UNDERSTANDING THE INFLUENCE OF WOMEN'S EDUCATION ON THEIR AUTONOMY: EVIDENCE FROM A LESS DEVELOPED AREA IN PAKISTAN

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Abstract

Women’s autonomy or ability to make decisions is determined by several factors, education is one of them. In this paper, we have checked the association of women’s education with their autonomy. We have considered how women’s education influences the decisions regarding their marriage, participation in family’s decisions, access to healthcare facilities and management of finances in the family. From a randomly selected cluster of neighbourhoods/muhallas in Jacobabad city, we purposively selected 391 married women from different households for testing four hypotheses. Results reveal that education played a positive role in the women’s lives by enhancing their participation in the family’s power distribution. Women with graduate level education performed better in the family’s power distribution than women with primary or secondary level education. The women with graduate level education were asked their consent for marriage, had more
frequent participation in family’s decisions and visited healthcare facilities more often. However, these women also had limited control over the family’s finances, which shows that educated women too do not have complete autonomy in managing and controlling household finances, which can empower them and enhance their status in the family.

Keywords

Women's autonomy, women empowerment, education, Pakistani women

Introduction

The term autonym (ability to make decisions) has a twofold meaning: one, it signifies a person’s decision-making ability regarding any particular matter. Two, it also refers to the ability to execute and exercise that decision. Women’s autonomy not only means how a woman can participate in minor decisions related to the kitchen, it is also correlated with how a woman can make decisions that affect her life (Basu, 1996). In the context of women's lives and their lived experiences, the concept of autonomy is multidimensional and covers different aspects of women’s situation, such as physical, economic and decision-making autonomy. These aspects intersect with each other and therefore it is difficult to consider them separately (Moursund and Kravdal, 2003). Various key terms are in use to define women’s autonomy, for instance, women’s empowerment, their bargaining power, control over resources, gender equality, choices and options (Malhotra et al. 2002). Some recent studies show that caste and family status are central in determining women’s autonomy in the South Asian region (Eswaran et al., 2013). However, women’s autonomy at the household level is fundamentally determined by the level of income a woman earns and the structure of her household (Khan, 2014).

Over the recent past, the notion of women’s autonomy has become a matter of great concern for researchers, non-governmental organizations, academicians and policymakers (Khan, 2014). A significant number of studies have explained the general concept of autonomy and examined it in different countries with different determinants. Most of the studies emphasized that education, age, financial and social aspects are vital determinants of women’s autonomy in households. For example, older women are more autonomous than younger ones. They have freer mobility, better access to resources, and more frequent participation in a family’s decision-making process (Jejeebhoy and Sathar 2001; Sathar and Kazi 2000). After marriage, the relative power of a woman’s ability to make important decisions is substantially associated with her level of education, skill and income between of the spouses (Chaudhry et al., 2012; Chaudhry & Rehman, 2009;
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Schüler, 2006; Kabeer, 2005; Mahendra, 2004; Kishore & Gupta, 2004; Malhotra et al., 2002; Frankenberg & Thomas, 2001; Klasen, 2000, 2006; Kabeer, 1997).

In the case of Pakistan, which is highly patriarchal, the prevailing gender relations in the society also influence the process of women’s autonomy. Women cannot compete for available opportunities in job markets, and a majority of them do not have access to their human rights because of a low female literacy rate and low participation in social, political and economic activities (Jejeebhoy & Sathar 2001; Sathar and Kazi, 2000). In this paper, we focus on women’s participation in family decisions in the context of less developed areas of Pakistan. The main research question we answer in this paper is how women’s education is associated with their decision-making autonomy within the household. Addressing this question, we take into account the relationship between education and women’s consent for marriage, participation in day-to-day decisions, access to healthcare and management of family’s expenses. We consider and compare married women from different educational backgrounds and attempt to find out how their education is associated with their participation in the family’s decision-making process.

**Education and Women’s Autonomy**

Pakistan, like other parts of South Asia, is a male dominated society in which women’s participation in the socio-economic mainstream and their access to the public sphere are limited (Agha et al., 2018; Jejeebhoy & Sathar 2001; Sathar and Kazi, 2000). Pakistani women, particularly those with rural backgrounds, have very limited decision-making autonomy within the family (Agha, 2016). They are usually kept at a distance from the family’s main power distribution. The only site where they can be seen making decisions is the kitchen where they decide what to cook or what to purchase for cooking (Jejeebhoy and Sathar, 2001; Bari, 1998).

