

**RELIGION, REGIONAL CONTEXT AND WOMEN'S AUTONOMY IN
HOUSEHOLD DECISION-MAKING IN GHANA**

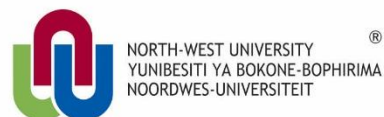
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**THESIS SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR THE
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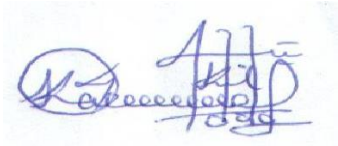
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It all starts here™



DECLARATION

I hereby declare that except for references to other research works, which have been duly acknowledged, this thesis is the result of my own research and it has not been presented elsewhere either in part or whole for another degree.

A handwritten signature in blue ink, appearing to read 'Kamil Fuseini', is written over a light blue rectangular background.

Signed:

Date: 17/02/2017

Candidate: Kamil Fuseini

DEDICATION

I dedicate this work to my family and friends.

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ABSTRACT

This thesis is an examination of the dynamics of religion, regional context and women's autonomy in household decision-making in Ghana. The study employed an explanatory sequential mixed-method approach to examine these dynamics. First, the quantitative component of the study used the nationally representative 2008 Ghana Demographic and Health Survey (GDHS) couple's data file that provided a general understanding of the dynamics of the relationship between religion, regional context and women's autonomy in household decision-making. This dataset was also the basis for examining the relationship between religion, regional context and men's attitudes towards women's autonomy in household decision-making. The analysis of this set of data involved the use of such statistical techniques as frequencies, bi-variate correlations, logistic regression models, complementary log-log regression models and the Latent Class Analysis to achieve the set objectives. The second strand of data was qualitative, which collected data using the purposive sampling approach in Accra (Southern Ghana) and Tamale (Northern Ghana) between December 2014 and January 2015. Generally, this dataset sought to provide meaning, context and depth using the thematic analyses approach.

The study found that, in general, Ghanaian women are autonomous and men have favourable attitudes towards women's autonomy. With respect to religion, Muslim women were not different from Christian women regarding autonomy in household decision-making. However, Traditionalist/Spiritualist women compared to Christian women were significantly more autonomous in household decision-making. There was evidence of difference in regional context regarding factors that influence women's autonomy in household decision-making. Women in the southern context (which is relatively more socio-economically developed and expected to be egalitarian) were less likely to be autonomous in decision-making compared to women in the northern context. Ghanaian women can be classified into three subgroups: "Poor", "Average" and "High" level of autonomy groups based on their household decision-making patterns. The study found that culture and religion shaped and served as the basis for the justification of power structures and gender roles in household decision-making. Religious institutions were very critical in the socialisation process and in reinforcing the status quo in household decision-making. The results also showed that, despite the fact that men hold authority in household decision-making, women played active roles in the household decision-making process. Women employed tactics such as 'taking decisions without their partners' consent', involving 'significant others' and 'nagging' to get decisions to turn in their favour.

Even though there was some evidence of religious effect on women's autonomy in household decision-making in Ghana, the findings also show the importance of socio-cultural factors that influence women's autonomy in household decision-making within each regional context. Indeed, 'men are the heads of households and expected to be in control of household decision-making; however, women are the necks and when the neck turns the head will follow'. Strategies to enhance women's autonomy need to be context-specific since different sets of factors influence women's autonomy in different context. In addition, interventions to enhance women's autonomy in household decision-making should be designed towards meeting the specificities of the various subgroups of women.

CHAPTER 1: INTRODUCTION

1.1 Background

Issues concerning women's autonomy—their capacity to manipulate and have control over their personal environment in order to make decisions about their livelihoods, regardless of other men and women's opinions (Hindin, 2006; Mistry, Galal, & Lu, 2009)—have been important in the demographic literature. Scholars and practitioners have emphasised the fact that attenuating gender inequalities in Africa is crucial for further development on the continent. In response, substantial foreign aid or assistance and various international policy initiatives have been directed towards addressing inequalities between women and men (Frost, 2009). Despite the international attention on women's empowerment in Africa, especially regarding household decision-making power, religious perspectives, regional context and gendered perspectives on the dynamics of household decision-making are limited in the discourse within sub-Saharan Africa.

Bell in his submission on the influence of religion on behaviour: "The Return of the Sacred" (Bell, 1977), has argued that contrary to the tenets of modernisation theory, religion continues to play an important role in the lives of people. The increasing influence of religion in the lives of people in sub-Saharan Africa (SSA) has been noted (Gallup International, 2012; La Verle, 1994; Samwini, 2006). Religious and traditional norms and values overlap, and have implications for gender relations (Amin & Alam, 2008; Denton, 2004). Societies, past and present, are structured according to patriarchal norms which give men power over women (Lemer, 1986). Patriarchy is seen as the rule of the father, which "... denotes the legal, economic and social system that validates rule by men over women. It is systemic in every aspect of society to the point where it is experienced as normal" (Rakoczy, 2000, p. 13).

This system of male authority also finds expression in the traditions of the various religions such as Christianity and Islam as reflected in the Book of Ephesians Chapter 5, verse 22 - 24, "Wives, submit to your husbands as to the Lord. For the husband is the head of the wife as Christ is the head of the Church, his body, of which he is the Saviour. Now as the Church submits to Christ, so also wives should submit to their husbands in everything" (Bible, 1984). Similarly, in the Qur'an, Sura 4, Verse 34, "Men are overseers over women because Allah has given the one more strength than the other, and because men are required to spend their wealth for the maintenance of women. Honourable women are, therefore, devoutly obedient and guard in the husband's absence what Allah requires them to guard their husband's property and their own honour" (Qur'an, 2007).

In the literature, two hypotheses explain the relationship between religion and women's autonomy and the subsequent impact on outcomes such as fertility, contraceptive use, and

domestic violence. The first draws on Caldwell's analysis of routes to low mortality in poor countries. Caldwell indicates that in Islamic settings, women occupy a separate and distinct position that effectively denies them autonomy (Caldwell, 1986). From this perspective, Islam is perceived to promote restrictions on women's power in ways that compromise women's autonomy to limit fertility or secure good health for themselves and their children. Muslim women's lack of autonomy is thus believed to be the central factor underlying the poor demographic outcomes (e.g. high fertility) experienced by Islamic societies (Caldwell, 1986).

The second perspective demonstrates wide variations in the ways in which gender and behavioural norms are manifested across a range of countries and regions emphasising the importance of regional social systems in particular regions, as opposed to religion per se as the driving force of women's autonomy (Ghuman, 2003; Obermeyer, 1992). According to this perspective, therefore, the influence of behaviour and norms imprinted by regionally prescribed social systems underlie women's autonomy (Amin & Alam, 2008; Dyson & Moore, 1983; Jejeebhoy & Sathar, 2001). Thus, regional social systems play a major conditioning role in shaping women's autonomy. When region is controlled, Muslim women exert about as much autonomy in their lives as do other women of different religious faiths (e.g., Christian women), regardless of where they reside (Gupta & Yesudian, 2006).

