Rethinking Measures of Psychological Agency and Empowerment

1. Introduction

This paper outlines some concerns when measuring agency and empowerment. In the development literature we find that empowerment is generally defined as an extension of agency.

This definition of empowerment is categorised in one of following three ways:

- as choice and decision making ability (Kabeer, 1999);
- as distribution of power (Batiwala, 2010, Kabeer, 1999);
- as opportunity and access to resources (Narayan, 2005; Alsop, 2006).

Less is discussed about psychological empowerment. The importance of the psychological domain of empowerment and agency has been outlined by the World Bank Moving Out of Poverty Study (2009) or Rowlands’ study on the “Power within” (1997). However these studies have conceptualised internal agency (psychological elements) as having only an instrumental value – supporting the move out of poverty or fighting against repressive power. Differently, Alkire (2005) has argued for the intrinsic importance of psychological capabilities, and proposed measures drawing of social psychological literature (Ibrahim and Alkire 2009).

Using inductive research methods in a study in a neighbourhood on the urban fringe of Bamako, Klein (2014) found that the psychological domain of empowerment and agency was central to initiatives people undertook to improve personal and community wellbeing. The psychological domain was both instrumental and intrinsically important to people in the study site.

This paper will draw on the findings of Klein (2014) and examine the suitability of measures of psychological agency.

2. Rethinking measures of psychological agency

This study examines two specific challenges in identifying measures for the psychological agency. Firstly, we analyse the usefulness of theoretical measures against locally constructed measures. Secondly, we examine measures of the psychological domain in different domains of the agent’s life, specifically minor household decision making and major health care decisions? Thirdly, we explore the relationship between decision making ability and the psychological domain?

2.1. Theoretical measures vs. locally constructed measures

Social psychology literature shows the centrality of the psychological domain in agency; such as internal motivation (Ryan and Deci, 2000; 2006) and efficacy (Fernandez -Ballesteros et al, 2002; Bandura, 1997; 2006). However, it is well documented that the psychology paradigm is challenged by its tendency to universalise theories from studies and concepts...
arising from Western research, stemming from an presumption there is a constant central processing mechanism that can be explained in its entirety (Mansfield, 2000), consequently lacking substantial research regarding relevance in other cultural contexts (Stigler et al, 1990; Mills, 2013; Hook, 2004). Therefore, the challenge for development scholars examining the psychological domain to analyse the psychological domain through non-reductive frameworks that are located in the social, historical and cultural contexts of the self (Mkhize, 2004). Such a definition of the psychological domain is congruent with critical psychology which envisages the psychological domain inclusive of the dynamic between power, structure, the psyche and the body (Hook, 2004).

Alkire et al (xxx) has drawn on the concept of autonomy found in Self-Determination Theory where, autonomy is true self-regulation, where the behaviour one exhibits is in accord with abiding to one’s values and interests. Autonomy according to SDT is where “one’s actions are experienced as controlled by forces that are phenomenally alien to the self or that compel one to behave in specific ways regardless of one’s values or interest.”¹. Through the construction of the RAI, Alkire et al (xxx) have tried to find a suitable indicator for measuring autonomy. Alkire (2009) argues that the RAI is a robust measure for the concept of autonomy defined in SDT; such an index can also be used as a tool for measuring psychological agency².

We thought it would be interesting to examine the use of the RAI against a measure of dusu – in order to assess the suitability of the RAI compared to a locally constructed measure. While the RAI is helpful, and there was significant relatedness in qualitative responses between the two constructs of dusu and autonomy, caution must be exercised as dusu and autonomy cannot be mistaken as the same constructs.

Question: Is there a difference between using the RAI and the self-rated dusu measure to measure psychological agency?

2.2. Agency and empowerment in different domains

Furthermore, whilst there are differing ideas on what measures to use, there is also a body of literature examining the variability of agency and empowerment in different domains of people’s lives. Therefore, this study draws on two very different domains; household decision making for minor purchases and major household expenses.

Question: Is there a difference in psychological agency between the domains when agents face minor household purchases and serious health issues?

2.3. Psychological agency and decision making ability

Agency and empowerment are generally measured through decision making ability, therefore this study will also examine the relationship between psychological agency and decision making ability.

Question: What is the relationship between decision making ability and psychological agency?

