**• Bargaining and gender relations: Bina Agarwal (2011)**

• Intra hh dynamics have to be observed within their socioeconomic, legal context

• HH have multiple actor with varying interests and preferences

• A range of factors determine a person’s fall back position – outside options which determine how well-off she or he would be if cooperation failed.

• Factors that effect the bargaining power of a member

• Control over assets

• Access to employment

• Access to communal resources

• Access to social support system

• Support from NGO

• Support from state

• Social perceptions

• Social norms

**• Household decision making and its association with IPV: Zegenhagen et al (2019)**

• Heise’s framework (1998) on IPV – IPV occurring interacts at 4 levels: individual, relational, community, societal factors

• Uganda DHS data – categorical variable is generated to analyze decision making by domain

• Paper assesses: a) association between women’s sole and joint HH decision making and IPV b) difference in the association among the domains: respondents healthcare, large hh purchases, how husband’s earnings are spent c) difference in association by gender

• Dependent variable – physical violence in past 12 months

• Independent variable – one each for men and women’s perspective on a) how husband’s money is spent b) health care for yourself c) large household purchases.

• Coded 1 if husband made the decision, 2 joint decision and 3 if wife made it

• Confounding variables – chosen based on ecological framework by Heise

• Probit model is used for regression

**• Women's autonomy in household decision-making: a demographic study in Nepal: Acharya et. al. (2010)**

• Women's autonomy in health-care decision making is extremely important for better maternal and child health outcomes.

• Women’s age and family structure are the strongest determinants of women's authority in decision making. Older women and women in nuclear households are more likely than other women to participate in family decisions.

• Women have little autonomy in many cultures, so it is important to get

(1) A better understanding of the determinants of their decision-making autonomy;

(2) and variations across regions and socio-cultural contexts in the same country

• Previous work has shown that women who have a significant say in reproductive matters tend to be more educated, spend more time on household economic activities and marry later. Limitations to women's physical, sexual, economic, social and political autonomy also affect women's decision-making processes.

• In Nepal, community norms and values affect individual behavior, so women's age, employment (in the past 12 months), number of living children, residence type (urban or rural), ecological zone (Terai, hill or mountain) and development region were considered as socio-demographic variables.

• Wealth is described in DHS data by an asset score that is constructed using a principal component analysis of more than 40 asset variables collected by a household questionnaire-these include consumer goods, housing facilities and materials. These asset scores are used to classify women into quintile groups according to the relative wealth of their household.

• Similarly, women's education has been consistently related to use of maternal and child health services, to positive health outcomes and to insist on participating in family decisions

• The original DHS questionnaire asked about four areas of women's autonomy in decision making. These are own health care, making major household purchases, making purchase for daily household needs and visits to her family or friends. Each question had six responses: (1) respondent alone; (2) respondent and husband/partner; (3) respondent and other person; (4) husband/partner alone; (5) someone else and (6) others. To create a binary variable for the analysis, we grouped the first three responses 1-3 (in which she has some power) and responses 4-6 (in which she has no say in the decision).

• However, the background characteristics employment on past 12 months is re-categorized into three categories; not employed, employed for cash and employed not for cash.

• Similarly, number of living children is re-categorized into four categories 0, 1-2, 3-4 and 5+. Our multivariate regression explores whether socio-background characteristics are independently associated with women's autonomy in decision making.

• Logit model is used for regression

**Women’s participation in household decision-making and higher dietary diversity: findings from nationally representative data from Ghana: Amugsi (2016)**

• Starchy staple foods dominate the diets, with fruits, vegetables, and animal source foods scarcely consumed.

• This places the population at high risk of micronutrient deficiencies, and women of reproductive age are particularly vulnerable. The consequences of micronutrient malnutrition do not only affect the health and survival of women, but also their offspring.

• There is evidence that women’s participation in household decision-making and ability to purchase food (an aspect of empowerment) is significantly associated with availability of diverse diet in the household

• This analysis used data from the Ghana Demographic and Health Surveys (GDHS)

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