In the sub-Saharan African context, gender inequality in household decision-making has been shown to be evident and persistent as well as posited to be in favour of men (Bawah, Akweongo, Simmons, & Phillips, 1999; Frost & Dadoo, 2010). Men hold considerable authority because of the ideology of patriarchy in these societies. Traditional cultural systems prescribe the relationship between women and their partners, which vary across regional context (Luginaah, Yiridoe, & Taabazuing, 2005). Additionally, women are generally socialised to be subservient to men and not to question men's authority in these societies (also see Neidell, 1999). As a result, women often play a subsidiary role which relegates them to a lower position in terms of decision-making (Sathar & Kazi, 2000).

Within this ideology of patriarchy, women and their partners are empowered and constrained by the same religious and social constructs which prescribe gender-based roles and rights as a means of reinforcing the status quo (Sathar & Kazi, 2000). In the discourse, men are often shown to have the authority in household decision-making and also get anxious over women getting empowered (Bawah et al., 1999; Dadoo, 1998; Jejeebhoy, 2002; Takyi & Dadoo, 2005). However, empirical evidence on dynamics of religion and women's autonomy, as well as men's attitudes towards women's autonomy in household decision-making, and how it varies across regional context, are limited in sub-Saharan Africa and requires research attention.

1.2 Statement of the Problem

Studies on women's autonomy in household decision-making conducted in developing countries have documented the relative significance of women's autonomy in relation to health care (Allendorf, 2007), fertility related behaviours (Hindin, 2000), contraceptive use (OlaOlorun & Hindin, 2014; Woldemicael, 2009), child mortality (Ghuman, 2003), marital status (Hindin, 2002) and child immunisation (Ebot, 2014; Wado, Afework, & Hindin, 2014). In addition, other studies have demonstrated the importance of women's autonomy in quality of life (Allendorf, 2012), physical violence (Sabarwal, Santhya, & Jejeebhoy, 2014), maternal and child health care (Nigatu, Gebremariam, Abera, Setegn, & Deribe, 2014; Woldemicael, 2010; Ziaei et al., 2015), negotiating safe sex (Atteraya, Kimm, & Song, 2014) and women's decision-making power at the household level (Anwar, Shoaib, & Javed, 2013).

Additionally, studies have shown the relationship between religion, regional context and women's autonomy. Studies that look at these relationships have often focused on South Asian or Western countries. Whereas some studies have found religion to have an influence on women's autonomy regardless of regional context (Cvorovic, 2008; Foroutan, 2008), other studies have found that religion does not have an influence on women's autonomy when regional context and other factors are controlled (Jejeebhoy & Sathar, 2001; Jones, 2006). In the extant literature, the importance of women's autonomy in household decision-making has been well-documented (Atteraya et al., 2014; Sabarwal et al., 2014). Nonetheless, there is limited empirical evidence on the underpinning factors of women's autonomy such as religion and regional context in household decision-making in sub-Saharan Africa.

While it is argued in the literature that the considerable power men have in household decision-making is both as a result of patriarchy and patrilineal, it is also a religious one (Takyi & Dadoo, 2005). Religion generally reflects traditional cultural norms and values on the gendered and differential roles of couples in the household (Foroutan, 2008; Luginaah et al., 2005). Studies on the relationship between religion and domestic power relations are often premised on the notion that ideals about gender relations and roles have roots in religion (Amin & Alam, 2008; Denton, 2004). Thus, women and their partners have to negotiate their identities in the light of religious and cultural prescriptions concerning appropriate gender relations (Bartkowski & Read, 2003; Luginaah et al., 2005).

The present study looks at this issue of the role of religion and regional context in gender power relations in household decision-making in Ghana, a country that has various religious faiths and cultures. Ghana as a whole is experiencing a continuous rise in religious activities. For instance, the proportion of Ghanaians reporting to be Christians increased from 42% prior to the 1980s to 62% in the mid-1980s (La Verle, 1994). In 2010, 94.7%—Christian, 71.2%; Muslim,

17.6% and Traditional, 5.2%—of Ghanaians professed a religion (Ghana Statistical Service, 2012). Even more, in a Gallup International survey (2012), 96% of Ghanaians indicated that they were religious, which was ranked number one in the world out of 57 countries (Gallup International, 2012). The rise of religious activities in the country, coupled with the prescription of the dominant religious groups that women be submissive to their partners (e.g., Ephesians chapter 5, verse 22 in the Bible and chapter 4, verse 34 in the Qur'an), makes the question of the relationship between religion and women's autonomy an empirically timely question. In addition, various dimensions (such as values, beliefs, and norms) of culture within specific regional context distinguish one group of people from another and serve as important lenses through which the relationship between religion and gender power dynamics in households can be understood (Ilcan, 2002). Thus, understanding the relationship between religion, regional context and women's autonomy in the Ghanaian context is very important.

Based on ideological underpinnings such as subjective experience and socialisation, different religious groups manifest varying doctrines and teachings that can influence the behaviour of their members (Garner, 2000). In most cases, these religious influences vary from one context to the other because of underpinning cultural differences (Luginaah et al., 2005). In Ghana, the recourse to religion in explaining social behaviour is rife. For example, many scholars have noted that individual religious affiliation, belief systems, and behaviour are becoming highly public, while religious beliefs and ideals are increasingly shaping the development of a somewhat new social identity and culture (see e.g., Gyimah, Takyi, & Tenkorang, 2008; Yirenkyi, 2000).

Some orthodox religious ideologies and norms help to legitimise traditional gender roles by providing non-secular views about the position of women in relation to men. In this perspective, male dominance and female subordination are viewed as part of the natural order of things (Rakoczy, 2004). Given how individual religious beliefs are becoming highly public, religious connection could either have a positive or negative effect on women's autonomy in household decision-making. In fact, in Ghana, the inferior position of women in the society has been attributed to the socialisation process, social practices and religious beliefs (Brown, 1994). In addition, the role of men as gatekeepers enforcing this status quo of power structures and gender roles in household decision-making further exacerbates the gender inequalities in household decision-making (Allendorf, 2007; Dodoo, 1998; Jejeebhoy, 2002).

Scholars have empirically demonstrated the effect of cultural practices such as bride-wealth payment and lineage on women's autonomy in Ghana (Horne, Dodoo, & Dodoo, 2013; Takyi & Dodoo, 2005). However, there is limited empirical evidence on the relationship between religion, regional context and women's autonomy in household decision-making in Ghana. Moreover, it would be helpful if there were empirical evidence on the dynamics of household

decision-making, as well as how they vary across religion and regional context. Hence, the present study seeks to fill this void in the existing literature in Ghana.

