RURAL PLANNING JOURNAL
Website: https://journals.irdp.ac.tz/index.php/rpj

DOI: https://doi.org/10.59557/rpj.26.2.2024.93

Factors Associated with Participation in Household Decision-Making Processes among Married Women in Tanzania

Edmund Zakayo[1]*, Nsajigwa Mwalupani[1], and Benson Otieno Ndiege[2]
[1]Institute of Rural Development Planning, P.O. Box 138, Dodoma-Tanzania.
[2]Tanzania Cooperative Development Commission, P. O. Box 201, Dodoma -Tanzania.
*Corresponding Author Email: ezakayo@irdp.ac.tz

Abstract

The participation of married women in decision-making in all spheres of household development, including health care, purchases, and visiting their relatives, is important for households, communities, and the nation at large. Designing successful and suitable interventions requires understanding the factors associated with making three major household decisions on their health care, major household purchases, and visits to family or relatives among married women between 15-49 years. The study aimed to determine social-demographic and economic factors associated with decision-making roles among married women in Tanzania. The data for this study were obtained from the 2022 Tanzania Demographic and Health Survey and Malaria Indicator Survey (2022 TDHS-MIS) by visiting https://www.dhsprogramme.com. Data were analysed using STATA Version 16, whereby a multinomial regression model was chosen as the statistical approach. The study showed that age, education level of married women and their husbands, women's residence, wealth index, watching television, listening to the radio, working status, and number of household members were identified as the factors affecting women's decision-making in households regarding health care, significant purchases, and visiting their family and relatives. The study concludes that the married women's decision-making on health care, major household purchases, and visiting their family or relatives in Tanzania was 52%, which is low compared to sustainable development goal 5 on achieving gender equality and empowering all women and girls, and the Maputo Protocol, which guarantees extensive rights to African women and girls, including social equality with men. Therefore, through the Ministry responsible for women, the government should address social norms and cultural practices that limit women's decision-making power through community engagement and education provision. Also, mechanisms should be established to monitor and evaluate the effectiveness of policies and programmes to enhance women's decision-making power.

Keywords: Decision-making roles, Household, Married Women, DHS, Tanzania.

1. Introduction

Participation of married women in decision-making in households in all spheres of household development, including health care, purchases, and visiting their relatives, has attracted the attention of government, scholars, and other stakeholders globally because of the perceived notion over time that women and men are not equal (Rummery et al., 2023). In the community, both men and women perform certain roles; women are an important part of family

and socioeconomic development. In different communities, there are numerous family matters on which men make decisions, and women are quite often not even consulted (Biswas et al., 2020; Mtae, 2021). Gender equality is a fundamental human right and a foundation for a peaceful, prosperous, and sustainable world. Goal 5 aims to achieve gender equality and empower all women and girls. Gender equality is a human right. It is also a precondition for realising all goals in the 2030 Sustainable Development Agenda (UNICEF, 2024). Decisions made at the household level significantly impact the welfare of the individual, household, and local community, as well as that of the country. Empowered women have freedom, equal opportunities, and the ability to choose in all areas of their lives (Bitew et al., 2024). Women's decision-making in health care reduces the death rate among women. Women's participation in healthcare decision-making increases uptake for healthcare services, including maternal healthcare, which includes facility delivery, postnatal care (PNC) and prenatal care (ANC). Women's participation in household purchases leads to more efficient and effective use of resources, contributing to economic benefits. Also, when women participate in decisions about visiting relatives, it maintains and strengthens family connections, and it can lead to better psychological well-being and reduced feelings of isolation (Dadi et al., 2020; Bitew et al., 2023; Anfaara et al., 2024). Women's participation in household decision-making is seen as a significant indicator of women's empowerment, gender equity, and role modelling for children. When children see their mothers actively participating in family decisions, it sets a positive example for future generations about gender roles and equality (Anfaara et al., 2024).

Women's decision-making is related to resource theory, which is the sociological framework that examines how the control and distribution of resources within household's influence power dynamics and decision-making processes. This theory explains the power dynamics and negotiations that shape decision-making roles. According to Pires (2021), economic resources and social support enhance women's decision-making roles in sub-Saharan Africa. This theory posits that the partner with more control over social, financial, and human resources has greater decision-making power. Likewise, the level to which women or husbands contribute resources to the household can affect their influence in decision-making (Verschoor et al., 2019; Contillo, 2021).