3. Psychological agency on the urban fringe of Bamako

Through using inductive mixed methods, Klein (2014) found that two important concepts emerged as being central to intentional action: *dusu* (internal motivation) and *ka da I yèrè la* (self-belief). *Ka da I yèrè la* and *dusu* fortify informants’ conceptions of purposeful agency and were not only intrinsically valuable but also fundamental to people to improve their personal and collective well-being. The psychological domain is relational, meaning that social processes are involved in the production of *ka da I yèrè la* and *dusu*. For example, *dusu* came from watching others succeed, which generated positive envy to help pursue initiatives that people valued. *Ka da I yèrè la* came from encouragement and watching other people succeed, which instilled a self-belief. Gender, age, formal education level and deprivation were cited much less by informants as being conditions of *dusu* and *ka da I yèrè la*, suggesting these concepts cannot be reduced to agents’ socio-economic characteristics. Finally, Klein (2014) found that *dusu* and *ka da I yèrè la* through underpinning purposeful agency, play a role in processes of change and social development in the neighbourhood.

Whilst Klein (2014) argues that the psychological domain is important to agency and empowerment, she stresses it is not the only element and emphasises empowerment as an umbrella concept where the psychological domain features alongside other crucial elements such as decision making ability, access to resources, distribution of power and critical awareness.

This current study draws on the results of Klein (2014) and examines measures of psychological agency. Specifically this paper will analyse the suitability of theoretical measures of psychological agency as proxies of the concepts of *dusu* and *ka da I yèrè la*. Secondly, we will explore the relationship between *dusu* and *ka da I yèrè la* and decision making ability.

3.1. The Study Site

The study site is a neighbourhood of 423 households on the urban fringe of Bamako Mali’s capital. The neighbourhood can be characterised as a site of major urbanization. Economic and social ties of the neighbourhood are very much mixed with those of the capital, which is only 15km away. 70.9% of the people living in the neighbourhood were not born there, and had migrated from rural villages searching for work. The population has a myriad of social relations including relations of gender, where men and women, have specific roles within the household and wider society. For example, the role of the man as the head of the family, where he is expected to financially provide for the family including food, clothes and shelter. The duty of women, specifically wives, is to care for the family, especially children, and to submit to their husbands. One woman I interviewed from the neighbourhood middle class explains her conception of her role as a wife, “If your husband wants you to do this, then you must do this, you must not raise your voice beyond his voice.” The social roles of men and women can subsequently impact individual and collective deprivation and education levels, as well as decision making abilities, across differing domains within the household and in the wider community.

Further still, most people living in the neighbourhood struggled with limited opportunities such as access limited to education and deprivation. To mitigate the multi-dimensional properties of poverty, I included a measure of poverty as capability deprivation (Sen 1979;

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3 Female interviewee, The neighbourhood, 5th January 2011
1985; 1999), using the MPI (Alkire and Foster 2011). 71.1% of households in the neighbourhood were multi-dimensionally poor (n=307)\(^4\).

When Klein (2014) examined the multi-dimensional poverty results, there were variations in the deprivations by specific deprivation indicator. For example, 69.7% of the households in the neighbourhood were deprived in the dimension of education (anyone in the house had over five years of formal schooling); for the indicators of health, 32.2% of the households had had a child die and 12.7% were nutritionally poor (anyone in the house was malnourished). Regarding the living standards indicators, 16% of households were deprived in electricity, 20.8% were deprived in sanitation, 19.5% were deprived in drinking water, 42.0% lacked suitable flooring for their homes, 69.4% used solid cooking fuel and 4.2% were deprived in household assets.

4. Methods

The initial study by Klein (2014) used exploratory sequential mixed methods design which included first inductive qualitative methods followed by quantitative methods to support qualitative findings. This paper uses the same data set as Klein (2014).

Specifically, the research was conducted over a total of six and a half months, split among three trips. The first trip was a scoping and relationship building mission for one month (December 2009), the second trip involved data collection for five months (November 2010 – March 2011) and then the third trip reviewed initial results for one month (November 2011) as a ‘double-checking exercise.’ The qualitative methods used included firstly several months of observations while living in the neighbourhood, followed secondly by 26 life histories, then four focus groups (one each with men, women, male youth and female youth) and another 25 key informant interviews. A household questionnaire was then employed, aiming to collect data from every household in the neighbourhood to triangulate the qualitative findings about the psychological domain of agency and quantify levels of household deprivation and socio-economic characteristics in the neighbourhood. There were 307 surveys completed out of a possible 423 households. A retest of the household questionnaire was then conducted with 12.2% of the population to test the stability of the questionnaire tool. Another 30 interviews were conducted upon returned to double-check the results a year later.