1.3 Study Objectives

The main objective of this study is to examine the relationship between religion, regional context and women's autonomy in household decision-making in Ghana. Through a mixed method approach, this study will specifically:

- i. Investigate the predictors of women's autonomy and the influence of religion and regional context on women's autonomy
- ii. Identify and describe the different subgroups of women based on their participation in household decision-making
- iii. Investigate the predictors of men's attitudes towards women's autonomy and the influence of religion and regional context on men's attitudes towards women's autonomy
- iv. Explore dynamics of household decision-making across religion and regional context

1.4 Significance of the Study

This study is important in a number of ways. It contributes to the existing literature on women's autonomy in household decision-making by highlighting the role of religion and regional context in domestic power relations. The underpinning factors of women's autonomy in household decision-making such as religion and regional context are critical areas of research in sub-Saharan Africa, given that religion is one of the dominant features in the sub-region and varies from one regional context to the other (Yeatman & Trinitapoli, 2008). Studies have demonstrated the influence of religion and religious edicts on behaviours such as child vaccinations, women's educational attainment and HIV/AIDS prevention in SSA (Jegade, 2007; Luginaah et al., 2005; Soura, Pison, Senderowicz, & Rossier, 2013; Takyi & Addai, 2002). However, very little is known on the relationship between religion, regional context and domestic power relations. Specifically, this study contributes to the existing literature by investigating the dynamics between religion, regional context and women's autonomy in household decision-making in the Ghanaian context.

The present study also contributes to the existing body of knowledge on the dynamics of household decision-making. Studies on women's autonomy often focus on final say in

household decision-making (see Acharya, Bell, Simkhada, van Teijlingen, & Regmi, 2010; Allendorf, 2012; Haile & Enqueselassie, 2006; Jejeebhoy & Sathar, 2001; Mistry et al., 2009). This may be due to the lack of data that goes beyond final say in household decision-making. For example, the widely used Demographic and Health Survey only ‘ask questions on final say in household decision-making’. The use of final say in household decision-making provides a brief glimpse into the processes of decision-making, but tells very little about the subtle negotiations that go on between women and their partners in the household decision-making process (Kabeer, 1999). This study contributes to this gap by using qualitative data to get at the dynamics of household decision-making in the Ghanaian context.

Social and behavioural intervention programmes are often implemented in populations without taking into consideration individual characteristics that might determine the kind of intervention. However, there has been growing interest in individualising treatments in order to tailor the right programme to the right individuals, making the most of intervention effectiveness through the use of latent subgroup perspectives (Lanza & Rhoades, 2013). Thorough search in the demographic literature, especially, on gender power relations reveal that this approach has not yet been adopted in this field. The latent subgroups perspective is used to identify underlying subgroups of individuals who may respond differently to prevention and treatment programmes due to their exposure to various combinations of contextual factors (Lanza & Rhoades, 2013). This study contributes to this gap by using Latent Class Analysis (LCA) to identify and describe the subgroups of women based on their participation in the domains of household decision-making, which can aid tailored interventions.

1.5 Study Setting

Ghana is located on the West coast of Africa and covers an area of 238,537 square kilometres. Ghana is bordered by the Gulf of Guinea to the south, Côte D’Ivoire to the west, Togo to the east and Burkina Faso to the north, all Francophone countries. Ghana has 10 administrative regions; Ashanti, Brong-Ahafo, Central, Eastern, Greater Accra, Northern, Upper East, Upper West, Volta, and Western Regions. Ghana is diverse ecologically; the northern regions of the country are more arid, the southern coast includes tropical rain forest, whereas the middle of the country is savannah. The country has a variety of natural resources including gold, cocoa, timber, diamonds, bauxite, and fish. It also has one of the largest water reservoirs in the world, Lake Volta in South Eastern Ghana. The bulk of the country’s electricity is generated from the Akosombo Dam, commissioned in 1965. The construction of another dam (Bui) is almost complete to support the growing demand for electricity in the country.

1.5.1 Characteristics of the Population Surveyed

According to the 2010 Population and Housing Census, Ghana's population is 24,658,823, which represents an increase of 30.4% over the 2000 census reported population of 18,912,079. Ashanti Region is the most populous region with a population of 4,780,280, representing 19.4% of the country's total population followed by Greater Accra, with a population of 4,010,054 (16.3%). The least populous region is Upper West with 702,110 persons constituting 2.8% of the total population followed by Upper East with 1,046,545 persons representing 4.2% of Ghana's population. The average annual growth rate between 2000 and 2010 was 2.5% (Ghana Statistical Service, 2013).

Ghana's population has a youthful structure, with a broad base consisting of large numbers of children and a conical top of a small number of elderly persons. The old adolescent (15-19 years) and young adults (20-24 years) increased from 3.5 million in 2000 to 4.9 million in 2010. Ghana finds itself in a situation in which 20% or more of its population is aged 15-24, meaning that it has great potential for socio-economic development (demographic dividend). The effects of high fertility and decreasing mortality rate shape the age structure of Ghana's population. The sex ratio of Ghana in 2010 was 95.2 males per 100 females and the life expectancy at birth for females stood at 63.4 years and 60.2 years for males. The 2010 census revealed that for the first time since 1960, more than half of Ghana's population lived in urban areas. The proportion of urban population increased from 23.1% in 1960 to 50.9% in 2010.

Ghana's GDP estimates for 2013 showed a growth of 7.1% over the 2012 final estimates of 8.8% (Ghana Statistical Service, 2014). The economy is regarded as agrarian, largely due to the sector's contribution to the Gross Domestic Product (GDP) generally, labour absorption and to foreign exchange earnings. The 2010 Population and Housing Census results show that 71.1% of the population aged 15 and older was economically active within the seven days preceding the census night and 28.9% were economically not active. The proportion of economically active persons appeared to be declining since 1984, from 74.7% in 2000 to 71.1% in 2010. In essence, the proportion of the population economically not active (neither employed nor seeking or available for work) increased over the years and the trend was the same for both males and females. Nevertheless, within the period, relatively higher proportions of males were economically active compared with females. The percentages of the population aged 15 and older that was in employment in 1960, 1970 and 2000 were below 40.0% and marginally above 40.0% for 1984 and 2010. Over the period, the highest proportion was 44.1% in 1984. The majority (58.8% of the population 15 years and older) of Ghanaians were self-employed without employee(s). In 2010, 42.7% of the unemployed population were aged 15-24, 46.2% aged 25-44, 9.9% aged 45-64 and 1.3% aged 65 and older.

1.6 Religion in Ghana

In the Ghanaian context, religion, globalisation and development combine to direct social and cultural change. Ghana's long historical ties with merchants and religious missionaries from several African and European countries have made the dominant religious denominations well represented in the country. Before the arrival of Christianity and Islam, Traditional religion played an important role in personal beliefs and public events in Ghana. Traditional religion, even though heterogeneous, included beliefs in an all-powerful creative force, a variety of other deities and ancestral spirits, and evil spirits or beings (Oheneba-Sakyi & Takyi, 2006).