Through the African Union (AU), African countries have taken different initiatives to ensure gender equality and women's rights are recognised and guaranteed in all spheres of life. One of the initiatives is the Maputo Protocol, which is about human and people's rights regarding women's rights in Africa, signed in 2003 (African Union, 2023). Despite different initiatives, women in developing or African countries have limited autonomy and control over their household decisions (Bitew et al., 2024). The participation of married women in household decision-making, specifically in health care, significant purchases, and visiting relatives, varies significantly across African countries, including

Tanzania, influenced by factors such as socioeconomic status, household structure, and cultural norms. For instance, Lassi et al. (2021) found in Pakistan that women's participation in household decision-making is significantly influenced by wealth index, media exposure, women's region of residence, and education. In Zambia, Thankian (2020) reported that married women are more likely to participate in decision-making involving visits to their families or relatives, purchases of daily household items, and decisions about their health care. Factors for participation include age, which only influenced decision-making on household goods and visits to the family. In contrast, decision-making was influenced by living in urban areas, being rich, having a wealthy status, and having higher levels of education. In Nigeria, Soetan and Obiyan (2019) found that paid employment, the household wealth index, and educational status improved women's participation in household decision-making. In Ethiopia, Bitew et al. (2023) found that women's participation in household decision-making is high (70.55%). Participation is influenced by socio-demographic and economic characteristics of women, such as religion, working status of respondents, husband's working status, women's residence, sex of the household head, age of the household head, education, and wealth index. Bitew et al. (2024) added that in rural areas in Ethiopia, women's decision-making autonomy was significantly determined by women's economic participation, the proportion of early marriage in the community, women's literacy, and women's involvement.

Based on the analysis, no current study on this issue considers the three main areas of household decision-making: decisions regarding the woman's health care, major household purchases, and visits to the woman's family or relatives in Tanzania. Therefore, the main purpose of this study is to determine factors influencing decision-making roles among married women using secondary data from Tanzania's Demographic and Health Survey of 2022. The findings from this study can inform policies and programmes aimed at supporting women's roles in decision-making. This can include legal reforms, educational programmes, and community initiatives that foster an environment where women can exercise their rights and make informed decisions, thereby promoting gender equality and enhancing the lives of women and their families.

2. Materials and Methods

2.1 Study Data and Design

This study used secondary data from the 2022 Tanzania Demographic Health Survey and Malaria Indicator Survey (TDHS-MIS), which employed two-stage stratified sampling to collect data from February to July 2022. The survey covered all women aged 15–49 and used five questionnaires. Data from 15,254 women aged 15-49 were considered, including a sample of 6751 married women.

2.2. Outcome variable

The dependent variable was generated from three questions: the first one was if a woman can decide on her health care alone or jointly with her husband (recoded "1" for alone or jointly and "0" for otherwise); if a woman can decide

about significant household purchases alone or jointly with her husband (recoded "1" for alone or jointly with her husband and "0" for otherwise); and lastly, if a woman can decide to visit the woman's family or relatives alone or jointly with her husband (recoded "1" for alone or jointly and "0" for otherwise). These three variables were then added to generate the outcome variable "women's empowerment since they examine women's participation in at least three crucial decision-making processes." The added variables yielded discrete scores, which ranged from 0 to 3.

Whereby:
0=implies that a married woman did not make any of the three major household decisions.
1= implies that a married woman made any one of the three major household decisions.
2=implies that a married woman made any two of the three major household decisions.
3=implies that a married woman made all three major household decisions.
Therefore, those married women who made a single decision, any two of the three decisions, and all three major household decisions were added and considered that they participated in making major household decisions on their health care, major household purchases, and visits to their family or relatives. Data for these questions were obtained from the TDHS-MIS data set.

Independent variables

After conducting a comprehensive literature review, we have identified the following variables and their measurement: type of place of residence (urban/rural), highest educational level (No education/primary/secondary/higher), frequency of reading newspapers or magazines (Not at all/less than once a week/at least once a week), frequency of listening to the radio (Not at all/less than once a week/at least once a week), frequency of watching television (Not at all/less than once a week/at least once a week), husband/partner's education level (No education, preschool/early childhood education/primary/secondary/higher/do not know), respondent currently working (no/yes), wealth index combined (poor/middle/rich), age (15-24/25-34/35-49), number of living children (0/1—5/6+), and number of household members (1—4/5—8/9+).

2.3. Empirical Estimation Strategy

A multinomial regression model examined the factors associated with three major household decisions (i.e., health care, major household purchases, and visits to the woman's family or relatives) among married women aged 15-49.

Model

A multinomial regression model was run to identify the factors associated with making three major household decisions on her health care, major household purchases, and visits to her family or relatives among married women between 15-49 years.
Let Y_i be the categorical outcome variable that represents the decision status, considering the values in the set (her health care, major household purchases, and visits to her family or relatives). The examined model is shown below:

$$P(Y_i = j) = \frac{e^{\beta_{0j}+\beta_{1j}X_{1i}+\beta_{2j}X_{2i}+\beta_{3j}X_{3i}}}{\sum_{k=1}^{3} e^{\beta_{0k}+\beta_{1k}X_{1i}+\beta_{2k}X_{2i}+\beta_{3k}X_{3i}}}$$

Here:

$P(Y_i = j)$ Is the probability of observation I belong to category j.

β_{0j}, β_{1j}, β_{2j}, β_{3j} are the parameters specific to category j.

X_{1i}, X_{2i}. X_{3i} are the values of the dimensions (sexual relations, contraceptive use, and reproductive health) for observation i.

K is the total number of categories (in this case, 3)

2.4. Data Analysis

The study used descriptive statistics, bivariate analysis, and Multinomial Regression to assess variables associated with making major household decisions. It presented Relative Risk Ratios (RRRs) with 95% confidence intervals and considered p-values less than 5% statistically significant. STATA Version 16 was used for analysis.

