence indicators, while proxy or indirect indicators such as education and work status were employed as predictors.

Decision making on household economic matters and own health care:

Women's participation in decision making towards large purchase and how husbands' income is spent is expected to show the level of economic empowerment women have at household level. The results of the survey indicated that nationally about 67 % of women decide on large purchases independently or jointly with their husbands and about 63 % participate in deciding on their husbands' income independently or jointly with their husbands.

On the other hand from the qualitative study findings in all of the regions, participants indicated that women's decision making role regarding income utilization is extremely low. Since in most cases the major "bread winner" of the household is the man of the house and the contribution of the woman in maintaining the family is not counted as income generating work and thus less important, the final decision regarding use of household resources is made by men. In addition in many of the cultures it is expected that men make the decisions and women follow them without any question. In extreme cases women are not even permitted to give their opinion regarding important economic decisions. It is considered that it is not their place to participate in such matters. Their role is limited to raising children and maintaining the family. In some cultures where dowry is paid by men as bride money for marriage, it is perceived that women are owned by husbands and all decision making rights in the household are that of husbands (Gambella is a case in point). Overall women's decision making status in the households is reported to be extremely low, according to the results from community level FGDs

involving women in different age groups, both in urban and rural areas, and interviews with key informants involving local area gender officers, education desk officers and known community members. Therefore, it is possible to observe a gap between the level of participation of women's decision making reported in the DHS and that obtained from the qualitative study. A possible explanation could be that in the DHS survey women might have been consulted or informed by husbands on some household matters as joint decision making whereas the final say on decisions could be only that of husbands.

Still the in depth analysis of the DHS data singled out significant determinants of women's participation in household economic decisions. Conforming to the facts indicated in the literature review, important predictors were found to be education of women, work status, living in urban areas, access to media, economic status of the household (measured by higher wealth quintile groups) and age of the woman (older women relatively have better decision making chance).

Regarding decision making related to women's own health care, like deciding to get health care and visiting health facilities upon need, the possibility of women making the decision independently is very slim. The fact that only 14.6% of married women (29% from urban married) decide on their health care by themselves shows the low level of autonomy women have. The results of the qualitative study also confirm this. It is indicated that women have to wait for their husbands to decide and act in order to get health care for themselves and their children upon need. Poverty, distance to health care service and lack of education and awareness to use modern health care, including reproductive health service, exacerbate the situation.

Variations are observed by socio-economic variables. As expected relatively better autonomy towards own health is observed among women who have better education, work to earn, have media access, live in urban areas and are relatively old.

Women's attitude towards wife beating and refusing sex with husband

The extent to which women do not agree to wife beating for any reason or believe that women are justified to refuse to have sex with their husband for any reason is taken as evidence of empowerment; it shows the self esteem and autonomy women have and exercise.

The fact that, overall, only 19 % of women in the study do not agree at all to wife beating for any reason (in other words 81% of women believe wife beating is acceptable for at least one reason) shows the dismal status of self esteem that the majority of women have in the country in this regard. It shows the extent to which the socially ascribed low status of women is inculcated in them that even women themselves believe physical

violence towards them is acceptable. Surprisingly, in the same survey, men's attitude towards wife beating is better. 48.5 % of men in the survey do not agree to wife beating for any reason.

Variables identified as significant positive predictors for women not to agree to wife beating are women's education, working to earn, living in urban areas, being unmarried and having better household wealth. Even then, the proportion of women who agree to wife beating in these categories is considerable. For instance, 59% of urban women and 51% of women who had secondary or more education agree to wife beating for some reason. Attempt was made, using qualitative study, to explore prevalence of wife beating, its causes and acceptance in selected regions. The findings show that in most regions wife beating is a common practice. The Afar Region is the only exception: it was indicated by all focus group discussions and key informants that wife beating is culturally prohibited. In Afar, household disagreements are resolved through discussions.

In the other regions, wife beating is a common incidence which many men and women accept as part of normal family life. Causes indicated are women who do not follow the interests of their husbands, who resist husbands' desires in any way, for instance going out of the house without permission, poor cooking, etc. Beyond this, wife beating can be caused by jealousy. Women seem to consider this as an expression of love. It is also an expression of superiority of men in some cultures and is expected and accepted.

Similar pattern was observed regarding women who refuse to have sex with their husbands for any given reason. In general women with no education, who are not working, have five or more children, are poor, live in rural areas, live in Afar, Somali or Gambella and have no access to media are the least likely to agree with all of the reasons for refusing sex.

Overall, all women's empowerment indicators have shown that the status of women in Ethiopia in general is very low and much more pronounced in some regions compared to others due to cultural diversities and levels of development. The outstanding common and root cause is the deep-rooted patriarchy culture that ascribes a low status to women in all dimensions. This power relation is maintained by the society and accepted even by many women. Positively contributing factors towards women's empowerment are girls' education, women working and earning their own income and better access to media. Contextual factors such as urbanization and socio economic development foster the above in terms of availing opportunities to education, employment and media access.

6. Recommendation and Limitations

6.1 Recommendation

Based on the results of the study the following recommendations are forwarded:

Although appropriate policies and institutions pertaining to women's development are in place, existing programs and strategies should be reviewed and new ones should be designed to make the effort more innovative and effective.

Specifically, priority should be given to programs that focus on the following:

- Improving girls' education focusing on retaining girls in schools, creating opportunities to marginalized women by means of alternative schooling (neighbourhood mobile classes);
- Fighting early marriage and creating opportunities for women to work for earning an income;
- Intensifying family planning programs and services;
- Focusing on gender sensitive rural development programs; and more importantly
- Working to bring a cultural revolution towards gender equality in all aspects. Strategies of such programs should consider region specific problems, causes and traditions in order to be effective.

6.2 Limitations of the Study

As the main study is based on secondary DHS data, data on some variables required to show gender differences and some women's status dimensions that were not included or collected in the DHS survey are lacking in the analysis such as access and control over physical resources like land and cattle ownership, individual wealth or income data disaggregated by sex.

The study population was restricted by age and sex. The study groups' age distribution ranged from 15 to 49 years of age for women and 15 to 59 for men. While this is acceptable for the study of reproductive health, other results of the study regarding gender gap in various socio-economic characteristics (education, work status and type of employment, earning) as well as empowerment indicators such as household decision making are all restricted to the population in the given age group. Because of this the level and pattern of relationship between variables, the findings could deviate from the expected, according to the literature.

Sample sizes in some reclassifications (especially by region) could be insufficient for some multivariate analyses and results and estimates regarding regional variations should be cautiously used. These limitations are also indicated at the relevant places throughout the text to maintain clarity of interpretation of results.

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