Since Pakistani women have lower social status than men, people’s social conduct and perceptions are not always in favour of female education. Due to low literacy rates owing to social and political reasons, Pakistani women suffer from violence and have limited participation in social, economic and political activities. Poverty and lack of standard educational facilities result in low enrolment and a high dropout rate (Bhattacharya et al., 2014; Sheikh, 2009; Kazmi, 2005).

Women are more than 51 percent of Pakistan’s population and 58.7 percent of girls and women over 15 years are illiterate (The Nation, 2015; Raza, 2014). According to Pakistan Social and Living Standard Measures Survey (2014-15), Pakistan’s literacy rate for the years 2014-15 was 60 percent for the age group 10 years and older. Official released figures revealed an annual 2 percent increase in the literacy rate from 58 percent in
2014 to 60 percent during the fiscal year 2015-16. Except for Khyber Pakhtunkhwa, the literacy rate has seen an increase in all the provinces of Pakistan (The News, 2016). The total female literacy rate now stands at 68 percent, for males it is 74 percent. However, the urban-rural gap is still wide (Government of Pakistan, 2017; Haq, 2017; Rafiq, 2017).

There are several ways to empower women, but women’s improved access to education, legal rights, employment opportunities and health services have been identified as crucial for their empowerment (O’Neil et al., 2014; Kabeer, 2011; Institute of Development Studies, 2011; Batliwala, 2007). Education has various direct positive effects on women’s lives as its transformative power enables them to access formal employment opportunities (Kabeer, 2011). In her study on how education is associated with women’s empowerment, Gupta (2014) found that education increases job opportunities and disposable income for women. Therefore, education is the key to empowering women. According to Jejeebhoy (1995), women’s access to education can improve their quality of life, health, economic development, access to reproductive technologies and autonomy. Specifically, education changes their cognitive ability and enables them to participate in inter and intra-household decision-making. In addition, they can participate in a wider range of activities as compared to their less educated peers (Kabeer, 2011; Sen, 1999; Schuler et al., 1996). An earlier study by Jayaweera (1997) examined the relationship between several features of women’s empowerment and education in Asia and concluded that as though generally perceived education is an agent for women’s empowerment. The study also pointed out that due to the interference of economic and structural constraints, as well as gender ideologies, education has no positive linear relationship with the socio-economic and political empowerment of women. Although this is an old study, it is still relevant in the case of Pakistan where little has changed. Pakistani women’s lives are still burdened with socio-cultural practices, patriarchal values and unequal opportunities, and violence is considered an effective tool to control women’s lives. (Agha, 2017).

Poverty and high population growth rate pose serious challenges to Pakistan’s economy. Economic issues also affect Pakistan’s literacy rate (Rehman et al., 2015). Like many other parts of the world, educating girls is a taboo in some areas of Pakistan. The male perception of the familial role of women is one of the main factors, which restricts women’s autonomy and empowerment. Patriarchy based socio-cultural norms eventually segregate women, denying them access to the benefits of development (Isran & Isran, 2012). For economic development of countries, education is a major indicator and many developing nations are now successfully participating in the global economy and have amplified their socio-economic growth by managing a 100 percent literacy rate.
Methodological considerations

This research draws upon the data collected by the first author in 2009. For this research, married women were selected from the city of Jacobabad, which is located in northern Sindh and has a high poverty rate. The literacy rate in the district has also remained alarmingly low. It was categorised as the least literate district with only a 33.8 percent literacy rate in 2010 (Dawn, 2010) and 37 percent in 2014 (The Express Tribune, 2014). The women’s literacy rate has been even lower, i.e. 27.16 percent (UNESCO, 2003).

This study was primarily based on a specific group, i.e. housewives selected randomly from 391 households from different areas of Jacobabad city. A well-structured closed-ended questionnaire was developed and implemented, containing questions about married women’s participation in day-to-day decisions, whether their marriage was arranged with their consent, and how often they are consulted in family decisions after their marriage.

Figure 1: Respondents’ education

The sample size of 391 households with 95 percent confidence interval and 15 percent past prevalence rate was selected. Married women aged between 15 to 40 years were approached for data collection. Out of this, 14 percent women had primary level education and had completed five years of formal schooling, 33 percent had secondary, 42 percent had graduate level and 11 percent either had only informal education or none at all. A majority of the respondents (63 percent) lived in extended families with their in-laws and 37 percent lived in nuclear families. Most of the women in the sample did not have legal ownership of
family property; for example, only 24 percent women in the sample had property in their name whereas 76 percent of the women did not have any property in their name.