The arrival of the colonialist (including Christian missionaries) on the coast of Ghana laid the foundation for Christianity. European colonialism introduced Christianity in Southern Ghana (Oheneba-Sakyi & Takyi, 2006). After the missionaries established Roman Catholic and major Protestant denominations, a variety of groups broke off to establish African Independent Christian Churches because the religious establishment was reluctant to include patterns of worship that were consistent with local culture and beliefs (McWilliam, 1962).

The arrival of the missionaries also set the foundation for formal education and development in Southern Ghana. The Christian missionaries established schools along the coastal regions, which were initially, mainly to educate the children of Europeans, *mulatto* children (children of European merchants by African wives) and in some schools admitted children of important chiefs and wealthy merchants (McWilliam, 1962). Formal education spread throughout the then Gold Coast (now Ghana) in the third decade of the nineteenth century with the arrival of Basel, Wesleyan, and Bremen missionaries (McWilliam & Kwamena-Poh, 1975). Their aim was to convert the Africans to Christianity through formal education. However, formal education became an important medium for reaching the "illiterate" majority because of the language barrier. Education became a tool to instil into the people the Christian religious faith. For instance, the Basel mission incorporated religious education into formal education because they thought education was not complete without religious education (Odamtten, 1978). A number of secondary schools, especially exclusively boys' and girls' schools, are religious-related and mostly Christian-related institutions. Even though Christianity came through the south, it is well-represented across the country (Ghana Statistical Service, 2013).

Islam, on the other hand, emerged in Northern Ghana as early as the 15th century (Oheneba-Sakyi & Takyi, 2006; Samwini, 2006). The spread of Islam into West Africa was mainly the result of the commercial activities of North African Muslims. Just like the Christian missionaries, the Muslims, established schools mainly for teaching Islam. However, some of them especially the Ahmadiyya Muslim Mission incorporated formal education with time. The

Ahamdiyya mission accepted Western type education and emphasised through their rules, regulations and practice that its members get formal education (Samwini, 2006). Unlike Christianity, Islam remains underrepresented across all the regions but visible in the country (e.g., in the Volta Region only 5.7% of the population is Muslim) (Ghana Statistical Service, 2012). While the government now controls most of the schools in the country, the influence of religion has not waned, as several primary and secondary institutions in the country are still with a religious identity.

Over the past two decades, the religious landscape in sub-Saharan Africa including Ghana has changed. New forms of Christianity and Islam have spread, evidenced by the growth in Pentecostalism and Arabicised Islam (Levtzion & Pouwels, 2000; Meyer, 2004). In Ghana, religious followers often interact with local representatives of their faith and with their fellow congregation members. Local religious leaders (ministers, priests and sheikhs) often have substantial authority in their communities on issues of doctrine, as well as on matters that extend beyond it. For example, according to a BBC World Service survey, three-quarters of those questioned in Africa identified religious leaders as the most trusted group, compared with only a third worldwide. In response to the question as to who had had the most influence on their decision-making over the past year, 13% of those surveyed in Africa said religious leaders, while the global figure among more than 50,000 people questioned was just 5% (BBC News, 2005).

Religious leaders provide counselling to their congregants on a range of issues such as matters directly related to faith and family life (Yeatman & Trinitapoli, 2008). As argued by Yeatman and Trinitapoli (2008), in dynamic religious communities, it is possible that religious leaders adapt their teachings to norms in their communities. Many of these ostensibly hierarchical religious institutions are geographically isolated, despite the formalised organisational structure of the denomination to which they belong. Hence, local denominations may be out of touch with the formal teachings of their denominational authorities on issues such as gender power relations, amongst others, and these local denominations can take positions that are significantly different from the position of the denomination (Yeatman & Trinitapoli, 2008).

According to the 2010 census, about seven in ten (71.2%) of the Ghanaian population profess the Christian faith, followed by Islam (17.6%). Only a small proportion of the population adhere to Traditional religion (5.2%) and a similar proportion (5.3%) is not affiliated to any religion (Ghana Statistical Service, 2012). However, there is some likely overlap between these religious denominations since many people who identify themselves as Christians or Muslims also practice Traditional religion, as it is intertwined with ethnic and familial identity (Doctor, Phillips, & Sakeah, 2009). To say the least, Doctor et al. (2009), indicates that it is not rare to find Christians

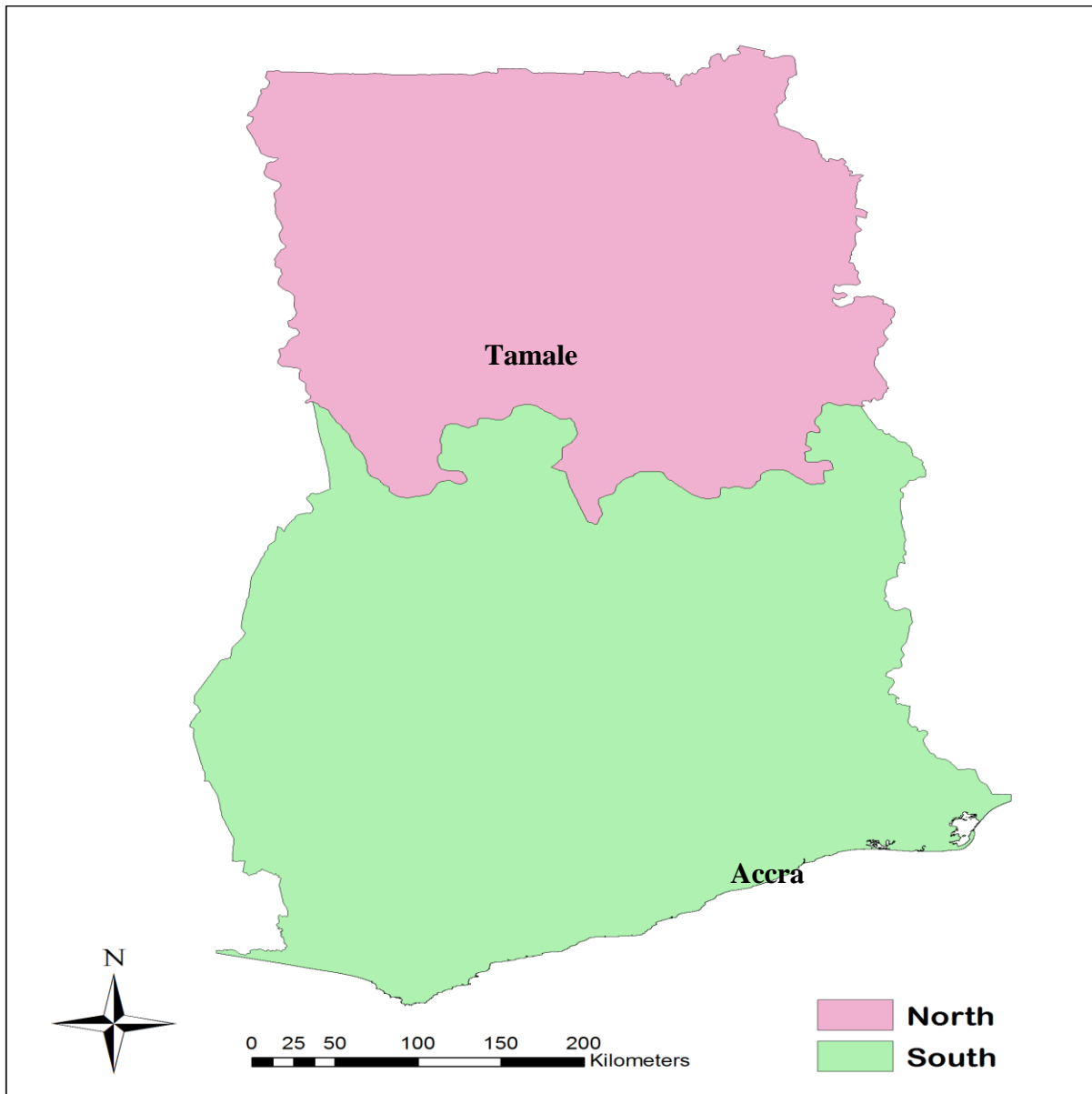
and Muslims who still include rites of their traditional practice in Christianity or Islam. As a result, traditional religious observance is likely to be under-counted by these percentages.

