

WOMEN'S PARTICIPATION IN HOUSEHOLD DECISION MAKING AND IMPLEMENTATION – A CASE STUDY OF URBAN LOW INCOME HOUSEHOLDS IN KUALA LUMPUR

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Kajian ini dijalankan untuk menentukan kesahihan instrumen untuk menilai pembuatan dan pelaksanaan keputusan dalam isi rumah oleh wanita. Secara khususnya, kajian ini membandingkan penglibatan ibubapa dalam pembuatan dan pelaksanaan keputusan, seterusnya menentukan faktor-faktor yang menyumbang kepada pembuatan dan pelaksanaan keputusan isi rumah oleh ibu. Subjek terdiri daripada wanita berbangsa Melayu daripada isi rumah berpendapatan rendah di Kuala Lumpur. Pengumpulan data dilakukan melalui temu bual dengan ibu dengan menggunakan borang soalselidik berstruktur yang telah diuji kesahihannya. Maklumat yang diperolehi dianalisis secara deskriptif serta menggunakan ujian-T berpasangan dan one-way ANOVA. Hasil kajian mendapati bahawa bapa lebih menglibatkan diri dalam proses pembuatan dan pelaksanaan keputusan berbanding ibu terutamanya dalam aspek pendapatan dan perbelanjaan keluarga ($p < 0.001$), sementara ibu lebih mendominasi aspek-aspek berkaitan makanan dan penjagaan anak, kesihatan serta pemberian makanan. Terdapat perbezaan yang signifikan antara penglibatan ibu dan bapa dalam proses pelaksanaan keputusan ($p < 0.01$) tetapi tiada perbezaan didapati dalam proses pembuatan keputusan. Secara keseluruhannya didapati ibu lebih menglibatkan diri dalam pelaksanaan keputusan berbanding pembuatan keputusan isi rumah. Terdapat perbezaan yang signifikan untuk penglibatan ibu dalam pembuatan dan pelaksanaan keputusan mengikut status pekerjaan dan pendapatan yang diperolehi oleh ibu. Ibu yang bekerja ($p < 0.01$) dan mempunyai pendapatan sendiri ($p < 0.001$) lebih menglibatkan diri dalam pembuatan dan pelaksanaan keputusan secara keseluruhannya. Pekerjaan ibu dan pendapatan yang diperolehi mungkin merupakan antara faktor yang menyumbang kepada autonomi di kalangan wanita dan secara tidak

langsung meningkatkan imej diri dan mempengaruhi status kesihatan dan pemakanan anak mereka. Kesimpulannya, hasil kajian menunjukkan kesahihan instrumen yang digunakan dan menyokong kepentingan melihat proses pembuatan dan pelaksanaan keputusan isi rumah sebagai dua mekanisme yang berbeza.

INTRODUCTION

In many less developed countries, mothers have been viewed as an instrument to achieve child health and survival. These mothers bear the primary responsibility for maintaining their children in good health – mothers make choices on daily basis that affect their children's diets, determine the extent to which accident and disease prevention measures are implemented and determine whether or not the children receive medical attention when needed. Because of the major responsibilities of mothers, there is a growing literature which looks at women's status in households and communities, their decision making power in the households which eventually contributes to their roles in intrahousehold resource allocation and how these various roles of women have an impact on child health and survival. Evidently, it has been recognized that mothers' ability to obtain information and to use it as the basis for making decisions on their personal matters and those of their family members, particularly the welfare of their children, has an influence on the health and nutrition of their children (Dyson and Moore, 1983).

Education and income generation and control of women have been reported to be the key variables in woman's control over household resources and decision making power which contributes to child health and survival (Piwoz and Viteri, 1985). For example, Mohanty (1996) found that literate women were more likely than their illiterate counterparts to have a more active role in decision making related to health matters, their children's education and the families' savings and investments. Other studies have also reported that education and income generation and control may not be as important as a woman's structural position in the household in relation to her mother-in-law or the power or trust given by her husband to manage and control household resources (including her husband's income) as factors that contribute to her

autonomy within the household and eventually the health of her children (Miles-Doan and Bisharat, 1990; Myntti, 1993).