3. Results

Among 6751 married women, the majority (68%) resided in rural areas. More than half (51.6%) attained primary education. 79.3% did not read the newspaper, while the majority (43.5%) did not listen to the radio. Additionally, more than half (56.1%) did not watch TV. Over half (55.7%) of the women's husbands/partners had primary education. 63.4% of the women were working, and 46.8% were categorised as rich based on their wealth index. 43.6% of the women were aged between 35 and 49, and nearly three-quarters (73.5%) had 1-5 living children. 49.4% of households had 5-8 people (see Table 1).

Table 1: Distribution of the study participants and their decision(s) (N=6751)

Variable	category	Single decision made n (%)	Two decisions made n (%)	All three decisions made n (%)	Total n (%)
Type of place of residence	urban	205(3.0)	682(10.1)	1245(18.4)	2132(31.6)
	rural	983(14.6)	1373(20.3)	2263(33.5)	4619(68.4)
Highest educational level	no education	408(6.0)	386(5.7)	547(8.1)	1341(19.9)
	primary	600(8.9)	10379(15.4)	1846(27.3)	3483(51.6)
	secondary	180(2.7)	615(9.1)	1038(15.4)	1833(27.2)
	higher	0(0)	17 (0.3)	77(1.1)	94(1.4)
Frequency of reading newspapers or magazine	not at all	1018(15.1)	1636(24.2)	2700(40.0)	5354(79.3)
	less than once a week	134(2.0)	331(4.9)	571(8.5)	1036(15.3)
	at least once a week	36(0.5)	88(1.3)	237(3.5)	361(5.3)
Frequency of listening to a radio	not at all	729(10.8)	836(12.4)	1372(20.3)	2937(43.5)
	less than once a week	235(3.5)	605(9.0)	928(13.7)	1768(26.2)
	at least once a week	224(3.3)	614(9.1)	1208(17.9)	2046(30.3)
Frequency of watching television	not at all	875(13.0)	1120(16.6)	1789(26.5)	3784(56.1)
	less than once a week	132(2.0)	381(5.6)	592(8.8)	1105(16.4)
	at least once a week	181(2.7)	554(8.2)	1127(16.7)	1862(27.6)

Variable	category	Single decision made n (%)	Two decisions made n (%)	All three decisions made n (%)	Total n (%)
Husband/partner's education level	no education, preschool/early childhood education	286(4.2)	249(3.7)	342(5.1)	877(13.0)
	primary	690(10.2)	1120(16.6)	1949(28.9)	3759(55.7)
	secondary	192(2.8)	574(8.5)	993(14.7)	1759(26.1)
	higher	9(0.1)	44(0.7)	164(2.4)	217(3.2)
	don't know	11(0.2)	68(1.0)	60(0.9)	139(2.1)
Respondent currently working	no	677(10.0)	837(12.4)	957(14.2)	2471(36.6)
	yes	511(7.6)	1218(18.0)	2551(37.8)	4280(63.4)
Wealth index combined	poor	624(9.2)	641(9.5)	973(14.4)	2238(33.2)
	middle	233(3.5)	408(6.0)	712(10.5)	1353(20.0)
	rich	3319(4.9)	1006(14.9)	1823(27.0)	3160(46.8)
Age	15-24	389(5.8)	441(6.5)	505(7.5)	1335(19.8)
	25-34	410(6.1)	793(11.7)	1267(18.8)	2470(36.6)
	35-49	389(5.8)	821(12.2)	1736(25.7)	2946(43.6)
Number of living children	0	132(2.0)	175(2.6)	180(2.7)	487(7.2)
	1--5	816(12.1)	1503(22.3)	2644(39.2)	4963(73.5)
	6+	240(3.6)	377(5.6)	684(10.1)	1301(19.3)
Number of household members	1--4	362(5.4)	697(10.3)	1248(18.5)	2307(34.2)
	5--8	538(8.0)	994(14.7)	1806(26.8)	3338(49.4)
	9+	288(4.3)	364(5.4)	454(6.7)	1106(16.4)

Figure 1 shows that among married women, 52% were actively involved in making all household decisions. In contrast, 30% of married women participated in only one or two decisions. Meanwhile, 18% of married women did not participate in any of the three key household decisions.