This current paper draws on several specific variables from the data set to examine suitable measures for the psychological domain of agency. These variables include; self-rated levels of dusu, the Relative Autonomy Index (RAI) as proposed by Alkire drawn from Self Determination Theory, decision making ability, and Multi-Dimensional Poverty (MPI). We will now explain how these variables were constructed.

4.1. Self – rated level of dusu

In the household questionnaire, respondents where asked to rate on a visual ladder of 10 rungs, how much dusu they felt they had to undertake initiatives to their family.

\(^4\) The MPI is based on the Alkire and Foster (2011) method (see Alkire and Santos 2010; Alkire et al. 2013), to measure multi-dimensional deprivation. The MPI comprises ten indicators from three dimensions: health, education and standards of living as discussed within.
4.2. RAI
The RAI is an index for measuring autonomy based in Self Determination Theory. Ryan and Deci (2000) describe autonomy on a scale where, at one end is the autonomous intrinsically motivated self and at the other end, a person who is extrinsically motivated. Specifically the following levels of autonomy:

- **External Regulation**: Because of external pressure (to obtain rewards or avoid punishment)
- **Introjected Regulation**: Because doing so will gain approval by others or avoid guilt and shame
- **Integrated Regulation**: Because activity is valuable and its pursuit is integrated with the person’s other activities.

These three levels of autonomy are reflected in the RAI. In the household questionnaire, these three levels were analysed across five domains: minor household purchases, informants who had paid employment, informants who undertook unpaid household work, healthcare and Islam. The five domains emerged from the examination of people’s life stories and other qualitative data such as observations. These domains were most significant to people’s purposeful agency for pursuing the aspiration of ‘increasing personal and/or community herè’ (Well-being). In this study, we focus on two of these domains—minor household purchases and treatment of serious health problems as best to examine the agency of men and women. As the household is constructed as the domain of women, minor household purchases generally fall under the responsibility of women. Differently, serious health problems of family members would be a domain for both men and women, making both important areas to examine.

For the domain of minor household purchases, informants were asked about how they made minor household purchases such as food or other daily items, providing feedback on the following statements:

- a) I cannot make minor household purchases differently to how I do them.
- b) I make minor household purchases because my spouse, another person, society, social organisations or my community insist that I make them.
- c) I make minor household purchases according to what others expect of me or to obtain their approval. If I did not, they might blame me.
- d) I make minor household purchases according to what I personally consider important.

The expenses considered in this analysis were only the minor household purchases, in order to address gender inequality in the neighbourhood. This is because men decide on the major expenses, whilst both men and women decide on the minor ones. Thus by understanding if informants made decisions regarding minor household purchases, we can obtain meaningful responses for both men and women.

As for the healthcare dimension, informants were asked to answer the question “how would you solve a serious health problem?”, choosing among:

- a) I cannot face a serious health problem of my own differently from how I do.
- b) If I have a serious health problem, I do what my spouse or some other person, society or social organisations insist that I do.
- c) If I have a serious health problem, I act according to what other people expect of me or to get their approval. If I did not, they might blame me.
- d) If I have a serious health problem, I do what I personally consider is important.
The domain of healthcare was chosen above the domain of education because of its relevance to all households, whereas education would only be relevant to households that had school-aged children.

As we can see, in all the question sequences above, a ‘no control’ option (option a.) was included to account for the possibility that the questions were ‘not applicable’ because it is the force of circumstances rather than any particular person’s influence which drives the informant’s behaviour. The reason I did not analyse the ‘no control’ in the RAI is because it has a number of meanings in different circumstances and does not necessarily indicate lack of autonomy. For example, most people would say they had to work, because of force of circumstances as most people have not inherited wealth, this is not necessarily disempowering; because whilst it is a force of circumstance, people may also say they love what they do for work5.

The RAI was then incorporated based on Ryan and Deci’s Autonomy Scales by creating a weighted sum of the scores of each of the autonomy levels for each domain. So for each domain the formula was \((-2)\text{[external pressure response]} + (-1) \text{[introjected response]} + (3) \text{[integrated response]}\)6.

Whilst there is a considerable connectedness between autonomy from SDT and dusu, we cannot deem them as the same. Nonetheless, it is an interesting exercise to examine the use of the RAI as a potentially useful proxy for dusu than other measures such as decision making ability and socio-economic status.

4.3. Decision making ability

Decision-making ability is important in studies on empowerment where it is argued that consideration must be given to the process in which the agent comes about undertaking the action7. Decision-making ability becomes an important site of inquiry in empowerment because it is derived from the argument of choice. However, while choice and decision-making ability are important, but they do not reveal how intrinsically valuable the choice or decision is to the agent8. Thus a measurement of autonomy and dusu maybe still required to ensure the intrinsic dimension is captured.