In light of the importance of the role of women in child health and survival, an instrument was developed to assess women's participation in making and implementing household decisions in relation to that of their husbands'. A study was further conducted with a sample of urban women from low-income households to validate the instrument for future use. In the study, several aspects of the instrument were focused:

1. Do mothers and fathers participate equally in making and implementing household decisions?
2. Is there any difference in mothers' participation in making and implementing household decisions?
3. Do mothers' participation in making and implementing household decisions vary with maternal and household characteristics (age, years of schooling, employment status, income-earning level, total household income and income per capita)?

METHODOLOGY

This study was part of a larger research on the determinants of growth status among primary school children ($n = 309$) in low-income areas in Kuala Lumpur (Mohd Shariff, 1998). The criteria for the selection included Malay ethnicity and the child has both biological parents living together in the same household. Data was collected using a structured questionnaire through in-depth interviews (home visits or phone interviews) with the mothers. The field work was conducted from December 1997 to March 1998. The research was approved by both the Michigan State University Committee on Research Involving Human Subjects (UCRIHS) and the Malaysian Ministry of Education.

In the development of the instrument to measure women's participation in making and implementing household decisions, five focus groups ($n = 40$) and in-depth interviews ($n = 34$) were conducted with married Malay women from middle- to low-income households in Kuala Lumpur. The

women were asked to identify the various household decisions related to the welfare of their children. A total of 41 items were initially identified, however, based on factor analysis, three distinct groups of items emerged with each group consisted of 8-10 items (items with factor loading less than 0.5 were eliminated). The three groups were identified as household income and expenditures, food and child care/health/feeding. The final instrument consisted of 24 items (8 items in each group) after accounting for only major or common household decisions. Based on the recommendation that it is important to differentiate women's **access to** and **control of** household resources (Oppenheim Mason, 1985), the women were also asked to relate these aspects to household decisions. To the women, these two aspects were similar to **making** and actually **implementing** the household decisions. Making household decisions were viewed to be less in control and authoritative compared to implementing decisions. Based on this finding that making and implementing household decisions were not synonymous, it was appropriate to address these two distinct processes in the instrument.

The instrument were then administered to another sample of low-income Malay women (n = 45) to assess its reliability. A test-retest reliability was conducted and the interclass or Pearson correlation between the first and second administrations of the instrument yielded correlation coefficients in the range of 0.52–0.92. Intraclass correlation (ANOVA repeated measures) also indicated a high correlation coefficient (R = 0.81) for the two administrations. For internal consistency measurement of the instrument, Cronbach's alpha was in the range of 0.63–0.87 for the three groups of household decisions in decision making and decision implementation.

For each item, the mother's response was scored as follows - 0 (No participation); 1 (Little participation); 2 (Same participation); and 3 (More participation). Similarly, fathers were also given scores based on the responses of the mothers:

Wife	Husband
0	3
1	3
2	2
3	0

There were altogether 19 households with mothers/mother-in-laws living together in the same households. However, as the number was too small for statistical analysis, no comparison in making and implementing household decisions was made between the wife and mother/mother-in-law. In addition, from the in-depth interviews, it was found that these mothers/mother-in-laws did not participate actively in making and implementing household decisions. As majority ($n = 15$) of these mothers/mother-in-laws were old and ill, they became physically, socially and financially dependent on the households.

For data analyses, paired T-test and One-way ANOVA were utilized to determine the mean differences in making and implementing household decisions between mothers and fathers, the mean differences between mothers' participation in making and implementing household decisions and the mean differences of mothers' decision making and implementation according to various household demographic and economic variables. For testing the null hypotheses, probability level at or less than 0.05 was used to determine statistical significance. All data analyses were done with SPSS 10.0.