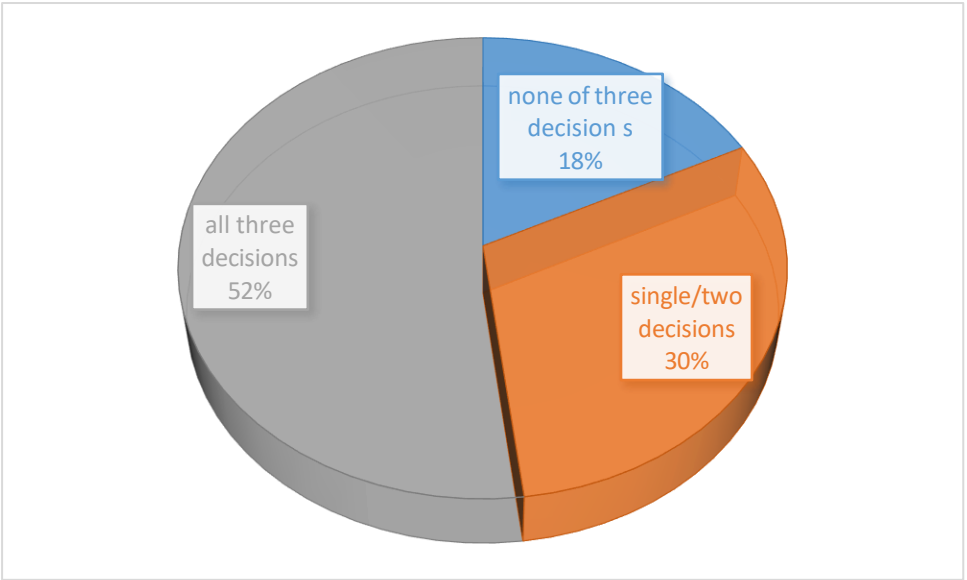

Figure 1: Description of decision-making among married women

Table 2 presents the results of the multinomial model. Married women aged 25-34 (RRR=1.68, 95% CI: 1.38-2.04, p<0.001) and 35-49 (RRR=2.8, 95% CI: 2.25-3.49, p<0.001) were more likely to be involved in all three major household decisions compared to those aged 15-24. Additionally, married women with primary education (RRR=1.61, 95% CI: 1.34-1.94, p<0.001) and secondary education (RRR=2.39, 95% CI: 1.83-3.10, p<0.001) were more inclined to participate in all major household decisions than those with no education. Moreover, women whose husbands or partners had primary education (RRR=1.42, 95% CI: 1.16-1.74, p=0.001), secondary education (RRR=2.0, 95% CI: 1.52-2.63, p<0.001), and higher education (RRR=3.3, 95% CI: 1.57-6.93, p=0.002) were also more likely to participate in all major household decisions than those with no education. Regarding residency, married women living in rural areas (RRR=0.71, 95% CI: 0.57-0.87, p=0.001) had lower odds of participating in all significant decisions than those residing in urban areas. Regarding wealth, women classified as middle (RRR=1.25, 95% CI: 1.03-1.53, P=0.026) had higher odds of participating in significant household decisions than those classified as poor. Furthermore, women with 1-5 children (RRR=1.67, 95% CI: 1.27-2.2, P<0.001) and 6+ children (RRR=1.67, 95% CI: 1.2-2.35, P=0.003) were more likely to participate in major household decisions than those with no living children. It was also found that working women were 3.2 times more likely to participate in major household decisions than their non-working counterparts. Among other factors, women who listened to the radio less than once a week (RRR=1.31, 95% CI: 1.08-1.59, P=0.007) and at least once a week (RRR=1.53, 95% CI: 1.25-1.87, p<0.001) were more likely to participate in major household decisions than those who did not listen at all. Lastly, women who watched television at least once a week (RRR=1.27, 95% CI: 1.00-1.61, P=0.041) were more likely to participate in decision-making compared to those who did not watch at all, and women who lived in households with 5-8 (RRR=0.84, 95% CI: 0.7-0.99, p=0.041) and 9+ (RRR=0.52, 95% CI: 0.42-0.65, p<0.001) members were 26% and 48% less likely to participate in the major household decision than those lived with 1-4 members.

Table 2 Factors associated with making major household decisions among married women

	Base outcome (no decision)					
	single/two decision(s) made			**all three decisions**		
Variable	RRR	95% CI	p-value	RRR	95% CI	p-value
Age						
15-24	Reference					
25-34	1.41	1.15 - 1.73	0.001	1.68	1.38 - 2.04	<0.001
35-49	1.76	1.4 - 2.22	<0.001	2.8	2.25 - 3.49	<0.001
Education level						
No education	Reference					
Primary	1.36	1.12 - 1.65	0.002	1.61	1.34 - 1.94	<0.001
Secondary	2.05	1.56 - 2.69	<0.001	2.39	1.83 - 3.1	<0.001

	Base outcome (no decision)					
	single/two decision(s) made			all three decisions		
Higher	1.05	0.77 - 1.43	0.746	4.10	0.79 - 21.12	0.09
Husband/partner's education						
No education	Reference					
Primary	1.26	1.02 - 1.56	0.036	1.42	1.16 - 1.74	0.001
Secondary	1.65	1.24 - 2.2	0.001	2	1.52 - 2.63	<0.001
Higher	1.65	0.76 - 3.6	0.209	3.3	1.57 - 6.93	0.002
Don't know	3.6	1.82 - 7.1	<0.001	2.25	1.13 - 4.49	0.021
Place of residence						
Urban	Reference					
Rural	0.7	0.56 - 0.88	0.002	0.71	0.57 - 0.87	0.001
Wealth index						
Poor	Reference					
Middle	1.17	0.95 - 1.45	0.138	1.25	1.03 - 1.53	0.026
Rich	1.21	0.94 - 1.56	0.131	1.14	0.9 - 1.46	0.273
Number of living Children						
0	Reference					
1--5	1.12	0.86 - 1.47	0.388	1.67	1.27 - 2.2	<0.001
6+	1.09	0.77 - 1.53	0.627	1.67	1.2 - 2.35	0.003
Current working						
No						
Yes	1.89	1.62 - 2.2	<0.001	3.2	2.76 - 3.7	<0.001
Frequency of reading newspaper or magazine						
Not at all	Reference					
Less than once	0.9	0.71 - 1.14	0.4	0.86	0.68 - 1.07	0.178
at least once	0.82	0.54 - 1.24	0.346	1.02	0.69 - 1.51	0.933
Frequency of listening to radio						
Not at all	Reference					
Less than once.	1.52	1.25 - 1.87	<0.001	1.31	1.08 - 1.59	0.007
At least once	1.49	1.21 - 1.83	<0.001	1.53	1.25 - 1.87	<0.001
Frequency of watching television						
Not at all	Reference					
Less than once	1.29	1.01 - 1.66	0.041	1.24	0.98 - 1.58	0.073
at least once	1.09	0.86 - 1.4	0.474	1.27	1 - 1.61	0.048

