INTRODUCTION AND REVIEW OF LITERATURE

The phenomenon of Women in Development can be thought of as a vibrant tapestry constituting myriad strands of different shades and hues. Each strand represents a certain idea reflecting a unique perspective. In order to maintain the vitality of the phenomenon, it is essential that the strands retain their distinctness, yet blend with each other to evolve a harmonious pattern. As observed by Tinker (1990), over the years women in development has acquired various meanings such as economic development, equality, education, employment, welfare, efficiency, and empowerment. Although the underlying thread that binds the issues is that of achieving equity for women, like the strands in a tapestry, each issue has made a distinct contribution that has been highlighted by a specific group of individuals. Tinker has identified three groups that have exerted significant influence on the evolution of women in development, namely, advocates, practitioners, and scholars. Amongst them, the group of scholars, essentially grounded in feminism and equipped with the luxury of utilizing ideologies to appraise contemporary issues, has perhaps exerted a more profound influence.

The significant contribution of the feminist perspective is in terms of critiquing the basic assumptions of development, and more importantly, proposing "new visions of development". Feminist scholars assert that development be defined from the vantage point of women, in that women themselves detail their needs,
goals, and strategies, and steer the direction of development policies at different levels. It is this perspective that has posited empowerment of women as crucial to the feminist vision of development (Bunch & Carrillo, 1990, p.77).

**Parameters of Empowerment**

Empowerment involves a process of growth and development leading to deliberate efforts to bring about change (Wedeen, La Cour, & O'Keefe, 1991). It is essentially considered an ongoing, evolving process in which the outcomes produced in turn lead to further participation in the process (Cochran, 1989). Empowerment constitutes different parameters that operate at the society, family and individual levels. The parameters are inter-related, and each may serve to either promote or inhibit the process. Theoretically, therefore, women's empowerment would be reflected by change in all the dimensions. A comprehensive framework of empowerment as postulated by Cochran (1989) encompasses the larger social system which includes the socioeconomic constraints and privileges, and cultural ideologies; the family structure and dynamics that involves the work and roles assigned; and the relationship with the self, which includes self-esteem (see Figure 1).
1. Interrelationships with local, bioregional, and global natural environments

2. Socio-economic constraints and privileges, and cultural ideologies

3. Institutional relationships

4. Informal network relationships

5. Family dynamics

6. Partner and parent-child relationships

7. Relationship with self

**Figure 1: The Empowerment Framework**

(Cochran, 1989, p. 4)
In the same vein, Dandekar (1986) has contended that women’s empowerment must be thought of in an integrated manner and take into consideration its multi-faceted feature. She has emphasized four parallel aspects that need to be understood.

These are:

* The woman’s economic/resource base;
* The public/political arena allowed her by society;
* Her family structure, and the strengths and limitations it imposes on her; and
* Perhaps most important, the psychological/ideological "sense" about women in her society, which in turn shapes her own perception of herself and the options she allows herself to consider (p.25).

The woman’s personal and/or psychosocial realm is a critical dimension of empowerment as it impinges upon and shapes the encompassing systems. Thus, although the encompassing systems appear to be more pervasive, it must be recognized that they are shaped by the systems they contain (Cochran, 1989). In fact, the empowerment related outcomes located within the individual are pre-requisites to the realization of the feminist vision that considers women as agents of development. The present study focuses on three sets of individual level parameters, namely socioeconomic and demographic factors, psychological characteristics, and behavioral dimensions. More specifically, the following variables are included:
* Socioeconomic and Demographic factors of education, employment, and income; and age.

* Psychological variables of self-esteem, personal control beliefs, and gender stereotype.

* Behavioral dimensions of decision making input and health care seeking behavior.

In the following sections, each of the study variables are reviewed in terms of their definitions, the way they are conceptualized and operate in the Indian context, and the inter-relationships among the variables.

Evolving a Novel Sense of Self: The Crux of Empowerment

Experiments and experiences in efforts towards women's development/empowerment have revealed that one of the most stubborn obstacles which impede women's development is their own attitude towards themselves and woman kind as well as towards their own role in the community. Women are so much cocooned by various social layers that they often cannot and do not wish to bring about changes in their traditional life styles (Epstein, 1986). Such an attitude essentially stems from the socialization for inequality, a process that is set in motion in early childhood and is reflected throughout life in the social and cultural entitlements to resource shares. Papanek (1990) has presented an insightful account of the consequences of this process. She highlights three
distinct aspects.

1. The objective consequences that are manifested in terms of differences among the household members in nutritional status, morbidity, mortality, and acquisition of skills.

2. The psychosocial consequences for household members in terms of their feelings about themselves and the way in which they relate to others.

3. The moral basis underlying the above practice.

The second aspect related to the psychosocial consequences merits significant attention as it has wide ranging implications for women's feelings of self-worth or self-esteem, and consequently their empowerment. The experience of being consistently short-changed with respect to receiving resource shares and the explicit or implicit justification for the same along with the frequently expressed positive interpretations of such practices elicits ambiguous or negative feelings regarding one's self-worth.

The situation is rendered more complex by the excessive value attached to traditional roles and responsibilities, and the ensuing significance assigned to forming and maintaining relationships. The prevalent ideas of female self-sacrifice and abnegation seep into the structure of relationships and give rise to what Papanek (1990) has aptly termed a "culture of female sacrifice" (p.173). This has dire consequences on women's value of themselves, that is, their self-esteem (Dandekar, 1986; Parikh & Garg, 1989).
The Concept of Self-Esteem

Self-esteem is a complex construct that has been shaped by various theoretical viewpoints and empirical researches. As Hamachek (1987) has put it, the substantial amount of research and writing on self-esteem and its related concepts has stimulated the evolution of the concept as a legitimate psychological construct. Currently it is going through the inevitable period of refinement and alteration, quite like the stage of adolescence. The present discussion focuses on the definition of the concept of self-esteem, the sources from which it develops, and some highlights of its multidimensional structure.

What is Self-Esteem?

Self-esteem is a multidimensional concept which has generally been used to refer to the evaluative dimension of the self (Coopersmith, 1967; Rosenberg, 1979). Many terms have been used, interchangeably and together, to refer to an individual's sense of self: self-concept, self-confidence, self-awareness, self-image. All these terms refer to an aspect of a person's self-evaluation. According to Harter (1983), self-esteem is the answer to the question, "How does the 'I' evaluate the components and totality of the 'me'?" (p. 320). A term that is closely related to self-esteem is self-concept. As Hamachek (1987) has put it, self-concept is the purely descriptive aspect of one's
self-perceptions; for example, "I am a student". Self-esteem, on the other hand, is the evaluative component of one's self-perceptions; for instance, "I am an average student". In other words, self-concept is the cognitive part of the self, whereas self-esteem is the affective dimension.

A look at the historical development of the concept of self brings to the fore the significant contributions of scholars such as William James, Charles Cooley, and George Mead. Gergen (1971) has presented a succinct overview of the significant contributions of these scholars. James was the first scholar who explicitly addressed the meaning of self-esteem. According to him, one's feelings of worth were determined by the ratio of one's actual accomplishments to one's supposed potentialities. It was he who gave the now famous formula of self-esteem:

\[ \text{Self Esteem} = \frac{\text{Success}}{\text{Pretensions}}. \]

A few decades after James' significant contribution, Cooley emphasized the relationship between self and the social environment. For him, a person's feelings about herself were viewed largely as products of her relations with others. It was he who introduced the notion of the "looking glass self". Cooley's views were elaborated by Mead who stated that a person's view of self is a product of the social environment. The views of both Cooley and Mead, reflect the symbolic interactionist perspective in sociology that emphasizes the psychological meaning in human relations.
Other scholars who have contributed to the understanding of the concept of self-esteem are neo-Freudians (Adler, 1927; Horney 1945; Sullivan, 1953) who have highlighted the affective components of self-esteem. Yet other theorists have emphasized the motivational aspect of the concept. According to Kaplan (1975) self-esteem is a universal and dominant motive in the individual’s motivational system. The concept of self-esteem has thus been posited to consist of both, cognitive as well as affective underpinnings.