For the purpose of this study, based on religion and regional context, Ghana is divided into two zones: Northern (Northern, Upper West and Upper East regions) and Southern Ghana (Western, Central, Greater Accra, Volta, Eastern, Ashanti and Brong-Ahafo regions) according to the broad religious concentration and cultural context in the country (see Figure 1.1). The division of Ghana into northern and southern context emanates from the fact that each of these settings exemplifies a different kind of religious, social and cultural mix in the country. The Northern sector has close to a third (30.0%) of its population belonging to the Christian faith, about half (48.2%) being Muslim and close to one-fifth (19.0%) adhering to the Traditionalist faith (includes the “Other” category). The Southern sector has eight in ten (79.7%) of its population being Christian, about one in ten (11.3%) Muslim and less than five percent (3.2%) being Traditionalist (includes the “Other” category) (Ghana Statistical Service, 2012).

Ghana shows a marked north–south regional disparity in religion and development underpinned by historical and developmental processes of the country (Gyimah, 2007). Comparatively, socio-economic development are more advanced in the *south* than the *north*, resulting in imbalances in access to education, the outside world and other initiatives that can influence gender power relations in household decision-making (Gyimah, 2007; Savannah Accelerated Development Act 805, 2010). In line with the geography of the country, failure to account for the north-south regional differences may risk overstating the effect of religion as noted by some scholars (Gyimah, 2007; Gyimah et al., 2008). Hence, it is very important to account for the north-south variable largely because of religious dynamics and location.

Map of Ghana

Figure 1. 1: Map showing the northern and southern regional context in Ghana and the location of the qualitative study sites (Tamale and Accra)



1.7 Organisation of Study

The present study is organised into eight chapters. Chapter 1, the introductory chapter, presents a brief background to the study, statement of the problem, study objectives, significance of the study, study setting, religion in Ghana and the organisation of the study. Chapter 2 discusses the theoretical framework and relevant literature regarding the subject matter. First, a general discussion on women’s autonomy in household decision-making is presented, followed by a discussion on religion, regional context and women’s autonomy, where the relationship between religion and behaviour are discussed in the context of two competing hypotheses (The particularised theology pathway and the selectivity hypothesis). Second, the chapter presents a discussion on gender and household decision-making from the general context to the Ghanaian context through the lenses of social cognitive theory of gender socialisation, in order to address

the gender socialisation processes in household decision-making. The chapter also draws on structuration theory to explain how the interaction between agents (women and men) and social structures influence women's autonomy in household decision-making. Finally, the chapter presents operational framework that guides the present study.

The methodological approach of this research is outlined in Chapter 3. First, the justification for the mixed-methods approach to this study and the purpose of both the quantitative and the qualitative components is provided. Second, the quantitative procedure is presented, such as the data collection procedures of the 2008 Ghana Demographic and Health Survey and details of the analyses techniques. Third, the chapter discusses the qualitative procedures for this research. The sampling procedure, in-depth interviews and data analysis approach utilised are also presented. In addition, this chapter presents the ethical considerations as well as limitations of the study.

In Chapter 4, the study presents predictors of women's autonomy in Ghana through an analysis of the 2008 Ghana Demographic and Health Survey (research objective 1). The first aspect that is presented is the univariate descriptions of the variables, followed by the bivariate correlations between the variables. Then the chapter examines how women's socio-demographic characteristics are related to the individual indicators of women's autonomy (summary measure of women's autonomy). Lastly, the chapter focuses on how religion and regional context are related to the individual indicators of women's autonomy as well as women's autonomy.

Chapter 5 focuses on identifying and describing the different subgroups of women based on their participation in household decision-making (research objective 2). This chapter goes on to discuss variables selected for the Latent Class Analysis (LCA), followed by how the final model was selected. This chapter also discusses the latent class probabilities and item response probabilities as well as class membership association.

The study presents predictors of men's attitudes towards women's autonomy in Ghana in Chapter 6 through an analysis of the 2008 Ghana Demographic and Health Survey (research objective 3). The univariate descriptions of the variables used in the chapter are presented first, followed by a discussion of the bivariate correlations between all the variables used in the chapter. The chapter also examines how men's socio-demographic characteristics are related to the indicators of men's attitudes towards women's autonomy as well as men's attitudes towards women's autonomy (summary measure of men's attitudes towards women's autonomy). Finally, a discussion of the relationship between religion, regional context and the indicators of men's attitudes towards women's autonomy as well as men's attitudes towards women's autonomy is presented.

Chapter 7 presents dynamics of household decision-making across religion and regional context in Ghana (research objective 4). It begins by presenting; the dynamics of religion, culture and household decision-making; then, socialisation in household decision-making as well as the authority of men in household decision-making is discussed. The reasons why men have authority in household decision-making and attitudes towards the existing status quo in household decision-making are outlined. This is followed by a discussion on household decision-making processes, tactics women adopt in household decision-making as well as tactics to maintain the status quo in household decision-making.

The last chapter (Chapter 8) presents the summary of findings, conclusions and recommendations. The findings are presented according to each objective of the study. In addition, the chapter discusses the theoretical implications of the study, followed by the conclusion, policy implications and recommendations for future research.

CHAPTER 2: REVIEW OF THE LITERATURE AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter reviews relevant literature related to religion, regional context and women's autonomy in household decision-making. The first part examines the concept of women's autonomy, reviews the relevant literature on religion, regional context and women's autonomy from the perspective of the Particularised Theology pathway and Selectivity Hypothesis of religion. The chapter also explores gender and household decision-making from the lenses of Social Cognitive Theory of Gender Socialisation, and finally explores the structuration theory applied in the operationalisation of the study.