	Base outcome (no decision)					
	single/two decision(s) made			all three decisions		
Number of household members						
1-4	Reference					
5-8	0.93	0.78 - 1.12	0.441	0.84	0.7 - 0.99	0.041
9+	0.8	0.64 - 1	0.052	0.52	0.42 - 0.65	<0.001
_Cons	0.45	0.3 - 0.67	<0.001	0.24	0.16 - 0.36	<0.001

4. Discussions

The study assessed decision-making roles among married women using Tanzania's demographic and health survey data. The findings of this study underscore that about 52% of women participate in household three decision-making, such as health care, major household purchases, and visiting the woman's family or relatives. This percentage is lower than the findings from Ethiopia (68.55%) (Bitew et al., 2024), Gabon (61.6%), Kenya (66.2%), Liberia (69%), Madagascar (74.9%), Mauritania (55.1%), and Rwanda (68.1%) (World Bank, 2024). Also, this percentage is higher than that of Niger (16%) (Mathur et al., 2024), Gambia (26.6%), and Sierra Leone (34.9%) (World Bank, 2024). This discrepancy may be attributed to legal and policy frameworks whereby countries with robust laws and policies that promote gender equality tend to have higher percentages of women involved in decision-making (World Economic Forum, 2022).

According to the study findings, married women aged 25-34 and 35-49 had higher odds of participating in all three major household decisions than those aged 15-24. This finding is supported by findings from Nepal (Acharya et al., 2010), Bangladesh (Chowdhury, 2023), Zambia (Thankian, 2020), and Ethiopia (Bitew et al., 2023) that age positively and significantly affects the participation of women in the decision-making process regarding health care, purchases, and visiting their relatives. This is due to the fact that as married women age, they accumulate more life experiences and knowledge, which can enhance their confidence and ability to make informed decisions. This experience often translates into greater autonomy in areas like healthcare, purchases, and social activities. Also, older individuals are often respected in many cultures, and their opinions are valued more highly. This cultural respect can empower older women to take a more active role in decision-making (Stephens, 2018; Batura et al., 2023).

Married women with primary and secondary education were more likely to participate in all major household decisions than those without. This finding is supported by findings from Ethiopia (Bitew et al., 2024), Nepal (Acharya et al., 2010; Pokharel & Pokharel, 2023), and Bangladesh (Haque et al., 2022; Chowdhury, 2023) that literate married women had increased odds of decision-making autonomy compared to illiterate married women. This is due to the fact that education provides women with knowledge and

skills that enhance their confidence and ability to engage in decision-making processes, thus making them better equipped to understand and analyse household needs and make informed decisions. Education raises awareness about married women's rights and gender equality; as such, educated married women are more likely to assert their rights and demand a say in household matters. Likewise, education often expands social networks and access to information, enabling married women to draw on a broader range of resources and support when making decisions (McCleary-Sills et al., 2015; Mare et al., 2022; Jaysawal & Saha, 2022). This implies that when education is provided to married women, it gives them easy access to information that promotes both individual empowerment and the broader social and economic development of women. Besides, the study by Mathur et al. (2024), done in Niger, found that education was not statistically associated with women's involvement in decision-making. This may be due to some societies, where traditional gender roles and patriarchal norms dictate that men are the primary decision-makers. Women who attempt to participate in decision-making may be seen as challenging these norms (Zing & Shishkina, 2024).

Women whose husbands/partners had primary and secondary education were more likely to participate in all major household decisions than those without education. This finding is supported by findings from Bangladesh (Chowdhury, 2023) and sub-Saharan African countries (Negash et al., 2022) that positively and significantly affect the participation of women in the decision-making process regarding health care, purchases, and visiting their relatives. This is because education often broadens individuals' perspectives, making them more aware of gender equality and the importance of shared decision-making in a household. Education can instil values of partnership and mutual respect, encouraging men to involve their partners in decisions. Also, educated individuals tend to have better communication skills, which can lead to more open and effective discussions about household matters (Tebekaw, 2011; Negash et al., 2022).