How does Self-Esteem Develop?

Self-esteem is a dynamic construct and its development is influenced by different factors. Early experience has been emphasized as an important source of the development of self-esteem (Coopersmith, 1967; Sanford & Donovan, 1984). Although the levels of self-esteem may change over time, an individual would have a solid foundation of self-esteem provided she has "...acquired a sense of significance, a sense of competence, a sense of connectedness to others balanced by a sense of separateness from them, a sense of realism about ourselves and the world, and a coherent set of ethics and values" (Sanford & Donovan, 1984 p.38).

Rosenberg (1979) has enumerated the following four principles that simultaneously influence the formation of self-esteem.
Reflected appraisals: This includes (a) "direct reflections" which indicate how others directly respond to us, and (b) "perceived selves" which denotes how we think others perceive us.

Social comparisons: It means that people evaluate themselves by comparing themselves with others.

Self attribution: Self-attribution refers to people observing themselves in various situations and forming their self-esteem based on these observations.

Psychological centrality: It means that different people assign different amounts of importance to various aspects of the self. For example, among two individuals who are poor at academics, one may arrive at a lower self-esteem if she values academics while it may not affect the other person who places a greater value on artistic talent.

Coopersmith (1967) on the other hand, has indicated more specific dimensions of self-evaluation:

- Competence: success in meeting achievement demands;
- Virtue: adherence to moral and ethical standards;
- Power: ability to control and influence others; and
- Significance: acceptance, attention, and affection of others.

Along similar lines, Hales (1979, cf. Harter, 1983) has emphasized two sources of information that are utilized in making judgments regarding self-esteem. These constitute an inner source that is defined as one's sense of competency or efficacy,
and an outer source which is based on approval by others.

More recently, Pelham and Swann (1989) have identified three distinct factors that contribute to individuals' global or general self-esteem. These include: (a) their positive and negative feelings about themselves, (b) their specific self-views or beliefs about themselves, and (c) the way they frame these beliefs. The researchers imply that it may be useful to assess not only people's self-views but also the way they frame these views as it is this latter factor that lends uniqueness to the process of development of self-esteem in different individuals.

Each of the theoretical viewpoint presented above highlights that self-esteem is multiply determined and complex in its organization, a feature that poses a significant barrier to understanding the concept.

The following sections review the relationship of self-esteem with sociodemographic variables, and alternate perspectives on the concept of self.

**Self-Esteem and Sociodemographic Status**

Wylie's (1979) review related to self-concept presents no clear evidence of the relationship between age and self-regard. Of the studies reviewed, some revealed decrease in self-regard with age, some indicated increasing self-regard with advancing
age, and yet other studies revealed no age trend.

A study conducted in Africa has shown that self-concept increases with age, but reaches a plateau at around 40 years (Ezeilo, 1983). On the other hand, Karim's (1990) cross-cultural study on adolescents in India and Bangladesh has revealed no significant age effect. Evidently, the inconsistent research trends observed by Wylie more than a decade ago still persist. In view of this, it might be desirable to take into consideration Harter's (1983) suggestion of considering the issue of stability of self-esteem from a developmental perspective that incorporates both, age changes as well as environmental demands. Rather than chronological age per se, the stage of life and the aspects associated with it are more likely to influence individuals' self-esteem levels.

Social class or socioeconomic status is an all pervasive variable that determines one's life style, belief systems, values and attitudes. It provides a vantage point from which one views social reality. Furthermore, the existing social stereotypes determine the feedback that one gets in terms of expressed values and behaviors, which in turn shape individuals' perceptions and behaviors (Jain, 1990). In their consideration of self-esteem as a social construct, Ziller, Hagey, Smith, and Lang (1969) contended that self-esteem evolves in terms of social reality and is subscribed heavily on the social environment contingencies. Empirical studies have indicated a positive association (Cooper-
Smith, 1967; Rao, 1978; Rao & Shankar, 1977) as well as no significant association (Filsinger, 1982; Rosenberg, 1965; Sharma, 1972) between socioeconomic status and self-esteem. Commenting on the complexity of the relationship between self-regard and socioeconomic status, Wylie (1979) concluded that "...we know so little about what all the relevant class-linked factors might be, their relative importance, and their possible ways of interacting that no single functional relationship is clearly implied by extant theoretical suggestions" (p. 65).

The interest of the present study is in the relationship between specific components of socioeconomic status, namely, female education, occupation, and income with self-esteem. It must be noted here that each of these variables elicit certain intervening factors that in turn are expected to influence an individual's self-esteem. For instance, education is a widely valued attribute that brings prestige and positive feedback from others which enhance feelings of self-worth. Furthermore, crossing the threshold of literacy exposes women to new ideas and information and the realization that they do have choices and rights.

Similar intervening variables also operate with respect to the employment/self-esteem relation. As observed by Desai and Patel (1990), taking up work for earning an income and engaging in a professional career appears to enhance women's status and
their self-esteem. Over and above the increased awareness and prestige elicited by higher levels of occupation, the tangible monetary contribution plays a significant role in making an individual feel worthy. Moreover, possession of such resources may quite possibly evince positive reinforcement from significant others, which is likely to further enhance one's self-esteem.

The preceding discussion on the concept of self-esteem and its relationship with individuals' sociodemographic status takes into consideration the concept of self-esteem as it is traditionally prevalent in literature. It is necessary to note that, presently, with the advent of the social constructionist movement a' la Gergen (1985), scholars in the social science disciplines are viewing many of the existing concepts afresh, even to the extent of questioning the very raison d'être of many conceptions that have shaped our research endeavors. The concepts of self and self-esteem have evoked considerable interest from this point of view. The following section includes a discussion on the emerging "new" perspectives on the concept of self in general and specifically as it pertains to the Indian context.

Alternate Perspectives on the Concept of Self

"... all concepts and ideals of personhood are cultural constructions designed to serve certain purposes and encourage certain kinds of social practices and institutions (Sampson, 1987, p.41). Such perspectives related to the concept of self
(and many other core concepts in psychology) have essentially emerged out of the social constructionist orientation/movement (Gergen, 1985) that is currently enveloping the field of psychology and human development. In line with this orientation, many scholars (e.g., Cushman, 1990; Gilligan, 1982; Hermans, Kempen, & Van Loon, 1992; Sampson, 1987, 1989) are questioning the dominant ethnocentric Western notion of the person as a self-contained, autonomous individual with a strong sense of self. What is particularly heartening to note is the emergence of scholarly discourse on alternate perspectives on the "self" and related constructs.

"The self, as an artifact, has different configurations and different functions depending on the culture, the historical era, and the socioeconomic class in which it exists". (Cushman, 1990, p. 601). Scholars such as Cushman (1990) and Sampson (1989) have commented sharply on the prevalent Western notion of the self that is deeply embedded in individualism and rationalism, and strongly argued for a self that is embodied and social in the sense of containing multiple dialogically interacting selves within the self-structure itself. Such perspectives have resulted in the conceptualization of the self as a "dialogical narrator". The dialogical self refutes the notion of the self as the center of control, and is in direct contrast with the sharp boundaries of self-nonself created by the Western rationalistic thinking about the self (Hsu, 1985).
The feminist scholars have been particularly critical of the prevalent conceptions of personhood and made us cognizant of the cultural as well as gender-based variations in the meaning and development of one's sense of self. The past decade has witnessed a stream of feminist scholars who have criticized the existing concepts and models of development as being male biased. A desirable corollary to this development has been the emergence of alternate perspectives that consider development from women's point of view. The contribution of Gilligan (1982) is particularly noteworthy in this respect. In critically examining the major theories of human development, namely, Freud's Psychoanalytic Theory, Erikson's Theory of Psychosocial Development, and Kohlberg's Theory of Moral Development, she has brought to the fore their androcentric bias which has resulted in distorted understanding of women's development. Gilligan's valuable contribution is in postulating an alternate pathway of women's psychological development that is embedded in a context of connection and relationship. Contrary to men, women define their self in terms of relation and connection rather than separation and individuation.