2.2 Women's Autonomy in Household Decision-Making

Even though the issue of women's autonomy has preoccupied scholars from diverse disciplinary backgrounds, especially those who study reproductive and other demographic issues, the definition of the concept remains elusive. Autonomy has, for example, been defined in the literature as “the ability—technical, social, and psychological—to obtain information and to use it as the basis for making decisions about one's private concerns and those of one's intimates” (Dyson & Moore, 1983, p. 45). With reference to women, it has been defined as “the degree of women's access to (and control over) material resources (including food, income, land, and other forms of wealth) and to social resources (including knowledge, power, and prestige) within the family, in the community, and in the society at large” (Dixon, 1978, p. 6).

Mistry et al. (2009) have argued that the concept of women's autonomy does not denote women's overall status within society. According to them, it is rather more closely associated with women's power and agency. For instance, an autonomous woman has the power to act for her own well-being and that of others. Thus, autonomy is a reflection of women's personal and household capacities in relation to their partners, or in-laws among others (Anwar et al., 2013). The extant literature identifies various categories of women's autonomy: freedom of movement; decision-making related to economic matters; discretion over earned income; freedom from violence or intimidation by husbands; decision-making related to women's own health care and decisions on children (Dancer & Rammohan, 2009; Ghuman, 2003; Ghuman, Lee, & Smith, 2006; Jejeebhoy & Sathar, 2001). Freedom of movement refers to women's freedom of movement outside the home. Decision-making related to economic matters refers to women's ability to have conversations with household members, and have a say in final decisions and outcomes. Discretion over earned income refers to women's control over their own economic resources. Freedom from violence or intimidation by husbands refers to women not being subjected to physical or emotional

abuse and being able to disagree with their partners. Decision-making on women's own health care refers to women being able to seek medical services when the need arises. Decision-making on children is related to women having a say over what concerns their children (for example, have a say: when a child is sick; be involved in deciding on number of children to have and the type of school the children should attend) (also see Ebot, 2014).

Women's autonomy has implications for such demographic and socio-economic outcomes as fertility, contraceptive use and health seeking behaviours. For instance, studies have linked the greater relative autonomy of women to their successful negotiation for and execution of their personal preferences in regard to outcomes within marriage irrespective of men's preferences (Ghuman et al., 2006). Thus, improvements in women's autonomy increases their ability to control most, if not all, aspects of their lives and the family at large, including educational, occupational, child health care, and health-related decisions (Carlson, Kordas, & Murray-Kolb, 2015; Dancer & Rammohan, 2009). In support of what has been said above, Woldemicael and Tenkorang (2010) have noted that women's autonomy is associated with maternal health care utilisation even after controlling for other individual and household level variables. This suggests that efforts at enhancing women's autonomy may not only bridge the gender gap between women and men, but also improve maternal and child health outcomes (Woldemicael & Tenkorang, 2010). Mistry et al. (2009) also assert that women's autonomy increases the likelihood of receiving prenatal, delivery and postnatal care.

Because of its implications for demographic behaviours, women's empowerment¹ has received a great deal of attention as far as development planning is concerned (Narayan-Parker, 2005). For example, international level policy initiatives have promoted education, micro-credit, and land rights as a means to help women become beneficiaries of development. This has been the case because of the realisation that development goals cannot be achieved unless gender inequalities are removed and women are empowered to participate, choose and decide about their own welfare, the welfare of their families and the communities in which they live (Allendorf, 2012; Gupta & Yesudian, 2006).

Women's empowerment is important for ensuring not just their personal or household welfare, but also the well-being of the entire society as women tend to be considered as primary guardians responsible for altering the quality and quantity of human resources available in a country towards the promotion of sustainable development in the future generations. This view is

¹ "Empowerment" is a commonly used term similar to "autonomy". What sets the two concepts apart is the element of time. Empowerment denotes a process of change over time in women's ability to make choices that affect their lives and environments, whereas autonomy denotes the level of empowerment at a particular moment (Kabeer, 1999; Narayan-Parker, 2005).

also affirmed by Dr. James Emman Kwegyir Aggrey, a renowned Ghanaian educator and sociologist, in his campaign speech (for the inclusion of women in the Achimota College in Ghana) in which he declared that, “If you educate a man, you educate one person but if you educate a woman, you educate a whole nation” (Ephson, 1969).

2.3 Religion, Regional Context and Women’s Autonomy

Religious affiliation as a determinant of women’s autonomy is not new in the demographic literature (McQuillan, 2004). The impact of religion on behavioural outcomes has been used to explain fertility patterns in the Muslim world. Regional context or countries with large Muslim populations have been generally slower to experience fertility decline, which has been partly attributed to Muslim women’s lack of autonomy (Caldwell, 2001). However, there is considerable disagreement on the role that Islam play in women’s autonomy and its subsequent effects on outcomes such as fertility patterns and child mortality compared to other religions such as Christianity and Hinduism (Amin & Alam, 2008; Jejeebhoy & Sathar, 2001; Johnson-Hanks, 2006; Jones, 2006; Obermeyer, 1992). This section looks at the relationship between religion, regional context and women’s autonomy using two competing religious hypotheses: the particularised theology pathway and selectivity hypothesis of religion.

2.3.1 The Particularised Theology pathway and Selectivity Hypothesis

Following the conceptual model adopted by Gyimah and others in their study on religion and maternal child health service utilisation (Gyimah, Takyi, & Addai, 2006), and Gyimah in his later study on religion and child survival in Ghana (Gyimah, 2007), two possible ways in which religion may affect women’s autonomy are hypothesised: the particularised theology pathway and the selectivity hypothesis.

2.3.1.1 The Particularised Theology Pathway

The particularised theology pathway is based on the idea that doctrinal teachings, beliefs and values of various religious groups by themselves may influence behaviour. This conception is driven in part by Émile Durkheim’s functionalist approach to religion—the notion of religion as an institution of social control (Pals, 2006). Durkheim argues that religion is, in a sense, the celebration and even (self-) worship of human society. He proposed three major functions of religion in society: (i) it provides social cohesion to help maintain social solidarity through shared rituals and beliefs; (ii) social control to enforce religious-based morals and norms to help maintain conformity and control in society and (iii) it offers meaning and purpose to answer any existential questions (Pals, 2006). In essence, the doctrines and teachings of different faiths are

what make them different in terms of attitudes and behaviour. Hence, by prescribing or proscribing gender roles and relations, religion may affect women's autonomy in household decision-making negatively or positively.

One pathway through which religion can affect women's autonomy is the teachings and beliefs of the religious groups. Indeed, traditional gender ideology identifies specific and distinct roles for women and men within marriage (Frost & Dadoo, 2010). In Christianity, for example, it is seen in the idea of wifely submission, which indicates that wives should be submissive and defer to their husbands in family decision-making (Dobson, 1991). Interpretative primacy is often ascribed to Biblical passages that seem to mandate wifely submission—see Ephesians Chapter 5, Verse 22 in the Bible (Bible, 1984).