RESULTS

Table 1 presents the demographic and socioeconomic characteristics of the households participated in the study. A majority of the mothers (69%) and fathers (72%) had at least some secondary education. Based on the education level, the average years of schooling for both mothers and fathers were 8.8 ± 4.1 and 9.1 ± 6.5 years, respectively. In terms of employment status, 168 mothers (54.4%) were housewives while 141 mothers (45.6%) worked either at home ($n = 34$) or away from home ($n = 107$). For fathers, the majority ($n = 300$) were working while nine were either ill, pensioners or did not work at all. The occupations of the mothers and fathers were categorized as unskilled (general factory workers, hawkers, cleaners, construction workers), semi-skilled (factory supervisors, laboratory assistants, beauticians) and skilled (teachers, nurses, government officers and lecturers), depending on their education levels (years of schooling), types of occupation and/or seniority of the positions.

Table 1: Demographic and Socioeconomic Characteristics of the Households (N=309)

Variable	Level	n (%)	Mean (Std. Dev.)	Median
Father				
Age		309 (100.0)	41.73 (6.12)	42.00
Income (RM)		300 (97.1)	1093 (575)	913
Education Level				
	No Schooling	5 (1.6)		
	Primary	81 (26.2)		
	Secondary	201 (65.1)		
	Post-Secondary	22 (7.1)		
Employment Status				
	Did not Work	9 (2.9)		
	Work	300 (97.1)		
Occupation				
	Unskilled	225 (75.0)		
	Semi-skilled	63 (21.0)		
	Skilled	12 (4.0)		
Mother				
Age		309 (100.0)	35.36 (5.74)	35.00
Income (RM)		139 (44.9)	751 (312)	697
Education Level				
	No Schooling	9 (2.9)		
	Primary	86 (27.8)		
	Secondary	185 (64.7)		
	Post-Secondary	29 (4.6)		

Variable	Level	n (%)	Mean (Std. Dev.)	Median
Employment Status				
	Did not Work	168 (54.4)		
	Work	141 (45.6)		
Occupation				
	Unskilled	98 (69.5)		
	Semi-skilled	27 (19.2)		
	Skilled	16 (11.3)		
Household Income (RM)			1491 (1171)	1200
	1 – 2162	267 (86.4)		
	> 2162	42 (13.6)		
Income per capita (RM)			260 (237)	210
	1 – 150	113 (36.6)		
	151 – 300	117 (37.9)		
	> 300	79 (25.5)		
Household Size		309 (100.0)	6.34 (1.92)	6.00
Number of Children		309 (100.0)	4.20 (1.87)	4.00

Although there were 141 mothers who worked either at home or away from home, only 139 had their own earned incomes. Two of the mothers who worked at home did not have their own incomes as they were working for their husbands. As the majority of the households ($n = 300$) had fathers as the main income providers, father's average income (RM1093) exceeded that of the mother (751). In this study, household income also included money from sources other than the main incomes of fathers and mothers (e.g., money from working children and other family members). The average household income (RM1491) for these households was relatively low compared to the average monthly household income of urban Malay (RM2162) or the urban citizens in general (RM2593) (Malaysian Dept of Statistics, 1997). Other surveys have also reported lower average monthly household income for a majority of urban squatters and urban poor as between RM300-700 (Khairuddin et al., 1988; Khor and George, 1988). As indicated in Table 1, the majority of the households had incomes below RM2162 ($n = 267$) and using RM150 as the poverty level income per capita for Kuala Lumpur, 113 households (36.6%) can be considered as living in poverty.

Table 2 indicates the mean scores for mothers and fathers in each category of making and implementing household decisions. For both making and implementing household decisions related to income and expenditures, fathers had significantly higher participation in decision making ($t = -8.82$; $p < 0.001$) and implementation ($t = -7.10$; $p < 0.001$) compared to mothers who dominated in the areas of food, child care, health and feeding. While there is no significant difference in total decision making between mothers and fathers, mothers scored significantly higher than fathers in total decision implementation ($t = 3.02$; $p < 0.01$).