Essentially, the feminist worldview emphasizes the socio-cultural context (Freeman, 1991) and corroborates the view that the self is embodied and relational rather than "...objective, dispassionate, and disembodied..." (Brown & Gilligan, 1991, p.43)
Indian Perspectives on the Concept of Self

The diversity in the Indian culture along with the capricious contemporary political scenario makes a discussion on Indian or Hindu perspectives a difficult proposition. Yet, one is compelled to acknowledge the unifying strand running through the melange of cultural, religious and linguistic groups that brings to the fore the distinct Indian world view.

Hindu thought and action has been traditionally concerned with the self which has been articulated as a perennial theme of its philosophies. In discussions of Indian philosophy, the concept of self is used synonymously with atman or soul. All orthodox schools of Indian philosophy recognize the reality of the atman or self as an eternal substance. In the absence of true understanding of the self, one cannot possibly understand the world and come to terms with it. Self-realization followed by transcendence of self is a key theme of Hindu philosophical tradition.

The ancient Indian Vedanta philosophy delineates three aspects of the self or the inner reality as experienced by an individual (Dasgupta, 1975):

1. Self as the atman, which is the purest form of self and the highest reality not perceived by the individual.
2. Self as jiva, the life source that makes the body function.

3. Self as mind or consciousness, the inner core of one's psycho-physical awareness and feeling.

The overall sociocultural and philosophical ethos of the Indian society has inculcated certain basic values and dispositions that shape the Indian psyche, specifically the sense of self. Sinha (1988) and Tripathi (1988) have highlighted the contradictory and dichotomous nature of the Indian mind. According to them, the Indian philosophical tradition precludes attempts to cast a "single" model of man. In contrasting the Indian and Western minds, Tripathi (1988) has pointed out that in the Indian mind the boundaries defining mental structures are flexible. Sometimes, the self expands to fuse with the cosmos, but at other times it completely withdraws from it. Thus, the self and own-group have variable boundaries and the self is included in own-group. Nevertheless, depending on the situation and the individual's characteristics the boundaries of self may extend so as to reduce the salience of the in-group. At other times, the boundaries of self may completely submerge in the in-group boundaries. Thus, the Indian mind is characterized by the coexistence of a high degree of individualism and a marked "self" and "other" distinction with collectivism and transcendence of the self in the interest of the larger society.

The Indian concept of self that emerges from the perspec-
tives discussed above reveals a self as an entity with multiple, seemingly contradictory orientations. It reflects a self that is relational, collectivistic, and individualistic at the same time.

**Indian Women's Sense of Self**

In reflecting upon the Indian psyche, many scholars have brought to the fore some of the distinct shades in the meaning and development of the "self" for females and males (Kakar, 1988; Nandy, 1980; Parikh & Garg, 1989). A common thread running through these reflections is that of the relational element characterizing Indian women's sense of self. In their insightful account on the Indian women's pathways of development, Parikh and Garg (1989) have highlighted the quality and meaning of relationships as a dominant anchor of the model of life-role for women in India. Kakar (1988) reinforces this line of thinking by stating that although in most societies a woman (more than a man) defines herself in relation and connection to other intimate persons, this is singularly true of Indian women.

Parikh and Garg (1989) have observed that in the process of growing up one needs to cross a threshold with two anchors - one social and the other psychological. The social threshold refers to biological and chronological growth and involves the transition of the roles of daughter, daughter-in-law, wife, and mother. On the other hand, the psychological threshold is determined in terms of the woman developing a distinct world view of herself.
and others around her, "...investing in the self, and in the system and in others, and discovering the spirit of her own being and becoming" (p.43). Essentially, this process involves arriving at one's "personhood". The Indian woman, however, seems to get entrenched at the social threshold comprising of the prescriptive role models. Intricately interwoven with women's adherence to societal roles is the compelling expectation to form and maintain relationships that are generally coded by an ethos of caring and living for others. Women get so engulfed in this process that they tend to ignore or disown their own potential. Thus, the rigid role definitions and the encouragement and glorification of the tendency to sublimate one's life in a philosophy of self-denial, self-effacement and services (Chitnis, 1987) allows little opportunity to create and experience a personal space.

**Personal Control Beliefs**

The past decade has witnessed an upsurge in interest in the psychology of control. According to Langer (1983), the term control refers to one's beliefs about who or what determines outcomes in life. A sense of internal control is reflected when individuals believe that they personally determine what happens in their lives. On the other hand, external control refers to individuals' beliefs that events are determined by luck, chance, fate or powerful others. As reviewed by Stam (1987), the notions
of control are found mainly in literature related to (a) the locus of control construct, (b) the learned helplessness theory, and (c) the self-efficacy theory. Locus of control refers to individuals' beliefs regarding the likelihood that outcomes are under their control. Learned helplessness evolves from an expectancy of non-contingency between responses and outcomes. Self-efficacy refers to expectations of mastery; specifically, it consists of the conviction that one is able to execute successfully a required behavior. Each of these concepts have been used abundantly in research on human behavior and development.

Recently, the notion of control is receiving critical appraisal, especially from the proponents of the social constructionist perspective. Stam (1987) has presented an excellent critique of the concept from this point of view. The core of his critique is that the primary concepts of control, namely, locus of control, learned helplessness, and self-efficacy are non-contextual and individualistic. He argues that the concept of the self-contained individual is closely linked with psychology's preoccupation with autonomy and control. In other words, the ideology of individualism that is the hallmark of Western societies, has fostered the belief in rational control and autonomy.

At this point, it is necessary to acknowledge and note the emergence of alternate conceptions or pathways to control that take into consideration a somewhat broader view of the concept.
Commenting upon the importance of cultural congruence of a given orientation, Marsella and Dash-Scheuer (1988) state that while the Western culture emphasizes individual responsibility for resolving problems, many non-western cultures underscore group or environmental orientations. In accordance with this perspective, Rothbaum, Weisz, and Snyder (1982) have identified two fairly different strategies that people seem to follow to gain or enhance feelings of control. One of these strategies is labeled primary control and involves efforts to gain control by influencing existing realities. The other strategy labeled as secondary control involves individuals' efforts to alter and align themselves with existing realities, essentially leaving them unchanged but exerting control over their personal-psychological impact. Four forms of secondary control have been delineated. These are:

1. Predictive control, which includes attempts to anticipate events so as to control their impact on self.
2. Vicarious control, in which one associates with powerful others so as to participate psychologically in the control they exert.
3. Illusory control, involves aligning oneself with chance and thereby accepting one's fate.
4. Interpretive control, in which individuals attempt to construe existing realities so as to derive a sense of meaning from them.

Evidence of expression of secondary control is mainly available from studies in Eastern cultures (Weisz, et al., 1984a).
As Weisz (1983) has pointed out, people who appear unable to alter existing realities as per their convenience are not relinquishing control (as has been generally portrayed), but exercising other forms of control. Moreover, application of secondary control, may, in fact, provide satisfying means of coping with undesirable, albeit unchangeable, aspects of life situations.