**Data analysis procedure**

The data in this study was analysed quantitatively using SPSS. Pearson’s chi-square test was applied to test the validity and association between the hypotheses. The chi-square statistics are used to check the relationship between the variables (Diener-West, 2008; Greenwood, & Nikulin, 1996). This test is employed extensively in statistical studies for its precision, reliability and accuracy (Neuman, 2014). The chi-square test not only gives the researcher the confidence of establishing a relationship between two variables, it also allows accepting or rejecting a certain hypothesis (Bryman, 2012). Thus, we chose the most reliable and precise statistical analytical technique for data analysis in order to achieve accurate results. Using this technique was helpful in establishing the relationship between two variables. The main aim of our research was to see whether women’s educational level had a positive association with their autonomy. We had four variables, namely women’s consent for marriage, their participation with the family’s decision-making process, their access to healthcare, and management of the family’s monthly expenses. We checked the association of these variables with the women’s level of education and accepted the hypothesis as suggested by chi-square test results.

**Formula:**

\[ N = \frac{(E_{EL} \times P(1-P))}{M^2} \]

- \(N\) = Minimum sample required
- \(E_{EL}\) = Confidence interval, usually 95%, its value is 1.96
- \(P\) = Measurement error that 5% (0.05)
- \(M\) = Prevalence rate, it is based on your past information

**Results**

**Hypothesis 1**

H1: Women’s educational status is likely to be related to gaining their consent for marriage.
Figure 2: Graph showing relationship between educational level of respondents and consent for marriage.

Hypothesis 2

H1: Women’s participation in the family’s decision-making is likely to be related to education.

Figure 3: Women’s participation in decision-making

Hypothesis 3

H1: Women’s education is positively associated with their access to healthcare services.
Figure 4: Education and Women’s access to healthcare

Hypothesis 4

H1: Educated women are more likely to manage the family’s monthly expenses.

Figure 5: Women’s management of family’s finances

Discussion

As said above, education is considered as one of the most significant means to empower women enabling them to participate fully in the development process with necessary self-confidence, skills and knowledge. The above data shows that education is central in
enhancing women’s status and participation in family’s decisions, particularly when decisions are about their own lives. For example, the results of hypothesis 1 (H1: Women’s educational status is likely to be related with gaining their consent for marriage) show that education is important in determining freedom of choice. The value of chi-square calculated from the data is 99.953 with 9 degrees of freedom. The two-sided significant value is zero showing that there is a significant association between the variables. The model of independence of variables is rejected by the chi-square test because the two factors significantly interacted. Thus, null hypothesis was rejected and it was concluded that there is an association between women’s educational level and freedom of choice.

Freedom of choice is also likely to be influenced by some other factors such as cultural beliefs and due respect to decisions made by family elders. This theory verifies the hypothesis that the higher the education, freedom of choice is also higher. For example, the highest number of women from the group of graduate women said that they were asked before deciding their marriage (i.e. 91 percent). Only seven (4 percent) graduate level women said that they were married without their consent. Sixty-four percent of respondents who had secondary level education said that they were asked before marriage, whereas 10 percent secondary level education group’s respondents were married without their consent.

A low level of literacy has a strong association with women’s marriage decision-making. Women with a primary level of education were kept at a distance from their marriage decision-making. For example, 37 percent of women with primary level education said that they were asked before marriage, 23 percent said that they were not asked before marriage and 39 percent of respondents having primary level of education said that they were asked just for formality as the decision of their marriage had already been made by their parents. There is a close association between those who had a primary level of education and those who did not have any formal education. This shows that primary level education does not contribute much towards women having considerable control over their lives.

The results of hypothesis 2 reveal that 32 graduate level participants (20 percent) always participated in the family’s decision-making as compared to the participants whose educational level was primary i.e. 7 (13 percent). The chi-square test was applied to check the independence of variables. The value of chi-square calculated from the data is 59.078 with 9 degrees of freedom. The two-sided significant value is zero, showing that the variables are dependent. Since the model of independence of variables was rejected by chi-square test, it is concluded that the two factors significantly interacted. We therefore rejected a null hypothesis and accepted the idea that education also has a positive association with making usual, everyday decisions: Of graduate level women, 53 said that
they usually participate in family’s decisions as compared to three primary level participants. Interestingly, the number of graduate women who occasionally or rarely participate in family decision-making is also high, i.e. 68 as compared to 21 primary level women who rarely have a say in decision-making. The cohort of women who never participate in decision-making belongs to the participants having secondary level education. The group of women having primary level education follows. Here again, education plays an important role as the number of graduate level women who never participate in family decision-making is the lowest at that level. Again, a close association was found among the women who had primary level education and the women who did not have any education at all. Women belonging to these two groups have the lowest incidence of participation in family decisions. This finding is similar to what Kabeer (2011) has suggested that secondary, not primary, level education particularly brings change in women’s lives.