Many studies have often neglected the distinct processes of making and implementing household decisions. While making or planning decisions is a process using cognitive skills to envision what is to be done, implementing decisions is putting plans into effect or actuating plans and controlling the actions. In all areas of household decisions, mothers had more participation in implementing than making household decisions (Table 3).

Table 2: Mean Scores for Mothers and fathers in Decision Making and Decision Implementation (N=309)

Variable	Level	Mean (Std. Dev.)	Median	t-value
Decision Making				
Income and Expenditure				
	Mother	13.49 (4.42)	14.0	-8.82 ***
	Father	17.20 (3.43)	17.0	
Food				
	Mother	17.18 (4.28)	17.0	6.83 ***
	Father	14.24 (3.58)	15.0	
Child Care, Health and Feeding				
	Mother	16.74 (3.64)	16.0	4.89 ***
	Father	14.92 (3.24)	15.0	
Total Decision Making				
	Mother	47.41 (10.13)	48.0	0.98
	Father	46.42 (8.45)	47.0	
Decision Implementation				
Income and Expenditure				
	Mother	13.88 (4.60)	14.0	-7.10 ***
	Father	17.11 (3.69)	17.0	
Food				
	Mother	17.75 (4.06)	17.0	9.06 ***
	Father	13.92 (3.55)	14.0	

Variable	Level	Mean (Std. Dev.)	Median	t-value
Child Care, Health and Feeding				
	Mother	17.14 (3.19)	17.0	7.30 ***
	Father	14.67 (2.91)	15.0	
Total Decision Implementation				
	Mother	48.78 (9.74)	48.0	3.02 **
	Father	45.77 (8.28)	46.0	

** p<0.01

*** p<0.001

Possible score range for Decision Making and Decision Implementation related to income and expenditures, food and child care, health and feeding:

Lowest = 0 Highest = 24

Possible score range for Total Decision Making and Total Decision Implementation:

Lowest = 0 Highest = 72

Table 3: Mean Scores for Mothers' Participation in Decision Making and Decision Implementation (N=309)

Variable	Level	Mean (Std. Dev.)	Median	t-value
Income and Expenditure				
	Decision Making	13.49 (4.42)	14.0	-2.14 *
	Decision Implementation	13.88 (4.60)	14.0	
Food				
	Decision Making	17.18 (4.28)	17.0	-2.97 **
	Decision Implementation	17.75 (4.06)	17.0	

Variable	Level	Mean (Std. Dev.)	Median	t-value
Child Care, Health and Feeding				
	Decision Making	16.74 (3.64)	16.0	-2.31 *
	Decision Implementation	17.14 (3.19)	17.0	
Total Household Decisions				
	Decision Making	47.41 (10.13)	48.0	-3.11 **
	Decision Implementation	48.78 (9.74)	48.0	

* $p < 0.05$

** $p < 0.01$

Possible score range for Decision Making and Decision Implementation related to income and expenditures, food and child care, health and feeding:

Lowest = 0 Highest = 24

Possible score range for Total Decision Making and Total Decision Implementation:

Lowest = 0 Highest = 72

Table 4: Mean Scores for Total Decision Making and Total Decision Implementation of Mothers by Maternal and Household Characteristics (N=309)

Variable	Level	n (%)	Mean (Std. Dev.)	F or t-value
Total Decision Making				
Mother's Age (years)				
	20 – 29	48 (15.5)	46.40 (7.67)	0.93
	30 – 39	183 (59.2)	47.13 (11.16)	
	> 39	78 (25.3)	49.69 (8.82)	
Years of Schooling (years)				
	0 – 6	95 (30.7)	48.21 (9.62)	1.63
	7 – 11	185 (59.9)	46.63 (10.66)	
	> 11	29 (9.4)	49.76 (7.75)	
Employment Status				
	Work (H)	34 (11.0)	50.59 (7.43)	7.46 ** a
	Work (A)	107 (34.6)	49.50 (10.22)	
	No Work	168 (54.4)	45.43 (10.16)	
Income Earning				
	No Income	170 (55.0)	45.37 (10.27)	-4.04 ***
	Income	139 (45.0)	49.91 (9.41)	
Household Income (RM)				
	1 – 2162	267 (86.4)	47.16 (10.32)	- 1.10
	> 2162	42 (13.6)	49.00 (8.80)	
Income per Capita (RM)				
	1 – 150	113 (36.6)	47.17 (10.48)	0.47
	151 – 300	117 (37.9)	47.01 (10.79)	
	>300	79 (25.5)	48.35 (8.55)	