The external control orientation of Indians and Japanese reported in many researches (e.g., Parsons & Schneider, 1974) may well be interpreted in light of the emerging alternate perspectives that allow for consideration of the cultural context, specifically the values and social patterns. As eloquently expressed by Weisz (1983), "'Can I control it'? Each of us may be implicitly striving for the kind of understanding that is the object of the classic Serenity Prayer. It asks for the serenity to accept the things I cannot change, the courage to change the things I can and the wisdom to know the difference" (p.290).

To a great extent, the serenity prayer reflects the Indian philosophical perspective. The Bhagavad Gita is perhaps one of the most important religious treatises of the Hindus and consequently casts a profound influence on the psychology and behavior of the Indian people. With respect to the concept of control, Kumar (1986) has highlighted the following aspects:

* In the Indian philosophical orientation, the concept of nishkam karma de-emphasizes the contingency relation between one's action and the occurrence of reinforcement causally,
that is, there is less emphasis on considering personal ego as the sole agent of action. The karma theory posits that one should do one's "duty" to the best of one's ability without any expectancy of outcome. Perception of causality is generally confined to effort and performance, but not to outcome. For instance, it is quite common to hear comments such as, "I shall do my best and then leave the rest to fate or God".

* Co-ordination of one's actions with the "cosmic order" is also emphasized. Instances of this tendency are evident in choosing an auspicious moment for an event and/or in the worship of Ganesh for a smooth flow of events or positive results. The spirit behind these specific acts is to concede to a higher force. In the same vein, there is a tendency to attribute unhappy or distressing events, for instance not getting a coveted job, accident or death to kala and divine will. Such perspectives have led many researchers to term Indian orientation as fatalistic and external.

* Running parallel to the views of nishkam karma and co-ordination of one's actions with the cosmic order is the emphasis on the perspective that every action inevitably has certain consequences which are experienced either in the present or future life. The karmas that one acquires will determine the kind of birth, length of life, enjoyment, and sufferings. Such a view is indicative of internal control,
albeit of a different nature than the one emphasized in Western societies.

Although Western researchers have tended to classify Indians as external, recent studies by Indian scholars do not really support this contention. For example, Farooqui's (1984) study comparing the median estimates of the locus of control scores of Indian and American students revealed only a marginal difference in externality between the two groups. The Indian orientation, in fact, appears to reflect a melange of primary and secondary controls which Weisz, Rothbaum, and Blackburn (1984b) consider desirable for optimum adaptation. Empirical corroboration for this comes from a study by Sinha, Singh, and Shukla (1986) which revealed what the researchers termed as "mixed" locus of control indicating a rather unclear demarcation between oneself and others in terms of controllability of events. The conception of "pure" internals or externals did not exist to a substantial degree in the respondents' cognitive scheme. This suggests the operation of qualitatively different forms of control. Furthermore, as Sinha et al. (1986) have stated, the Indian situation provides a social ecology wherein alignment with family, a sense of obedience to elders/authority, dependence proneness, and preference for personalized relationships are highly valued. In view of this, action is encouraged, provided it is within the confines of family consent. This is especially applicable to women. Not surprisingly, therefore, many Indian studies have
revealed a trend towards "externality" in females (Helode & Kapai, 1986; Khanna & Khanna, 1979; Rao & Murthy, 1984). An important point to be noted here is that if the reported tendency towards externality were to be recast in the framework of primary and secondary control, it would probably reflect one or more forms of secondary control, namely, vicarious control and/or illusory control.

The preceding discussion reveals the complexity with which the concept of control operates in the Indian context which in turn is likely to have important implications for its assessment and interpretation. Importantly, it underscores the necessity to adopt a multidimensional framework for assessing control beliefs in the Indian culture. Also, assessment approaches must take into account the possibility that different forms of control may be manifested in different areas.

The following sections consist an overview of the relationships between personal control beliefs and the sociodemographic, psychological, and behavioral variables of the study.

**Personal Control Beliefs and Sociodemographic Status**

Not many studies have directly examined the role of socioeconomic status in relation to personal control beliefs. The few available Western studies have generally indicated less internality among individuals from low socioeconomic status (e.g., No-
Indian studies have also shown a similar trend. A particularly interesting study conducted by Khanna and Khanna (1979) revealed more external orientation in females, Hindus rather than non-Hindus, subjects who believed in Karma, and those who belonged to low socioeconomic status. Externality in females and individuals from low socioeconomic status is also supported by Rao and Murthy's (1984) study on college students. As observed by Jain (1990), in India, the socioeconomically disadvantaged generally live in conditions that reinforce inconsequentiality of behavior. The empirical findings indicating an association between low socioeconomic status and externality are, therefore, not surprising.

With respect to age, Knoop (1989) has revealed a nonsignificant main effect of age on locus of control during the work life of individuals, that is, internality did not decline during the span of one's work life. However, the study revealed less control before work life and a relinquishment of control towards later life. Reflecting on the latter aspect, Knoop stated that relinquishing internal control and a shift of focus towards reflection on the meaning of life may be a desirable process for older persons. This line of thinking applies very well to the Indian context wherein the later years of life are associated with the Sanyasa and Vanaprastha ashrams which require the individual to relinquish "worldly" affairs.
Of particular interest in the present study is the influence of specific socioeconomic components of women's education and employment on their personal control beliefs. Education is likely to instill a sense of confidence that makes a person believe that she can exert control over day to day life events. Employment outside the home, especially jobs which bring in a substantial income and provide opportunities for increased social interaction, is likely to enhance individuals' personal control beliefs. The assumption therefore is that women who are educated and hold "good" jobs are likely to experience a greater sense of control.

Personal Control Beliefs and Self-Esteem

Many studies have examined the relationship between the concept of control and different social-psychological variables including self-esteem. As commented by Strickland (1989), positive beliefs such as optimism, hope, and a sense of control are generally related to physical and psychological well-being.

At the outset, it must be noted that the studies on the control/self-esteem relationship have by and large considered the traditional view of the concept of control. There has been little attempt to take into account the broader view of the concept that encompasses the alternate forms of control operating in different cultural contexts. The general trend revealed by the available empirical evidence is that there is an association
between internal control and self-esteem (e.g., Chaudhary, 1986; Satyavathi & Thomas, 1984; Taylor, 1983; Tennen & Herzberger, 1987). However, certain inconsistencies are revealed when gender is taken into consideration. In the Indian context, for example, Tanwar and Sethi's (1986) study on college females revealed locus of control as a fairly significant contributor to self-esteem. Of particular interest was the finding that females with external locus of control had higher scores on self-esteem. This can be explained in light of gender role expectations that presuppose a sense of modesty in women to the extent of completely denying one's own role in the occurrence of an event, and their greater affiliation towards interpersonal relations. Such factors tacitly reinforce an external orientation, which in turn is likely to have a positive influence on one's self-worth.

Kojima (1984) has suggested that in examining the control/self-esteem relation, it is imperative to take cognizance of the concept of self in the particular cultural context. Given the marked similarity between the Japanese and Indian world views, his discussion on the concept of self in Japan can very well be applied to the Indian context. According to Kojima in Eastern cultures the self is not viewed as clearly demarcated from aspects in the environment. On the contrary, a valued sign of maturity is the capacity or feeling of merger or oneness with persons other than oneself (Weisz, Rothbaum, & Blackburn, 1984b). Thus, one does not think of exerting control over the
environment that is clearly demarcated from the self. In fact, individuals generally attempt to regulate the relationship between self and environmental demands mainly in terms of the sociocultural dimensions. This orientation has significant implications for the relationship between one's beliefs regarding personal control and self-esteem. For example, getting one's own way through self-assertion is not as valued an attribute as yielding in good grace. This implies that one who "gives up" control is more likely to feel good about herself as it elicits positive feedback from significant others.