Married women who resided in rural areas had lower odds of participating in all major decisions than those who resided in urban areas. This finding is supported by findings from Bangladesh (Chowdhury, 2023), Ethiopia (Bitew et al., 2023), and sub-Saharan African countries (Belachew et al., 2023) that positively and significantly affect the participation of women in the decision-making process regarding healthcare, purchases, and visiting their relatives. This results from married women in rural areas generally having lower economic participation and income levels, which can limit their influence in household decisions. Also, traditional and cultural norms in rural areas often emphasize more conservative gender roles, limiting women's decision-making autonomy. In addition, urban women typically have better access to information, healthcare, and other resources, empowering them to participate more actively in household decisions (Bitew et al., 2024).

The study revealed that women classified as middle had higher odds of

participating in major household decisions than those classified as poor. This finding is supported by findings from Nepal (Acharya et al., 2010), Ethiopia (Bitew et al., 2024), Ghana (Boateng et al., 2014), Niger (Mathur et al., 2024), and Bangladesh (Haque et al., 2022; Chowdhury, 2023). This may be explained by the fact that women with limited financial resources rely more on men for making economic decisions. Lower wealth is frequently associated with lower levels of education and awareness, which can limit women's confidence and ability to make informed decisions. Likewise, women in wealthier households may have better access to resources and support systems that empower them to participate more actively in decision-making (Nadeem et al., 2021). This underlines the need for policies and interventions that promote gender equality and empower women economically and socially.

Women who were working were more likely to participate in major household decisions than their counterparts. This finding is supported by findings from Nepal (Acharya et al., 2010) and Ethiopia (Bitew et al., 2024). This is based on the fact that working women contribute financially to the household, which can increase their bargaining power and influence over decisions. Employment can boost married women's confidence and sense of independence, making them more assertive in decision-making. Working married women often have broader social networks and access to information, which can enhance their ability to make informed decisions related to their own health care, household purchases, or visiting their families or friends. Likewise, employment can challenge traditional gender roles, leading to a more equitable distribution of decision-making power within the household regarding their own health care, household purchases, or visiting their families or friends (Pambe` et al., 2014; Seedat & Rondon, 2021; BBC, 2023).

Women with 1-5 and 6+ children were more likely to participate in major household decisions than those with no living child. This finding is supported by findings from Nepal (Acharya et al., 2010). In many households, women with more children may contribute economically through work or managing household resources. This economic contribution can enhance their influence on household decisions. Women with more children may have more experience and confidence in managing household affairs, empowering them to take a more active role in decisions. Also, women with more children often have more extensive support networks, including extended family and community connections. These networks can provide additional support and validation, encouraging greater participation in household decisions.

Women who listened to the radio less than once a week and at least once a week and those who watched television at least once a week were more likely to participate in decision-making than those who did not watch at all. This finding is supported by findings from 30 sub-Saharan African countries (Seidu et al., 2020) that found that women who watched television almost daily had a higher capacity to make household decisions than those who did not watch television at all. However, there was no

significant association between radio exposure and decision-making capacity. According to Sserwanja et al. (2022), media exposure provides women with valuable information, which empowers them to make informed decisions and participate actively in household matters. The study underscores the impact of media exposure on women's empowerment and decision-making abilities.

Women who live in households with 5-8 and 9+ members were 26% and 48% less likely to participate in major household decisions than those who live with 1-4 members. This finding is supported by findings from Ghana (Amugsi et al., 2016). In many cultures, traditional gender roles are more pronounced in larger households. Women may be expected to focus on domestic tasks and caregiving, limiting their involvement in decision-making. Social norms in larger households may reinforce the idea that men should make major decisions, further marginalising women's voices (Seedat & Rondon, 2021).

Despite the fact that the study findings found age, education level of married women and their husbands, women's residence, wealth index, watching television, listening to radio, working status, and number of household members were identified as the factors affecting women's decision-making in households regarding health care, major purchases, and visiting their family and relatives. Other factors on the husband's side also influence women's decision-making. Demissie et al. (2022) revealed that in sub-Saharan Africa, decision-making power of married women in health care is influenced by the education level of husbands and husbands' occupations. An educated husband is aware of the importance of women participating in household decision-making, which helps women make decisions in their households. Similarly, an employed husband may travel outside the home, whereas women remain at home; sometimes, women are required to make quick decisions on behalf of their husbands for the benefit of the households. In addition, Chowdhury (2023) in Bangladesh found a positive correlation between the education status of the husband and women's household decision-making. The probability of women's decision-making increases by 30.3% as they complete the university level compared to 9.4% who completed the secondary level of education.

5. Conclusion

Married women's decision-making on health care, major household purchases, and visiting the woman's family or relatives in Tanzania was 52%, which is low compared to Sustainable Development Goal 5 on achieving gender equality and empowering all women and girls, and the Maputo Protocol, which guarantees extensive rights to African women and girls, including social equality with men. This study showed that age, education level of married women and their husbands, women's residence, wealth index, watching television, listening to the radio, working status, and number of household members were identified as the factors affecting women's decision-making in households regarding health care, major purchases, and visiting their family and relatives. Therefore, through the Ministry responsible for women, the government

should implement programmes to increase educational opportunities for both women and men. Conduct campaigns to raise awareness about the importance of women's participation in household decisions, particularly in health care, visiting relatives, and major purchases. Provide financial literacy programmes to help women manage household finances and make informed decisions. Implement policies that prevent discrimination based on gender, ensuring equal opportunities for women in all aspects of life. Address social norms and cultural practices that limit women's decision-making power through community engagement and education. Establish mechanisms to monitor and evaluate the effectiveness of policies and programmes to enhance women's decision-making power. Implementing these actions can help create an environment where women have greater autonomy and influence over important household decisions, leading to improved outcomes for families and communities, hence contributing to the achievement of sustainable development goals.