Variable	Level	n (%)	Mean (Std. Dev.)	F or t-value
Total Decision Implementation				
Mother's Age (years)				
	20 – 29	48 (15.5)	48.52 (8.92)	0.23
	30 – 39	183 (59.2)	48.57 (9.69)	
	>39	78 (25.3)	49.42 (10.39)	
Years of Schooling (years)				
	0 – 6	95 (30.7)	49.24 (10.30)	0.44
	7 – 11	185 (59.9)	48.37 (9.67)	
	> 11	29 (9.4)	49.83 (8.34)	
Employment Status				
	Work (H)	34 (11.0)	50.32 (8.35)	7.54 ** b
	Work (A)	107 (34.6)	51.29 (9.52)	
	No Work	168 (54.4)	46.86 (10.06)	
Income Earning				
	No Income	170 (55.0)	46.85 (10.06)	-3.98 ***
	Income	139 (45.0)	51.13 (8.81)	
Household Income (RM)				
	1 – 2162	267 (86.4)	48.63 (10.08)	-0.84
	> 2162	42 (13.6)	49.69 (7.17)	
Income per Capita (RM)				
	1 – 150	113 (36.6)	48.09 (11.44)	0.57
	151 – 300	117 (37.9)	48.89 (9.13)	
	> 300	79 (25.5)	49.59 (7.81)	

** p < 0.01

*** p < 0.001

Employment Status: Work (At Home)
 Work (Away from Home)

Bonferroni post-hoc test indicates that these groups differ from each other significantly:

a = Work (H) & No Work; Work (A) & No Work

b = Work (A) & No Work

Possible score range for Total Decision Making and Total Decision Implementation:

Lowest = 0 Highest = 72

For the following analyses, only total decision making and total decision implementation were considered (total decision making and implementation are highly correlated with decision making and implementation in each area of household decisions). As there is a significant difference between mother's participation in making and implementing total household decisions, two separate analyses of these two processes as a function of the various household variables were conducted. The results of one-way ANOVA followed by Bonferroni test or independent t-test are presented in Table 4. Mothers who worked (whether at home or away from home) had significantly higher total decision making than mothers who did not work ($F = 7.46$; $p < 0.01$). However, for total decision implementation, significant difference was only observed between mothers who worked away from home and mothers who did not work ($F = 7.54$; $p < 0.01$). In line with employment status, mothers with earned incomes had significantly higher scores in total decision making ($t = -4.04$; $p < 0.001$) and implementation ($t = -3.98$; $p < 0.001$) than housewives.

DISCUSSION

Paired sample t-test was utilized to examine the differences in mothers' and fathers' participation in making and implementing household decisions related to income and expenditures, food and child care, health and feeding (Table 2). Among the three areas of household decisions, mothers seemed to significantly dominate in making and implementing household decisions in regards to food and child care, health and feeding. Fathers, on the other hand, had significantly more influence in making and implementing household decisions in relation to income and expenditures. In terms of total decision making and implementation, there was no significant difference between mothers' and fathers' participation in decision making but mothers had significantly more power in the implementation of the overall household decisions. In general, the Malay fathers and mothers in this sample contributed almost equally to making and planning household decisions but mothers seemed to have significantly more influence than fathers in actuating or implementing the overall household decisions.

A study on pattern of decision making among low-income households in Sandakan found that women played an important role in making household decisions related to financial, food and health matters (Ladola and Khor, 1998). Although significantly more women dominated in making individual decisions related to food, a higher proportion of them (compared to the husbands) made individual decisions pertaining to household finance and health. However, the study did not differentiate between the two distinct processes of making and actuating household decisions.