Religion shapes the norms of individuals and members through behavioural regulations that are specified in the religions' sacred teachings, reinforced through authoritative messages from congregational leaders, and solidified through social interactions in the religious community (Hummer, Ellison, Rogers, Moulton, & Romero, 2004). Often, believers who go contrary to the beliefs and teachings of their faith are censured for not adhering. On the other hand, conforming to the religious beliefs and practices earns some praise. Indeed, women and/or couples continue to look up to their religious doctrines for guidance on gender relations. As Johnson-Hanks notes, that, Mossi women's (in Burkina Faso) role in household decision-making generally follow religious lines (Johnson-Hanks, 2006). Following the particularised theology thesis, it is assumed that couples who hold on to religious beliefs and teachings of their religion may strengthen the submissive role of women in household decision-making within marriage. Given religious groups differences in teachings, belief systems and societal reactions, it is expected that women's autonomy will differ among religious groups, if this hypothesis holds.

Since the coordinated terrorist attacks on the World Trade Centre (WTC), the Pentagon, and commercial civilian aircraft on September 11, 2001 in the United States, Muslim societies and cultures have been under scrutiny by both scholars and the popular media (Schlenger et al., 2002). A significant portion of this scrutiny has focused on Muslim demography, from the growth rate of Muslim populations to issues and place of women in Islam, which some believe impacts demographic behaviour. The description of Muslim women in both the popular media and scholarly literature show a polarisation of views: those with a more "Western" or "liberal" viewpoint attack the inequality and unfairness of the Islamic system, while the apologists for Islam argue that such opinions are part of a general attempt by the West to subjugate their societies (Obermeyer, 1992). Nevertheless, there is evidence in the literature that documents Muslim women's relatively low levels of autonomy compared to non-Muslim women such as Christian and Hindu women (Cvorovic, 2008; Foroutan, 2008).

The interest in religion—especially the relationship between religion and women’s autonomy—in the demographic literature was reignited in the late 1980s in Caldwell’s analysis of the ‘routes to low mortality in poor countries’. Caldwell observed that developing countries in which infant and child mortality rates are higher than what is expected based on their per capita income ranking also happen to be composed of largely Muslim populations or a substantial Muslim minority (Caldwell, 1986). Caldwell’s analysis of the ‘routes to low mortality in poor countries’ compared “superior health achievers” vis-à-vis “poor health achievers” whose infant mortality rates were higher than would have been predicted based on their per capita income. Of the eleven poor health achievers, nine of them were wholly or largely Muslim, while the other two had large Muslim minorities (Caldwell, 1986).

In trying to explain what characterises a country as superior or a poor health achiever, Caldwell found that “the first contrast to strike the reader . . . is the religion of the two groups” (Caldwell, 1986, p. 175). The main explanation offered for this pattern was the “separate and distinctive position of women operating partly through their access to education but also in many other ways” that is “based on the Qur’anic prescription for men to protect their womenfolk” (Caldwell, 1986, p. 175). Contrasting Islam with other religions, Caldwell argues that the poor health performance of Islamic countries or societies is the result of the influence of their religion on the societal values related to women and children. This has been central to the argument of the “fateful triangle”—a model that sees a relationship between religion, women, and demographic outcomes (Obermeyer, 1992).

Following this line of thought, studies have found religious group differences in various demographic domains. For example, in the Sandzak region in South Western Serbia, it was observed that Muslim women were less autonomous as compared to Christian Orthodox (Serbs) women, less likely to be employed outside their homes and less likely to be earning income of their own. Also, marriages among Muslim women were more likely to be arranged and women were expected to remain under the authority of their husband’s family, especially mother-in-laws (Cvorovic, 2008). With respect to children, Muslim women had little or no say in decisions regarding children. Conversely, Christian Orthodox (Serbs) women were more autonomous in all of these aspects; they were less if at all secluded, free to choose their own profession (91% are employed outside home), and made decisions about children and their own health (Cvorovic, 2008).

Amin and Alam (2008) found that religion influences rural married women’s decision to work for pay and decisions regarding full-time or part-time employment status. However, the study showed that religion was less influential in urban areas than in rural areas, suggesting that context also matters. The explanation offered for the rural-urban differences was that it is possible

that urban living erodes traditional values as people adjust to the discipline of market forces. Nevertheless, the study concludes that religion exerts a significant influence on human behaviour (Amin & Alam, 2008).

In the context of developing countries, Heaton (2011) in his analysis of the influence of religion on fertility and other demographic behaviours found Muslim fertility to be higher than Christian fertility in most of the countries explored, thus suggesting that religion matters. For instance, the study found that the Muslim/Christian difference grows wider at higher levels of development and at higher levels of educational achievement (Heaton, 2011). Specific to sub-Saharan Africa, the Christian/Muslim differences have manifested in other demographic outcomes. For example, in a study in urban Burkina Faso, Soura et al. (2013) found that, children whose parents were Catholic were more likely to receive all routine vaccinations compared to children whose parents were Muslim. In 2003, three predominantly Muslim states in Nigeria boycotted immunisation programme against polio despite the high prevalence of polio attributed to poor vaccine coverage during the previous control campaigns. Some Muslim leaders spearheaded the boycott of the campaign citing historical and political reasons such as mistrust for Western governments against Muslim populations (Jegede, 2007).

In line with Caldwell's (1986) argument, the most common explanation of poor demographic outcomes regarding the Muslim-non-Muslim differences is Muslim women's lack of education and autonomy (Caldwell, 1986; Cvorovic, 2008). In other words, Islam's emphasis on familial roles of women, which insulates Muslims from social changes associated with development, largely explains the differences between the two groups of women (Heaton, 2011). However, some scholars have argued that this preposition does not represent the experiences and self-representations of all Muslim women (Mahmood, 2001). They argue instead that rather than being the effect of religion per se, it could be the effect of regional social systems. Such an effect has been overlooked in the extant literature, especially with regard to the relationship between religion and women's autonomy.

2.3.1.2 The Selectivity Hypothesis

In contrast to the particularised theology pathway, the selectivity thesis assumes that differences in observed behaviour between religious groups largely reflect differential access to social and human capital rather than religion. As it pertains to this study, it is posited that religious affiliation masks other putative characteristics that are known to have an observable relationship with household decision-making dynamics and these factors need to be controlled statistically to be able to isolate the residual effect of religion. Research in Ghana has shown religious differences in educational and socio-economic attainment (Heaton, James, & Oheneba-Sakyi, 2009; Takyi &

Addai, 2002). In general, Muslim women and women who profess the Traditionalist belief system tend to be on the lower echelons of the educational ladder than Christians (Takyi & Addai, 2002). Some scholars, however, associate women's education and economic status with enhanced autonomy through their influence on gender attitudes (Bussey & Bandura, 1999). Following the selectivity hypothesis, it is presumed that the influence of religion on women's autonomy within marriage is an artefact of other contextual and socio-economic characteristics. Given the regional differences in development and the cultural differences in gender relations, these could account for the putative religious effect in household decision-making.