Generally, women in Sindh and Punjab are kept at a distance from the family’s decision-making process, but there is minor evidence of women’s say in collective decisions (Chaudhry 2010). According to Chaudhry (2010), women’s everyday lives do provide evidence of how they bargain with patriarchy and enhance their say in the family’s power distribution. However, their negotiation with patriarchy is conditional upon a few factors such as marital duration, husband’s position in the family, a woman’s relationship with her husband and whether or not her father-in-law and mother-in-law are alive. Sathar and Kazi (2000) argue that in the everyday domain in rural areas, women’s involvement in small household decisions is more evident than the decisions that matter to the family. This is similar to what Pant (2000) found in her study on Indian women who had active participation in common everyday matters, but lacked participation in financial or important matters. This inequality in power distribution is central to socio-cultural norms that are supportive of patriarchy (Khan and Hussain, 2008). Therefore, women are socialised to accept this power imbalance from their childhood. Despite the fact that women cannot be completely prevented from resisting the system which oppresses them, it is difficult to say how women in this study raised their voices against the discrimination they experienced within the family. This was also the major limitation of the research study. As this research is based on the results of quantitative data, findings of the study and our knowledge is limited to numerical results only. We cannot argue how women in this study make their voices heard, strategize to participate in the family’s decision-making processes or negotiate with patriarchy.

In terms of women’s access to healthcare (H1: women’s education is positively associated with their access to healthcare services), we found that women with graduate level education had frequent access to qualified physicians (doctors), i.e. 115 (72 percent) and only 4 percent of women with the same level of education said that they were rarely taken to the doctor. The value of chi-square calculated from the data was 134.361 with 9
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degrees of freedom. The two-sided significant value was zero showing significant association among the variables i.e. women’s education and access to healthcare. The model of independence of variables was rejected by chi-square test. Since the two factors interacted significantly, we rejected the null hypothesis and accepted the alternate hypothesis that women's access to healthcare has a positive association with their level of education. Therefore, it is concluded that the two factors significantly interacted. The incidence of mobility among the women with primary level education was lowest in all women. Thus, 36 percent of respondents having primary level education said that they were rarely taken to the healthcare centre to see the doctor, 46 percent said that they were usually taken to the healthcare centre to and only 16 percent respondents having primary level education said that they were always taken to the healthcare centre when unwell. The cohort of women having secondary level education, which was also low, follows this; 25 percent of secondary level education respondents said that they were always taken to the healthcare centre when required. Thirteen percent of respondents having secondary level education said that they were rarely taken to the healthcare centres if they did not feel well. From these findings, it is concluded that better healthcare is strongly associated with level of education. Furthermore, the sample belonged to Jacobabad city, an urban setting; therefore healthcare utilization is common irrespective of the level of education.

There are various determinants of women's mobility such as age, life cycle, number of male children. Women’s autonomy and economic status have an influence on their mobility (Sathar & Kazi, 2000). In traditional and tribal areas of Pakistan, men dominate the social world. Women have occasional access to the public sphere as men provide them what they need (Ahmed, 1997). Insecurity in such areas also has a negative impact on women’s mobility (Hakim and Aziz, 1998). However, other researchers believe that women’s mobility is greatly influenced by economic necessity rather than autonomy or status (See Naheed and Iqbal, 1998; Mumtaz and Salway, 2005). Poor economic status of women requires them to be mobile and be involved in economic activities. However, this free mobility is disadvantageous to women because it risks their honour.

In terms of management of household finances, hypothesis 4 (H1: Educated women are more likely to manage family’s monthly expenses) was also tested. The chi-square test was applied to test the independence of the two variables (education and management of household finances). The value of the chi-square calculated from the data is 43.478 with 9 degree of freedom. The two-sided significant value is zero showing that the variables have an association. Since the model of independence of variables is rejected by chi-square test, it is concluded that women's education and management of household finances are significantly related.

Educated women, especially those with graduate level education, in our sample seem to have little participation in the management of household finances. However, it was
greater than participation by women who had secondary and primary level education. For example, the responses of 25 percent and 24 percent varied from always managing to often managing the monthly expenses of the household, while a larger group of women, i.e. 45 percent, hardly ever got this chance; worse still, 6 percent never had a chance to manage the monthly expenses ever. Further, management of household finances was less frequent among women having secondary level education. Only 13 percent respondents having secondary level education said that they always managed family monthly expenses. However, the percentage of the women with secondary level education who managed household finances was higher than the percentage of women with primary level education who did not have this opportunity. Thus, women, regardless of their educational level, were usually kept at a distance from the family’s main power distribution, which could enhance their status in the family.