According to the gender stratification theory (Blumberg, 1988), women's relative economic power is conceptualized according to the degrees of control of key economic resources e.g., income and property. In other words, a woman does not gain economic power if she only works in economic activities or owns economic resources and does not control them. The greater women's relative economic power, the greater their control over their lives (including marriage, divorce, reproduction) and various types of household decisions which could benefit both themselves and their children. In the present study, while women dominated in household decision making and implementation in relation to food and child care, health and feeding, men were significantly in control of financial related household decisions. Even though the Malay women in this sample had significantly more decision making and implementation power in the two areas of household decisions (food and child care, health and feeding), they may not have the economic power as they had significantly lower participation in making and implementing household decisions related to income and expenditures.

In Malaysia, the male-headed household is defined by the government as the norm. In the Malay society, men have long been the primary economic producers while women are the supplementers of household income when needed (Strange, 1994). However, this does not imply that women have less participation in the household financial matters. For example, Karim (1992) in his extensive anthropological study on women and culture in Malaysia, indicated that rural women have an important role in maintaining the household economy and resources within the household. These women who were majority housewives spent considerable time in farming and food-processing for household consumption, managed the household expenses and had significant

power in owning, controlling and managing land, labor and capital. In another study of rural women (Strange, 1991), it was observed that although controlling household finances can give the women decision-making power in the household, during economically difficult time and commonly among the rural Malay families, women's control of household finances burdens them with having to take up the slack between income and needs, and allows men to ignore the problem. However, whether these findings on the rural women's economic power relative to their husbands hold true for the urban Malay households may need more investigation, although the present study seemed to support that men remain as the financial planners and implementers in their households. In the Malay society, household tasks related to food and child care, health and feeding, are considered to be in the women's domestic spheres of activity and are controlled by them (Ariffin, 1986; Karim, 1992; Rudie, 1994). In this society and perhaps other societies, women's main roles are as mothers and wives. They have to perform their duties as wives to their husbands and also carry out their domestic functions such as doing household chores and caring for their children, regardless of their working status.

According to Rogers (1990), there are limitations to the measurement of decision making power within the households. First, genuine differences of opinion are likely to exist among household members as to who makes what decisions. In this present study, only mothers (and not fathers) were asked to indicate their participation in making and implementing household decisions. Perhaps, different results will be obtained if fathers were also asked on their participation in household decision making and implementation. In other words, the findings may be biased as only mothers' responses were considered in the study. Second, people may not admit the true allocation of influence. For example, food and child care, health and feeding are looked upon as women's tasks in the Malay and other cultures, therefore, it may not be appropriate for the mothers to report that they actually have less influence than their husbands in these household tasks. Finally, decision making power appears to be influenced by the sexual dichotomies in household activities (division of labor by sex) – the men may have more influence in financial-related matters while women in domestic activities. In the present study, since the only category of household decisions considered to be in the men's domain is decisions related to

income and expenditures (compared to the two categories of household decisions related to food and child care, health and feeding which are defined as women's tasks), this may lead to the findings that mothers had more participation in the overall decision making and implementation of household decisions.

Paired t-test analyses also indicated that mothers differ significantly in making and implementing household decisions related to income and expenditures, food and child care, health and feeding, with mothers had significantly more participation in decision implementation in all areas of household decisions (Table 3). Oppenheim Mason (1985) stressed the importance of differentiating the two different processes of access to and control of resources in the studies of women status. While **access** means that the women can use the resources with the permission of her husbands who have the rights to dispose of the resources, **control** of resources implies that the women have the power to dispose of the resources. Making and implementing household decisions are similar to these two processes (access to and control of resources) in that making household decisions may not be power bearing compared to actually implementing the decisions. A woman can contribute to household decision making but that does not necessarily mean she has more influence in household decisions unless she is the one who implements the decisions. The findings in the present study support the importance of treating these two processes (making and implementing) of participation in household decisions as two distinct mechanisms (Deacon and Firebaugh, 1988).