Reference

Acharya, D. R., Bell, J. S., Simkhada, P., Van Teijlingen, E. R., & Regmi, P. R. (2010). Women's autonomy in household decision-making: a demographic study in Nepal. *Reproductive health*, *7*, 1-12.

African Union (2023). 25 things you need to know about the rights of women in Africa (https://au.int/en/pressreleases/20230707/25-things-you-need-know-about-rights-women-africa).

Amugsi, D. A., Lartey, A., Kimani-Murage, E., & Mberu, B. U. (2016). Women's participation in household decision-making and higher dietary diversity: findings from nationally representative data from Ghana. *Journal of Health, Population and Nutrition*, *35*, 1-8.

Anfaara, F. W., Amoak, D., Kye, N. O., Sano, Y., & Antabe, R. (2024). Exploring the link between household structure and women's household decision-making autonomy in Mauritania. *Journal of Biosocial Science*, 1-14.

Batura, N., Poupakis, S., Das, S., Bapat, U., Alcock, G., Skordis, J., ... & Osrin, D. (2022). Factors associated with women's healthcare decision-making during and after pregnancy in urban slums in Mumbai, India: a cross-sectional analysis. *BMC Public Health*, *22*(1), 743.

Belachew, T. B., Negash, W. D., Bitew, D. A., & Asmamaw, D. B. (2023). Prevalence of married women's decision-making autonomy on contraceptive use and its associated factors in high fertility regions of Ethiopia: a multilevel analysis using EDHS 2016 data. *BMC Public Health*, *23*(1), 83.

Biswas, D., Saha, S., Sarkar, A., Mondal, T., Haldar, D., & Sarkar, G. (2020). Participation in household decision-making among married women in rural and urban areas of Bankura, West Bengal: A comparative study. *International Journal of Health & Allied Sciences*, *9*(2), 170-170.

Bitew, D. A., Asmamaw, D. B., Belachew, T. B., & Negash, W. D. (2023).

Magnitude and determinants of women's participation in household decision making among married women in Ethiopia, 2022: Based on Ethiopian demographic and health survey data. *Heliyon*, *9*(7).

Bitew, D. A., Getahun, A. B., Gedef, G. M., Andualem, F., & Getnet, M. (2024). Determinants of household decision making autonomy among rural married women based on Ethiopian demography health survey: a multilevel analysis. *BMC Women's Health*, *24*(1), 216.

Boateng, G. O., Kuuire, V. Z., Ung, M., Amoyaw, J. A., Armah, F. A., & Luginaah, I. (2014). Women's empowerment in the context of millennium development goal 3: A case study of married women in Ghana. *Social Indicators Research*, *115*, 137-158.

Chowdhury, M. D. (2023). Determinants of Women's Participation in Family Decision-Making Process in Bangladesh: Statistical Analysis. *Journal of Hunan University Natural Sciences*, *50*(6).

Contillo, J. T. (2021). Decision-Making Roles among Husbands and Wives. *Interdisciplinary Journal of Applied and Basic Subjects*, *1*(4), 45-52.

Dadi, D., Bogale, D., Minda, Z., & Megersa, S. (2020). Decision-making power of married women on family planning use and associated factors in Dinsho Woreda, South East Ethiopia. *Open access journal of contraception*, 15-23.

Demissie, G. D., Akalu, Y., Gelagay, A. A., Alemnew, W., & Yeshaw, Y. (2022). Factors associated with decision-making power of married women to use family planning in sub-Saharan Africa: a multilevel analysis of demographic health surveys. *BMC public health*, *22*(1), 837.

Easton, M. (2023). Women still do more housework, survey suggests, BBC (https://www.bbc.co.uk/news/uk-66866879) accessed on 26 August 2024

Haque, M. A., Choudhury, N., Ahmed, S. T., Farzana, F. D., Ali, M., Naz, F., ... & Ahmed, T. (2022). Enhanced women's decision-making power after the Suchana intervention in north-eastern Bangladesh: a cluster randomised pre-post study. *BMJ open*, *12*(8), e054148.

Jaysawal, N., & Saha, S. (2022). Education: A Tool for Transformation in Status of Women: A Tool for Transformation in Status of Women. In *The Palgrave Handbook of Global Social Change* (pp. 1-21). Cham: Springer International Publishing.

Lassi, Z. S., Ali, A., & Meherali, S. (2021). Women's participation in household decision making and justification of wife beating: A secondary data analysis from Pakistan's demographic and health survey. *International journal of environmental research and public health*, *18*(19), 10011.