These figures show that women lack access to the mainstream of power, i.e. finances. It is well documented that earning and controlling finances enhance a person’s power considerably. However, there is a significant difference between managing and controlling finances. Control over household finances has a strong association with decision-making power because it is earning and controlling of finances that establish power, not managing or spending the finances (Pahl, 1989).

Research data indicates that women’s socio-economic development through participation in the labour market is linked directly and positively with their autonomy. These studies also show that control over financial resources and economic activities has emerged as a dominant factor in empowering women. Moreover, women with substantial earning power are likely to have exercisable control over the family’s decisions that include financial spending, children’s health and wellbeing (DFID, 2007; Eswaran, 2002). To explore these dimensions of women’s autonomy, Jejeebhoy and Sathar (2001) compared the lives of Pakistani and Indian women and concluded that Pakistani women have less control or autonomy over their lives in terms of their freedom of movement, access and control over economic resources, choice of freedom from abusive relations with husband and decision-making. Moreover, women’s control over their lives in Pakistan is constrained because gender-stratified and patriarchal structures govern their existence.

Gender inequality in education not only affects individuals but also the society. It leaves disastrous impact on poverty by reducing opportunities for women in underdeveloped areas. Chaudhry & Rahman (2009) in their study on rural poverty in Pakistan found a higher degree of poverty in households in which women had limited literacy or lower participation in economic activities. Gender inequality in education takes its toll on the economy too; it lowers human capital and impacts economic growth (Klasen, 2002). Women’s education enhances their access to economic opportunities, which resultantly
improves their economic status and contributes to reduction of poverty. This in turn not only benefits the individual or the family, but also enhances the society as a whole (Hunt, 2013).

Education, and in particular higher education, increases women’s autonomy in various ways. For example, in their study, Malik and Courtney (2011) found an increased level of economic independence and better social standing among Pakistani women who had higher education; increased status was found both within and outside the family. An enhanced level of awareness about their rights was also observed among the participants. These women were aware of the hurdles that women in general experience while claiming their legal rights. Results of our study also point out that women’s level of education has a positive association with their autonomy in terms of making marriage decisions, participation in decision-making, access to healthcare and managing household expenses. Although our study does not take into account women’s economic independence, our analysis highlights the extent to which education helped the women to control their lives within their households.

Research indicates that education enables women to control their lives, have better economic returns and counter violence against women (Jayaweera, 1997; International Center for Research on Women, 2005). Education also empowers women to free themselves from cultural restraints imposed on them and to have greater autonomy in decision-making (Shetty & Hans, 2015). It is, therefore, essential to prioritize women’s education, enhance their enrollment and control the dropout rate. These measures will enable women to pursue their desired goals, participate in economic fields and establish control over their lives.

Conclusion

Women’s autonomy is correlated with various factors such as their socio-economic development, education, caste and class. However, education, which ensures women’s participation in the socio-economic mainstream, is often not accessible to women because often people living in less developed areas do not have a favourable attitude towards female education. Such views contribute to women’s disempowerment. This paper focused on the autonomy of women from different educational groups. Apart from cultural barriers, educated women in our sample seem to have exercised their choice for marriage. A high percentage of educated women in our sample were asked about their consent for marriage, whereas the women with primary level of education or with no education either were kept at a distance from their marriage decision or were asked merely as a formality. The larger number of women who participated in family decision also belonged to the women who had graduate level education in our sample. Similar is the case with access to healthcare
services: women with a higher level of literacy had frequent access to such services. However, since our sample belonged to Jacobabad city (the urban setting), it is possible that women with low levels of literacy maybe unaware of the need for healthcare. In terms of managing household finances, all women had limited authority. However, women who had graduate level education had a somewhat better position in managing household finances. Results reveal that women having graduate level education had more autonomy as compared to their female counterparts with primary and secondary levels of education. However, the degree of this autonomy varies among women. It is well established that women’s autonomy is influenced by their level of education. Those with low levels of education in our sample exercised limited autonomy and control. Such a situation is unfavourable to women and contributes to their disempowerment. Female education in less developed areas needs to be prioritised because women’s access to education is curtailed due to cultural barriers. Strong steps towards ensuring women’s education will facilitate women’s control over their lives and will enable them to participate in the socio-economic mainstream.

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