The above discussion suggests an association between specific forms of secondary control and self-esteem, and underscores the need to incorporate a multidimensional view of the concept of control.

**Personal Control Beliefs, Decision Making Input and Health Care Seeking Behavior**

Specific empirical studies examining the relationship between personal control beliefs and decision making behavior per se are not available. However, beliefs about causality and control have been found to impact on behavior in significant ways (Strickland, 1989). The belief that one can influence or regulate events is likely to result in positive action. With specific reference to the control/decision making relation, it may be thus assumed that an individual who feels that she can regulate a
certain event is likely to make efforts to influence it, and thereby enhance her chances of participating in the process and in shaping the final outcome. For example, if a woman believes that she can play an important role in maintaining her own health, she would be more likely to participate actively in decisions such as visiting the doctor in case of illness.

The term health locus of control is generally used to study dimensions such as the one illustrated above. As described by Stein, Smith, and Wallston (1984), health locus of control refers to individuals' beliefs about who or what determines their state of health. If persons believe that their own behaviors affect their health, they are said to have an internal health locus of control orientation. Contrarily, beliefs attributed to agents outside of the individual such as fate, luck, chance or powerful others are referred to as external. Studies on internal-external expectancies and health related behaviors suggest an association between internal expectancies and positive health practices and increased physical and psychological functioning (Strickland, 1978; Tinsley, 1987). Marks, Richardson, Graham, and Levine (1986) have used the concept of health locus of control to investigate its role in expectations of treatment efficacy in psychological adjustment to cancer. The results implied that beliefs and expectations about the role of self in controlling one's health can have functional value for someone with a serious illness. An important point to be noted is the researchers'
clarification that the classification of a person as internal or external may well be a temporary feature; moreover, it is also possible that a person could simultaneously adhere to both, internal and external control beliefs.

Furthermore, with respect to cross-cultural applications of the concept, Stein et al. (1984) have advised researchers to consider other important factors that are likely to have a bearing on individuals' health care beliefs and practices. These are the availability and cost of health care services, the relationship between the individual and the health care provider, the primacy of the family unit, and the role of religion.

Gender Stereotype

All cultures across the world distinguish between attitudes and behaviors considered appropriate for females and males. This division, which is considered natural and rooted in biology, produces profound psychological and social consequences for individuals. Among the various concepts used to understand such differences, the most prevalent is sex roles or gender roles, as it is referred to more recently. The concept of gender roles has been used to denote many different meanings, for example, gender stratification implying macro level bias in favor of males, division of labor by sex, and subjectively shared orientations to the sexual stratification system and to gender linked division of labor (Scanzoni & Fox, 1980). These subjective orientations and
interpretations give rise to cultural constructs of images and stereotypes regarding females and males. Gender stereotype (or sex trait stereotypes) denote the constellation of psychological traits believed to be more characteristic of one sex than the other (Williams, Daws, Best, Tilquine, Wesley, & Bjerke, 1979).

As observed by Eagly and Kite (1987), research on gender stereotypes has consistently indicated cross-cultural similarities in people's images of women and men. Two general observations that emerge are: (a) women are believed to be selfless and concerned with the welfare of others, and (b) men are believed to be self-assertive and concerned with mastering the environment.

Early research on gender stereotypes conceptualized the concept as unidimensional and bipolar, depicting femininity and masculinity at opposite ends. Over the past several years, however, this conceptualization has been replaced with a new concept, androgyny, that views femininity and masculinity as independent orthogonal dimensions. The concept of psychological androgyny evolved from this view (Bem, 1974). Basically, androgyny refers to the combination of feminine and masculine attributes in a single individual. More specifically, as Bem (1977) states, depending upon the situational appropriateness an androgynous person is instrumental and expressive, assertive and compassionate, and feminine and masculine. It must be noted, however, that lately the concept of psychological androgyny has
come under criticism mainly in terms of its content and contextual relevance. The existing androgyny model is criticized in terms of its failure to consider social relations and social processes. It appears as if androgynous individuals operate in a social vacuum wherein gender related expectations and constraints are virtually absent. Furthermore, the androgyny model does not attend to cross-cultural differences, historical change and individual change across the life span (Morawski, 1987). The need to locate the concept of androgyny in a particular cultural context comes to the fore especially when one considers it in the Indian context. Interestingly, a perusal of ancient Indian texts clearly reveals the existence of androgynous facets in human personality. The ancient Indian world view emphasized the principle of duality - the one divided itself into two for the purpose of creation. Various concepts are used to represent this principle, such as purusha-prakriti, Shiv-Shakti, masculine-feminine. The principle of bisexuality prevalent in ancient Indian thought has been an indicator of saintliness and of yogic accomplishments. This is perhaps related to the traditional concept of ardhanarishwara associated with the Lord Shiva. The image represents the union of the creative principles of activity and passivity, or femininity and masculinity (Nandy, 1980).

With specific reference to women, the Indian/Hindu perspective again presents a duality in terms of portraying the woman as fertile and benevolent as well as aggressive and malevolent. The
female as *Shakti* (energy/power) and *Prakriti* (nature) indicates clearly the two facets of femaleness prevalent in ancient Indian thought. In consonance with such a conceptualisation of the essential nature of the female, the role models characterized in classical texts and folk traditions portray the dual character of the Indian Hindu female. This character emerges most clearly in the roles of wife (good, dutiful, controlled) and mother (fertile, uncontrolled) (Wadley, 1988). Indian women thus represent a "dichotomous vision" (Niranjana, 1992, p. 408), understanding of which provides the necessary backdrop for comprehending the various dimensions of gender stereotype.

**Gender Stereotype and Sociodemographic Status**

Not many studies investigating the relationship between gender stereotype and sociodemographic variables, namely, education, employment, and age are available. Nevertheless, it is generally assumed that the former two variables considered to be important indices of women’s status are likely to evince less stereotypic behavior patterns.

A study by Pietromonaco, Manis, and Markus (1987) revealed that when employment was regarded as a career or significant life work, women emphasized qualities such as independence and competitiveness in their self-definitions. The researchers, however, draw attention to the possibility that the employment situation may have provided the women with the opportunity to observe
certain latent qualities in their own behavior. Yet another study examining the attitudes of college students towards gender roles (Rao & Rao, 1988) implies indirect evidence of the association between less traditional gender role attitudes of females and employment outside home. The relationship between gender stereotype and social class has also been demonstrated by Tarrier and Gomes (1981) in their study with Brazilian children. In addition, the research also provides evidence that sex role stereotypes increase with age.

As observed by Bhana (1983), the area of sex role development beyond childhood has received increased attention only since the life span conceptualisation of human development. Although the area has gained considerable momentum during the last decade, few studies have specifically focused on gender stereotypes in relation to the age or stage of life of individuals. The few available studies indicate inconsistent trends vis-à-vis shifts in stereotypic or non-stereotypic orientations over the life course.

Evidence for increased sex role traditionalism is derived from a study by Abrahams, Feldman, and Nash (1978). The findings of the study imply that with changing life situations, specifically marital and family statuses, women’s orientation becomes more traditional. On the other hand, Scanzoni and Fox (1980) report a decrease in sex role traditionalism as a result of major
life transitions. They argue that marriage, motherhood, and the ensuing increase in household and children-related responsibilities expand the range of issues which women are required to handle. Such a situation provides greater scope for non-traditional or non-stereotypic gender behavior. A particularly noteworthy study related to changing role orientations has been conducted by McBroom (1986, 1987). Adopting a longitudinal research design, the study demonstrated that experiences such as getting married, having children, and becoming employed were associated with decreased traditionalism. It must be noted here that such findings may be confounded by factors such as generational changes, women's increased participation in labor force, and higher levels of education.