One-way ANOVA analyses were conducted to determine if mothers' total decision making and implementation vary with household demographic and economic variables (Table 4). For both total decision making and implementation, the mean scores significantly differ according to mothers' employment status and income earning ability. In total decision making, as long as the mothers worked (at home or away from home), they had significantly higher mean scores than mothers who did not work. However, only mothers who worked away from home had significantly higher mean score for total decision implementation than mothers who did not work. In terms of income earning ability, mothers with income had higher mean scores for total decision making and implementation than mothers without income.

Participation in income-generating activities has been found to improve a woman's control over household resource allocation and to increase her decision making power in the households. However, these outcomes depend on the type of employment (agricultural, non-agricultural), its location (inside or outside the home), the salary and the control of the income earned (Piwoz and Viteri, 1985). In a study of women in Nepal, Acharya and Bennet (1983) reported that women who worked in subsistence farming had little control of household resource allocation. However, women who worked outside the household (in the market), their decision making power (or control in household resource allocation) in all household activities increased. It was theorized that economic participation enhanced the perception that they are contributing partners in the household financial matters. A study in Mexico City (Roldan, 1982) found that as long as a woman has access to her earned income, this will improve her decision making power in the households and consequently her self-esteem. This was true in households where both the husbands and wives pooled their earned incomes and in those who did not. Similarly, low income mothers in Guatemala City with greater earned incomes were more likely to have or share the responsibility in making decisions than mothers with less earned incomes (Engle, 1993). In the present study, mothers who worked inside and outside the home had significantly more participation in total decision making compared to the non-working mothers which could be related to their income earning abilities. However, only mothers who worked outside the home (and not inside the home) seemed to have significantly more participation in decision implementation than the non-working mothers. Perhaps, for these mothers, working outside the home increased their self-confidence and made them more assertive and independent (than mothers who worked inside the home) that they were able to alter the balance of bargaining power between their husbands and themselves or control and manage the household resources.

CONCLUSION

The findings of this study provide some aspects of validation to the instrument. However, further research is required to validate the instrument for future use. Evidently, there are differences in decision

making and implementation of various household tasks between mothers and fathers. In the Malay culture where male is the breadwinner and the head of the household and female is the caretaker of the family members, it is no surprise that the fathers will dominate in financial-related decisions and mothers in domestic chores (food preparation and child care). In this sample, mothers and fathers contributed almost equally to total decision making but mothers had significantly higher participation in total decision implementation. Although the mothers had significantly higher participation in decision making and implementation related to food and child care, health and feeding and total decision implementation, it may not necessarily imply that they also have higher economic power relative to their husbands' in the households as fathers had significantly higher participation in making and implementing household decisions related to income and expenditures. However, actuating the household decisions (decision implementation) may give the mothers more power than just planning the decisions in that the mothers are able to control and manage the resources especially those that relate to food and child care. This ability then may transform into better health and nutrition for their children. The findings also support other previous research that mother's employment status and her income earning ability contribute significantly to female autonomy – access to and control of her own income will improve her self-esteem and decision making power. In other words, when she has her own income, she is more confident in taking matters in her own hands independent of her husband.

Women play a major role in the health and nutritional status of their family, especially children; yet in many cultures, women have relatively low decision making power and little control of household resources compared to men. Decision making processes and control over resource use or allocation, including time, food and money are determined by power bases in the household (Safilios-Rothschild, 1970). The term 'power bases' refers to the relations between family members, and the relative bargaining/decision making power, influence and respect each member has in determining the use of household resources (Piwoz and Viteri, 1985). The common characteristics shared by women from most low income households are low education level and lack of income generation and control. Little is currently known about how these characteristics may negatively impact a woman's decision making

power and intrahousehold resource allocation and consequently a child's health outcome. Elsewhere, the author has found that mothers' participation in decision implementation is a significant predictor of child health outcomes in a sample of urban low income primary school children (Mohd Shariff, 1998).

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