In order to measure decision-making ability, in the household survey informants were asked for each domain who makes important decisions. The options were “you”, “you and your partner”, “you and someone else” (the latter two both infer autonomy when decisions are made together), “your partner”, “someone else”, and “society”. The latter three signified absence of decision-making ability only when respondents answered no to the follow-up question, “if you wanted to though, could you make the decision?” This follow-up question allowed for the possibility that even if someone makes a decision for you, it could still be aligned with your values.

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5 "Technical Notes on the Use of the Empowerment Module."
8 Alkire, "Subjective Quantitative Studies of Human Agency."
4.4. MPI

The MPI is an internationally comparable measure used to discuss multidimensional poverty (poverty beyond income measures). The MPI for my data was constructed by following the method of Alkire and Foster (2011) and Alkire and Santos (2010). For each of the deprivation indicators, households were deemed deprived or not as specified in the poverty cut-offs for each indicator in Table 1. The overall poverty cut-off for each household was 1/3 of weighted indicators.

Table 1 – The Indicators, Poverty Cut-offs and Weightings of the Deprivation Measure Used in the Household Survey

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Indicator/Variable</th>
<th>Poverty cut-off</th>
<th>Weight according to Alkire &amp; Foster (2011)</th>
<th>Measure used in the current study?</th>
<th>Weight used in my analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Standard of Living</td>
<td>TV, radio, telephone, fridge, motorcycle, car, truck</td>
<td>Poor: can own 1 of TV/radio/telephone/fridge/motorcycle but not more. If owns car/truck is not poor.</td>
<td>1/6</td>
<td>Yes</td>
<td>1/6</td>
</tr>
<tr>
<td>Floor</td>
<td>Poor: dirt/natural floor.</td>
<td>1/6</td>
<td>Yes</td>
<td>1/6</td>
<td></td>
</tr>
<tr>
<td>Electricity</td>
<td>Poor: no electricity.</td>
<td>1/6</td>
<td>Yes</td>
<td>1/6</td>
<td></td>
</tr>
<tr>
<td>Cooking fuel</td>
<td>Poor: wood, dung, charcoal.</td>
<td>1/6</td>
<td>Yes</td>
<td>1/6</td>
<td></td>
</tr>
<tr>
<td>Toilet</td>
<td>Poor: no private improved toilet(^9).</td>
<td>1/6</td>
<td>Yes</td>
<td>1/6</td>
<td></td>
</tr>
<tr>
<td>Water</td>
<td>Poor: no drinking water(^10).</td>
<td>1/6</td>
<td>Yes</td>
<td>1/6</td>
<td></td>
</tr>
<tr>
<td>2. Education</td>
<td>Years schooling</td>
<td>Poor: no person in the household has finished primary school.</td>
<td>½</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>School enrolment</td>
<td>Poor: any school-aged child up to 14 is not enrolled in school.</td>
<td>½</td>
<td>No(^11)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>3. Health</td>
<td>U5 child mortality</td>
<td>Poor: if a child under 5yrs of a woman living in the house has died.</td>
<td>½</td>
<td>Yes</td>
<td>½</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Poor: if any adult or child in the household is malnourished.</td>
<td>½</td>
<td>Yes</td>
<td>½</td>
<td></td>
</tr>
</tbody>
</table>

(Source OPHI - Adapted)

\(^9\) If the toilet is flush or is a pit latrine with a slab, then it is improved'. Otherwise it is not.
\(^10\) If the water is piped into the house/compound, or comes from a protected well, then the household is non-poor. Otherwise it is not.
\(^11\) This question was hard to collect exact data for as a lot of the informants did not know how many children lived in the house. Therefore we decided to exclude this question and only have one indicator for the education domain.
The MPI is calculated by multiplying the incidence of poverty by the average intensity across the poor \((H \times A)\) where \((H)\) is the headcount ratio and \((A)\) is the average intensity of each household’s poverty (the average proportion of indicators in which poor people are deprived). The MPI is then used to discuss household deprivation beyond income.

5. Results

5.1. Suitable measures for psychological agency
INSERT TABLE COMPARING RAI WITH MEASURE OF DUSU

5.2. Agency across domains
INSERT TABLE DISCUSSING THE TWO DIFFERENT DOMAINS

5.3. The psychological domain and decision making ability
INSERT TABLE COMPARING RAI + MEASURE OF DUSU with DECISION MAKING ABILITY

6. Conclusion