With respect to the Indian context, Roy (1988) has presented an insightful discussion on the contours of femininity across the life cycle. According to her, what makes an Indian woman feminine depends upon the stage of life and how well she enacts her roles. What this means is that even apparently masculine traits (e.g., aggressiveness) may be acceptable in a woman provided her role calls for it.

Gender Stereotype and Self-Esteem

Turner (1978) has stated that the process of socialization occurring over an extended period of time raises the possibility of the merger of the person with the social role. The role-person
merger is governed by external social pressures for conformity to the prescribed roles as well as certain individual principles. The latter include (a) intensity and consistency with which significant others identify an individual with a role, (b) positive self-evaluation based on the adequacy with which a certain role is enacted, and (c) amount of investment made in claiming a role or learning to play a role. Along the same lines, Dorn (1986) has contended that although at the ideal level the concept of personhood may be genderless, in practice, role expectations influence the definition of good qualities of a person. Although members within the same culture may hold similar conceptions of personhood, their behavior and expression of the concept may differ as a function of gender relationships.

The above propositions provide a substantive foundation for the relationship between gender stereotype and self-esteem. Several studies have examined the implications of different dimensions of gender stereotypes on individuals' personal adjustment and social effectiveness. Self-esteem has been frequently included as one of the salient indicators of the same. Literature on the gender stereotype/self-esteem relationship is replete with studies supporting the androgyny as well as the masculinity models.

The general trend revealed by the available studies have indicated androgynous individuals to be highest in self-esteem,
followed by those with a masculine stereotype (Spence, Helmrich, & Stapp, 1975). Examples of studies that support the androgyny model include Grieve, Rosenthal, and Cavallo's (1988) research comparing Italian and Anglo-Australian adolescent girls, and Chow's (1987) study on androgynous Asian American women. Researches that reveal support for the androgyny and masculinity models generally imply the association between femininity and low self-esteem. As concluded by Broverman, Vogel, Broverman, Clarkson, and Rosenkrantz (1972), since more feminine traits are negatively valued, women tend to have more negative self-concepts than men. Recently, however, in keeping with the multidimensional view of self-esteem, some studies (e.g., Mackie, 1980; Orlofsky & O’Heron, 1987) have specifically revealed the association of femininity with the communal self-esteem components.

Marsh (1987) has conducted a particularly noteworthy study examining five different models of the Masculinity-Femininity/Self-concept relations. The study found support for the Additive Androgyny Model and the Differentiated Additive Androgyny Model. The former posits that masculinity and femininity each contribute positively and uniquely to the prediction of self-concept. The latter takes into consideration this view, and further contends that the relative contribution of each dimension varies as per the specific area of self-concept. Furthermore, the study revealed the social desirability of mascu-
It must be noted here that many researchers have been sceptical about the relationship between masculinity and self-esteem, mainly on account of assessment of the concepts. Consequently, there have been attempts to demonstrate that the relationship represents an artifact of measurement. Baldwin, Critelli, Stevens, and Russell (1986) in their study related to the use of a new sex role instrument have questioned the substantive validity of the masculinity/self-esteem relationship with specific reference to the use of the Bem Sex Role Inventory (BSRI), a widely applied measure of gender stereotype. The researchers point out that the BSRI masculinity scale is confounded with self-esteem as it includes only highly desirable traits. Similarly, Whitley (1988) reported that trait measures of masculinity could not be discriminated from measures of self-esteem. The study ruled out the possibility of shared method variance, which implies that the two instruments of sex role orientation and self-esteem may be measuring the same latent variable. Such studies point to the (a) need for re-examining the masculinity/self-esteem relationship vis-a'-vis measurement overlap, and (b) the multidimensional nature of the sex role construct.

In the Indian context, the individual principles that govern the role-person merger (a'la Turner, 1978) operate to such as
extent that divested of her roles, a woman almost ceases to be a person. Many scholars have theorized on the relationship between gender stereotypes and self-esteem in the Indian Context (e.g., Dube, 1987; Kakar, 1988; Parikh & Garg, 1987) especially with respect to the feminine stereotype. The common contention is that the ideal feminine qualities such as obedience, subservience, self-sacrifice, docility, and the like not only constrict women's realization of their sense of self, but also serve to devalue their own attitude towards themselves. This implies an association between feminine stereotypes and low self-esteem.

On the other hand, the "dual character" of Indian women as portrayed in religion and mythology, has evinced support for the androgyny model. In a cross-cultural study on perceptions of masculinity and femininity, Saxena (1986) concluded that in the Indian mind femininity is perceived in very divergent and contradictory means. The study revealed that subjects attributed the most negative characteristics to females, yet, they found females to be helpful, sincere, likable, and conscientious. The manifestation of feminine or masculine traits very often seems to be related to one's social role and stage in life. As Roy (1988) has illustrated, an apparently masculine trait such as aggressiveness may be quite acceptable in a woman over forty years who is a "matron-mother" (p.139), "ruling over" her children, her husband, and her neighbours. Such observations indicate the dichotomous nature of the feminine principle embedded in the
Hindu world view. Support for the relationship between androgyny and self-esteem is also found in the studies by Sethi and Allen, (1988), Sahoo, Rout, and Rout (1985), and Tanwar and Singh (1988). Recently, feminist scholars have particularly begun to question the androgynous image of Indian women; they claim that the apparently contradictory image is in fact no contradiction as the qualities connoting power are to be used only for significant others and not for one's own self (Mane, 1991).

Gender Stereotype and Decision Making

Scanzoni and Szinovacz (1980) have presented a comprehensive discussion on the association between sex roles and family decision making. According to them, traditional sex roles make the decision making process simple as the roles are clear and sharply demarcated. Furthermore, "Because of her traditionalism, the woman may be quite content to have her husband shape most family matters the way he thinks best" (p. 102). On the other hand, women with non-traditional orientations are likely to enter into negotiation and discussion regarding the decisions to be taken. The process and outcome is also likely to differ depending on the similarities and differences in the husband's gender role orientations. Chafetz (1988) refers to power in terms of "authority" that is generally vested in the male and arises out of the gender norms and stereotypes. The influence of the image of females as a significant factor affecting decision making is also demon-
strated in Acharya and Bennett's (1983) study related to economic participation and household decision making in Nepal.

In the Indian context, the clarity in role definitions probably facilitates the process of household decision making. As Rao and Rao (1988) have stated, despite the submissive and subordinate image of women, they wield considerable power in family matters, which is considered their domain. Ramu (1989) and Srinivas (1977) have also discussed the influence of the wife as a consultant and mediator in household decision making. The androgynous stereotype that Indian women are presumed to hold probably plays a role in such situations. For instance, Mathur (1992) in her study related to dual role performance of women implies an association between dominance in role performance, in terms of the tendency and capacity to influence and control others, and greater share in family decision making. It may be noted here that such tendencies are likely to increase with advancing age and the simultaneous progression to life stages and roles that elicit greater power.

Decision Making Input

Household decision making has been considered as a powerful indicator of the multi-dimensional concepts of women's status and empowerment. Blumberg (1988) and Chafetz (1988) have highlighted the superior power that men have, both at the macro and micro
levels, as a critical factor in the maintenance and reproduction of systems of gender stratification which perpetrates gender inequity. Men's superior resource and definitional power (the latter rooted in religious and secular ideologies, social values and norms) enables maintenance of the gender status quo irrespective of women's wishes. The phenomenon of decision making has been extensively studied, largely within the context of family power relationships. According to Safilios-Rothschild (1970), family power is measured indirectly through behavioral acts. Decision making, essentially a "multiphasic process" (p.40), is considered one of the important outcomes of family power. It involves different stages and incorporates certain crucial dimensions of power, namely, influence and authority.