Mare, K. U., Aychiluhm, S. B., Tadesse, A. W., & Abdu, M. (2022). Married women's decision-making autonomy on contraceptive use and its associated factors in Ethiopia: A multilevel analysis of 2016 demographic and health

survey. *SAGE open medicine*, *10*, 20503121211068719.

Mathur, S., Kirk, K., Dadi, C., & Dougherty, L. (2024). Women's involvement in decision-making and association with reproductive health behaviors: findings from a cross-sectional survey in Niger. *BMC Women's Health*, *24*(1), 278.

McCleary-Sills, J., Hanmer, L., Parsons, J., & Klugman, J. (2015). Child marriage: A critical barrier to girls' schooling and gender equality in education. *The Review of Faith & International Affairs*, *13*(3), 69-80.

Mtae, H. G. (2021). Decision-Making Power and Family Planning Use: A Case of Married Women in Kishapu District, Tanzania. *East African Journal of Education and Social Sciences (EAJESS)*, *2*(4), 136-145.

Nadeem, M., Malik, M. I., Anwar, M., & Khurram, S. (2021). Women decision making autonomy as a facilitating factor for contraceptive use for family planning in Pakistan. *Social Indicators Research*, *156*(1), 71-89.

Negash, W. D., Belachew, T. B., Asmamaw, D. B., & Bitew, D. A. (2022). Four in ten married women demands satisfied by modern contraceptives in high fertility sub-Saharan Africa countries: a multilevel analysis of demographic and health surveys. *BMC Public Health*, *22*(1), 2169.

Pambe`, M. W., Gnoumou, B., & Kabore´, I. (2014). Relationship between women's socioeconomic status and empowerment in Burkina Faso: A focus on participation in decision-making and experience of domestic violence. *African Population Studies*, 1146-1156.

Pires, L.N. (2021). Determinants of Women's Decision-Making Power in Sub-Saharan Africa and Consequences for the Use of their Time: A Survey of Previous Studies. November 1st and 2nd, 2021. The Levy Economics Institute.

Pokharel, A., & Pokharel, S. D. (2023). Women's involvement in decision-making and receiving husbands' support for their reproductive healthcare: a cross-sectional study in Lalitpur, Nepal. *International Health*, *15*(1), 67-76.

Rummery, K., McAngus, C., & Edwards, A. (2021). What are the issues with care policy and gender equality? Views from the stakeholders. In *What Works in Improving Gender Equality* (pp. 103-137). Policy Press.

Seedat, S., & Rondon, M. (2021). Women's wellbeing and the burden of unpaid work. *bmj*, *374*.

Seidu, A. A., Ahinkorah, B. O., Hagan Jr, J. E., Ameyaw, E. K., Abodey, E., Odoi, A., ... & Schack, T. (2020). Mass media exposure and women's household decision-making capacity in 30 sub-Saharan African countries: Analysis of demographic and health surveys. *Frontiers in psychology*, *11*, 581614.

Soetan, R. O., & Obiyan, M. O. (2019). Socioeconomic differentials in

employment status and involvement in household decision-making among ever-married women in Nigeria. *Frontiers in Sociology*, *4*, 49.

Sserwanja, Q., Mutisya, L. M., & Musaba, M. W. (2022). Exposure to different types of mass media and timing of antenatal care initiation: insights from the 2016 Uganda Demographic and Health Survey. *BMC women's health*, 22, 1-8.

Stephens, R. (2018). How Does Age Impact Your Ability to Make Decisions? (https://www.ucf.edu/news/how-your-age-can-impact-your-ability-to-make-decisions/) accessed on 26 August 2024

Tebekaw, Y. (2011). Women's decision-making autonomy and their nutritional status in Ethiopia: socio-cultural linking of two MDGs. *The Demographic Transition and Development in Africa: The Unique Case of Ethiopia*, 105-124.

Thankian, K. (2020). Factors Affecting women's autonomy in household decision-making among married women in Zambia. *Journal of Scientific Research and Reports*, *26*(4), 109-123.

UNICEF (2024). Goal 5: Gender Equality (https://data.unicef.org/sdgs/goal-5-gender-equality/) accessed on 27 August 2024

Verschoor, A., Kebede, B., Munro, A., & Tarazona, M. (2019). Spousal control and efficiency of intra-household decision-making: experiments among married couples in India, Ethiopia and Nigeria. *The European Journal of Development Research*, *31*, 1171-1196.

World Bank (2024). Women participating in the three decisions (own health care, major household purchases, and visiting family) (% of women age 15-49) - Sub-Saharan Africa (excluding high income) (https://data.worldbank.org/indicator/SG.DMK.ALLD.FN.ZS?locations=ZF) accessed on 26 August 2024

World Economic Forum (2022). Gender equality by 2030? Those countries making most progress offer lessons on what to change (https://www.weforum.org/agenda/2022/09/gender-gap-lessons-on-what-to-change/) accessed on 26 August 2024

Zing, M., & Shishkina, A. (2024). The Role of Women's Participation in Effective Decision-Making in Politics at the Local Level: The Experience of Ghana. In *Terrorism and political contention: New perspectives on North Africa and the Sahel region* (pp. 301-318). Cham: Springer Nature Switzerland.