Studies related to family power have generally focused on the influence of factors outside the family context. Recently, however, Kranichfeld (1987) has criticized researchers' exclusive emphasis on acquisition of skills, resources, and status outside the family as crucial determinants of family power. According to him, this macro-level perspective has "masculinized" (p.42) family power, and it completely overlooks the role of skills for relating to others within the family as a significant source of power. In order to obtain a clearer understanding of women's positions in the family power structure, he recommends a redefinition of power in terms of the internal, micro domain which is almost universally the territory of women. Given the different
social realities inhabited by women and men, they are likely to hold different kinds of social power. Defining power in normative male terms will elude understanding about the kinds of power that women wield. For instance, in their maternal roles, women exercise tremendous power in the sense of influencing behavior change and shaping whole generations of families. Many other scholars have also dwelt on this issue (e.g., Ramu, 1988; Bardhan, 1986), and highlighted the power that women wield in household matters, often indirectly and "behind the scenes". However, as Bardhan (1986) has observed, from the perspective of women's development the influential role of women in the domestic sphere as opposed to the primacy of male power in the public political-economic spheres is considered disadvantageous to women.

Apparently, decision making is a complex phenomenon. Not surprisingly, therefore, research related to it is characterized by a host of methodological issues (see Safilios-Rothschild, 1970). A critical issue highlighted by many researchers is the need for a process orientation in the study of decision making. This refers to the examination of an individual's involvement in the different phases or stages of decision making, such as initiation or suggestion of the idea, consultation and influence, and making the final decision (Acharya & Bennett, 1983). Such an approach would highlight the women's role in one or more phases of the process and thereby provide insight into her relative
The present study has attempted to incorporate a similar perspective. 

Decision Making Input and Sociodemographic Status

An individual's age or stage of life cycle plays a significant role in determining women's input into household decision making. As Ramu (1988) has stated, by virtue of age and experience many women acquire and exercise considerable domestic power. As the woman grows older and passes through the transition of different domestic roles, she is able to exercise increased influence, and thereby play a more prominent role in regulating household level decisions. Interestingly, Bardhan (1986) has observed that it is precisely the changes in relative power at different stages of the life cycle which hinder women's efforts towards confronting patriarchal domination. The resourceful survival strategies employed by women within the patriarchal structures are rewarded by power over the life cycle. Not surprisingly, therefore, more older women tend to uphold the patriarchal social order and the controls it offers. The individual differences among people of the same gender but different age and marital status is also referred to by Papanek (1990) as evidence of the existence of individual self-interests in apparently strong family oriented societies.

The shift in power with age, however, appears to be closely related to the socioeconomic resources as demonstrated by Todd,
Friedman, and Karink1 (1990) in their cross-cultural study on women in Kenya and the US. The researchers concluded that women with resources are likely to grow stronger with age and manifest higher perceived power in mid-life. In his succinct review of theory and research on family power spanning a decade (1970–1979), McDonald (1980) has indicated a substantive body of cross-cultural research in support of the resource theory in marital power relations. One of the basic trends reflected from this review points to the influence of socioeconomic resources such as education, employment, and income on decision making patterns. Two key variables that have been found to influence women’s decision making power are education and income generation and control (Piwoz & Viteri, 1985). According to Caldwell (1979), education makes women less fatalistic and provides them greater confidence to take decision making into their own hands.

Women’s employment status or income earning ability has been singled out as an important factor in decision making (Acharya & Bennett, 1983; Lee & Peterson, 1983). Having one’s own income establishes an economic base for the woman within the household. The influence of such a base, however, depends upon the type of employment, the salary, and control over the income earned (Piwoz & Viteri, 1985). Along the same lines, Spitze (1988) has indicated the need to consider the cultural context in examining the role of resources in determining decision making power. Specifically, this refers to factors such as the structural constraints
on women's power across societies, which in turn limit the leverage they can have in familial situations. For example, in the Indian context, it is not uncommon to find instances of an employed woman having to "hand over" control of her income to the husband or mother-in-law as they are the ones who actually hold the reins of power. The stereotypic feminine tendency of the new, young daughter-in-law to defer to the husband and mother-in-law and sacrifice one's own resources to please the in-laws are significant influencing factors in such situations.

Decision Making Input and Self-Esteem

In addition to the tangible resources that influence women's input into decision making, it is also necessary to take cognizance of certain intangible resources that bear upon this intricate process.

In discussing the psychological characteristics of power, Engle (1990) has emphasized two important factors. The first is related to the definition of power as the capacity to alter actions of others, which can be based on aspects other than control over resources (e.g., having expertise in a given area). The second factor pertains to the dynamics through which one individual achieves greater power. People in different power positions feel justified in their situations, which makes it difficult to change the status quo. The exception, according to
Engle (1990), are individuals with higher self-esteem who appear to be more responsive to changes in power relationships. Persons with high self-esteem might perhaps be more likely to initiate ideas and see that they are carried out. Furthermore, such individuals are also likely to use more efficient strategies in negotiating an issue. Self-esteem thus functions as a "resource" in terms of enhancing the individual's role in decision making. It must be noted here that the strategies used may be direct or indirect, the latter being more prevalent in women (Ramu, 1988).

Health Care Seeking Behavior

The United Nations Decade for Women has generated analyses, experience, and expertise that have illuminated the link between women's health and their empowerment. This development has brought forth the need to recognize the concept of health as "wellness" in the sense of overall well-being without which women will be unable to take care of their families or participate in policy-formulation. Wellness is thus considered the basis of women's empowerment (Antrobus, 1990).

Despite such realizations, the overall progress in women's health over the decade has been fragile, and women and girls in developing countries continue to be "...caught in a descending spiral of ill health". This is because women usually carry extra burdens in health and development related matters. These extra burdens are seen in two ways. First, although the nature of
women's health problems is as pressing as those of men, they are usually the last to be given resources, to be listened to and consulted about their own needs, and to be beneficiaries of health and development programs. Secondly, many problems are unique to women, for instance, those related to their reproductive role (Smyke, 1991, p. 3). It must, however, be noted that the recent years are witnessing a steady stream of women's health advocates crusading for steering away from the narrow conceptualization of women's health as confined to the reproductive years. Their emphasis is on defining women's health more broadly to incorporate their whole lives, all their activities, and all the discomforts and illnesses they experience (Koblinsky, Campbell, & Harlow, 1993). Such a perspective necessitates recognition of the key gender issues in health and underscores the need to consider women's health as a holistic concept involving social, cultural, economic, and political factors.

Antrobus (1990) has delineated a number of factors that merit consideration in understanding and dealing with women's health. These include recognition of the linkages between women's multiple roles in production and reproduction, their role as traditional health-care providers and its potential for empowering them, implications of the inequitable balance of power relations in the household for women's ability to control their lives, the fact that women are entitled to health services in their own right and not simply for their reproductive needs, and
the fact that women often neglect their own health in the interest of their families, which in turn prevents them from meeting the needs of the family. The last factor is receiving particular attention from the proponents of Health Behavior Research (HBR). Such research is mainly "...concerned with finding out what people know, believe, think and feel about health, and how such cognitive and affective bases are related to what they do" (WHO, 1985). An important aspect of HBR, therefore, is the lay health culture comprising of perception of health needs, health care seeking behavior, and acceptance and utilization of health technology. The manner in which women perceive their own health and the beliefs they hold regarding their health needs is likely to have a far reaching influence on their health care seeking behavior. In view of this, listening to and talking with women becomes a critical factor in organizing women's health programs (Brems & Griffiths, 1993).

Health Care Seeking Behavior and Sociodemographic Status

The socioeconomic circumstances of women are well acknowledged as critical for their health and overall development. It is common knowledge that women (and children) of low socioeconomic status, that is, low levels of education, occupation, and income, have poorer health status. As Smyke (1991) has observed, the poor health conditions of women (and families) in impoverished settings cannot be exaggerated as economic depriv-
tion tends to restrict choices in a number of areas that are essential to good health. The economic hardship resulting from low levels of income has the maximum impact on women. This is because in accordance with cultural norms, the woman's role of "health care provider" inevitably takes precedence over her own health needs.

Apart from the impact of overall socioeconomic status the influence of the independent factors of female education and employment outside the home have been considered crucial for women's health. Education of girls is probably the world's best investment. Nothing else has such power to improve family health, slow population growth, and improve the lives of women themselves (UNICEF, 1991). The positive health experience of Kerala in relation to the spread of education, especially among women, clearly illustrates the complementary nature of health and education (Kumar & Mukherjee, 1993). In the same vein, Smyke (1991) has specifically observed that despite being poor, educated women seem to believe that they have a right to good health care. It has been well documented that irrespective of overall socioeconomic status and accessibility of health services, a woman who has even a few years of education is likely to marry at a later age, have a smaller family, seek prenatal care, have few healthy children and is less likely to have children who die in infancy and early childhood, make use of health services, and have a larger earning capacity (Smyke, 1991; WHO, 1992). Evident-
ly, education provides information and skills to the woman to deal with adverse family health circumstances. Higher levels of education are likely to lead to increased knowledge and awareness of one's own health needs, as well as the confidence to assert one's rights which presumably translate into positive action for the women themselves as well as their families. Education produces and protects physical health in many ways. It enhances knowledge, shapes behavior, determines the kind of job a person can get, and also affects her earnings (Ross, Mirowsky, & Goldsteing, 1990).

In addition to education, women's involvement in economic activities is considered a critical factor in their health. According to Basu (not dated, cf. Kumar & Mukherjee, 1993), the gender gap in health and survival is smaller for women who are economically active and have greater access to social space compared to those who are economically dependent, face restrictions in movement and whose status is derived from reproductive success. Taking on a job outside the home provides the exposure to and interaction with the "extra-domestic" (p.285) world. This in turn leads to increased knowledge about health services as well as increased confidence in seeking and interacting with health service professionals. Furthermore, employed women are likely to have greater access to information which contributes to improved nutrition and health practices which in turn improves the health status of the entire family (Chatterjee, 1990).
Notwithstanding the positive influence of women's employment, it must be noted that certain economic activities in which women are involved are seen to have debilitating consequences for their health. Women employed in the unorganized work sector are especially vulnerable to health hazards. The common occupational health problems include postural stress, contact with hazardous materials, repetitious tasks, long hours of work and mental tension (National Commission on Self-Employed Women and Women in the Informal Sector, 1987; WHO, 1992). The situation is further aggravated by women's involvement in other activities such as housework, child bearing, child rearing; the lack of time and inclination on their part; as well as the low priority accorded to their health by significant others which in turn prevents them from seeking timely care.

Health Care Seeking Behavior, Self-Esteem, and Gender Stereotype

It is well recognized that women's health status is intricately embedded in their sociocultural milieu, which also shapes their sense of self. The socialization for inequality a' la Papanek (1990) that girls experience initiates a pattern of cultural devaluation that is transformed into feelings of worthlessness and inferiority (Kakar, 1981). As aptly observed by Smyke (1991), one of the most devastating consequences of the persistent devaluation that women generally experience is that
many of them accept poor health as their lot in life and bring up their daughters to do the same.

Furthermore, a woman's identity is largely defined by her relationships with significant others. Seeking acceptance from others and pleasing and rendering services thus become an integral aspect of the woman's behavior. Not surprisingly, therefore, women generally give priority to the needs of others to the extent of disregarding their own needs. Preoccupation with care of others thus results in negligence of one's own physical well-being, except, perhaps, when it is to be used for the welfare of others. Yet another interesting aspect noted by many scholars is that as long as a woman is performing her prescribed role, she is considered healthy (Desai & Krishnaraj, 1987; Islam, 1985). Interestingly, the perception of female health in terms of their role performance reflects a duality. As revealed in a study by Khan, Anker, Ghosh, and Bairathi (1987), although a woman is generally unlikely to receive treatment at an early stage, provision for medical attention is made before the illness immobilises her and prevents her from performing her duty of looking after the family and household. Thus, if a particular illness or ailment does not "concretely" come in the way of one's feminine role performance, then it is not considered to be a threat to one's health. On the other hand, if it "interferes" with one's role and responsibilities, it merits treatment (Islam, 1985). Unfortunately, such perceptions are held by the family and community
members as well as the woman herself. The overpowering sociocultural ethos that encourages gender stereotypes of self-sacrifice, tolerance, subservience, and service thus takes its toll on women's health in terms of fatigue, stress, undernourishment, and illness. Ironically, therefore, despite women being the main providers of health care to the family members, their own health needs remain grossly neglected.

**Rationale and Conceptual Framework**

Empowerment of women is posited as the crux of the feminist vision of women in development. It is a multi-dimensional phenomenon, encompassing multiple systems at the society, family, and individual levels (see Figure 1). The boundaries between the systems are assumed to be permeable and the direction of influence is two-way, both from the outer systems inward and from the inside outward.

The present study has focused on three sets of individual level factors, namely, socioeconomic and demographic, psychological, and behavioral. Inquiry into such personal-psychological variables will enable documentation of the current situation in terms of the dimensions of women's subjective sense of empowerment, which in turn can provide directions for and steer the path towards positive social change.
The underlying tenets for selecting the specific variables are stated below:

* The components of socioeconomic status, namely, the woman's education level, nature of employment, and income as well as her age or stage in life may function to either facilitate or inhibit aspects of the empowerment process that essentially constitute feelings, thoughts, and behaviors.

* In a given setting, each individual exists in terms of both, her social roles and relationships and as a person possessing distinctive characteristics of personality or systems of belief (Bronfenbrenner, 1989). These aspects reflect one's psychological sense of empowerment that is likely to influence the behavioral outcomes.

* Empowerment is a cyclical process in the sense that the outcomes produced feed back into the process of empowerment. For instance, increase in women's decision making input may well enhance their personal control beliefs.

The main tenets outlined above as well as the comprehensive model of empowerment presented in Figure 1 have served as a basis for evolving the conceptual framework of the present study. Given the comprehensive characteristic of empowerment, it is necessary to examine the inter-linkages between the various components so as to gradually evolve a more definitive framework. The present study has focused on identifying the linkages among selected individual level psychosocial factors and would function as a crucial step towards generating culturally relevant theories of empowerment. Researches such as the present one are necessary precursors serving as theoretical bases for conceiving programs for women's empowerment.
Corresponding to the conceptual framework, the study seeks to answer the following research questions:

1. What is the effect of women's socioeconomic status (namely, education, employment, and income levels) and age on selected psychological dimensions of self-esteem, personal control beliefs, and gender stereotype?

2. How do the psychological dimensions of personal control beliefs and gender stereotype relate to women's self-esteem?

3. What is the effect of women's socioeconomic status, age, and selected psychological dimensions (namely, self-esteem, personal control beliefs, and gender stereotype) on specific behavioral variables of decision making input and health care seeking behavior?

<table>
<thead>
<tr>
<th>SOCIODEMOGRAPHIC VARIABLES</th>
<th>PSYCHOLOGICAL VARIABLES</th>
<th>BEHAVIORAL VARIABLES</th>
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</thead>
<tbody>
<tr>
<td>* Education</td>
<td>* Self-Esteem</td>
<td>* Decision Making Input</td>
</tr>
<tr>
<td>* Employment</td>
<td>* Personal Control Beliefs</td>
<td>* Health Care Seeking Behavior</td>
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<tr>
<td>* Income</td>
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