Some scholars have suggested that it is inappropriate to view Islamic populations as a monolithic bloc since these societies display diversity (Jones, 2006). The same diversity argument espoused by feminist scholars in the analysis of gender relations, insisting that gender relations must be analysed in specific socio-cultural and historical contexts. Adding that analysis of gender relations should not be restricted to the individual and the interpersonal, rather the analysis should also include macro socio-cultural contexts (Osmond & Thorne, 1993).

Variations in cultures of various regional context distinguish groups of people and serve as important perspectives through which domestic power relations can be understood (Ilcan, 2002). This line of argument, which can be referred to as the "regional social systems" argument indicates that, it is the dominant regionally prescribed social systems, which influence the level of women's autonomy (Jejeebhoy & Sathar, 2001; Johnson-Hanks, 2006). It essentially posits that regional context plays the major conditioning role, and that when regional context is controlled, Muslim women exert about as much autonomy in their lives as do other women (Jejeebhoy & Sathar, 2001; S. Morgan, Stash, Smith, & Mason, 2002).

In general, societies are gender stratified and the low status of women has been a matter of concern for many years (Gupta & Yesudian, 2006). For instance, studies in Asia have shown that these differences are the result of contextual factors as posited by regional social systems and not religion per se. In a study in India and Pakistan, it was found that religion plays a modest role in influencing female autonomy in India. With the inclusion of Muslim women from Pakistan, the findings suggested that differences between Indian and Pakistani women could hardly be the result of either nationality or religion. Rather, after controlling for the effect of a host of socio-cultural factors, every indicator of autonomy remains strongly conditioned by region within the subcontinent. The study further showed that there was greater distinction in women's autonomy by the broad north-south residence than by religious ascription (Jejeebhoy & Sathar, 2001); in contrast, regional context played a strong and consistent role in shaping women's autonomy. The influence of social systems, as measured by region, in almost every case was far stronger than that of religion or nationality (Jejeebhoy & Sathar, 2001).

In two separate studies conducted in India, Malaysia, Thailand and Philippines, the finding that Muslim women are less autonomous compared to their counterparts was found to be inconsistent. Even though Muslim women exhibited less freedom of movement than non-Muslim women (depending on the country, Muslim women were compared to Christian, Hindu and Buddhist women), there were exceptions within communities. It was only nine out of the 14 (Morgan et al., 2002) and 12 of the 15 (Ghuman, 2003) contrasts that showed that Muslim women had significantly less freedom of movement. In terms of economic power and non-coercion, there was less support for the claim of less autonomy among Muslim women (Morgan et al., 2002). It was in 4 out of 14 contrasts that showed Muslims with significantly less economic power and in 6 out of 14 contrasts was the difference on the non-coercion index significant and in the predicted direction (Muslim women being less autonomous).

In Ghuman's (2003) analysis of the relationship between religion, women's autonomy and child survival, he compared the mean levels of wife beating across four countries (India, Malaysia, Thailand and Philippines). The study found that wife beating was lower (or similar) in the Muslim communities than in the non-Muslim communities. The findings varied with respect to the direction of religious differences for being afraid to disagree with one's husband. Moreover, for the retention of earnings, Muslims were not disadvantaged compared with non-Muslims. Similarly, the findings regarding women's influence over the treatment of children's illness, both jointly with husbands and on their own, were lower in Muslim communities in 10 out of 15 contrasts. Women's autonomy in Muslim and non-Muslim communities were inconsistent across countries and varied by the domain of women's autonomy being considered. In Muslim settings, women generally had less freedom of movement or decision-making on the treatment of children's illness than women in non-Muslim communities, but such differences were not always significant. For control of earned income or violence by husbands, no important differences were observed across most areas that were compared (Ghuman, 2003).

Even though in West Africa Muslim women appear to have higher rates of fertility and child loss, these differences are associated with socio-demographic characteristics such as education, urban residence and age at marriage. In other words, when the effects of these socio-economic factors are taken into account, the influence of religion is eliminated. Using data from seven West African countries, Johnson-Hanks (2006) found that Muslims had fertility rates similar to their non-Muslim counterparts and that the specific relationship between the reproductive levels of the two groups of women depended on the national context. Where Muslims were in the majority, their fertility rates were lower than those of non-Muslims and vice versa. Moreover, child mortality rates were observed to be higher among Muslims in two countries and lower in another two. The one difference that appeared stable across countries was unwanted childbearing. In all

seven countries, even after controlling for a wide range of covariates, Muslim women were far more likely to report that they wanted a child at the time they became pregnant with their most recent child (Johnson-Hanks, 2006).

Islamic influence on behaviour and demographic outcomes perhaps has inconsistent empirical traction. Demographic outcomes are social products, the result of a variety of forms of cultural practices that are also deeply embedded in local politics. Some scholars have suggested that while Islam certainly plays an important role in making social worlds and local politics, its role is not uniform enough to have equivalent effects on fertility across different social, economic, or demographic contexts (Johnson-Hanks, 2006; Jones, 2006). As Johnson-Hanks (2006, p. 14) put it, the Muslim non-Muslim differences in behaviours or demographic outcomes are not domains in which researchers can dismiss local variation as epiphenomenal to the “real” comparative story. “There is no single, coherent Muslim reproductive pattern; the real story is “local”.

2.3.1.3 Religion, Regional Context and Women’s Autonomy in Ghana

Affiliation with a religious tradition is nearly universal in Ghana (Ghana Statistical Service, 2012) and the majority attend religious services regularly and are involved in other religious activities such as choir groups or prayer groups that facilitate a sense of community within congregations (also see Trinitapoli, 2006; Trinitapoli & Regnerus, 2006). Ghanaians do not only attend religious meetings or prayers, but are highly attached to their faith as demonstrated in the recent Gallup International poll where Ghanaians were identified to be the most religious in the world (Gallup International, 2012).

While there is a paucity of literature on the direct relationship between religion, regional context and women’s autonomy in household decision-making in Ghana, inferences can be drawn from the demographic and sociological literature, which examine the relationship between religion, regional context and social and demographic outcomes. The most common explanation of Muslim-non-Muslim differences in the Ghanaian context is Muslim women’s lack of education and autonomy (Gyimah, 2007; Takyi & Addai, 2002). Nevertheless, some studies show considerable incongruity on the role religion plays in women’s autonomy and/or its subsequent effects on social and demographic outcomes (Darteh, Doku, & Esia-Donkoh, 2014).

Heaton et al. (2009) found that Muslims and those without attachment to formal religious groups have a significant disadvantage in educational attainment and wealth compared to women who profess Christianity, Traditionalist and none believers. They indicated that educational differences are particularly important because they account for some of the differences in wealth, suggesting that the fact that educational differences are evident in rates of school enrolment signals

the likelihood that inequality will persist among people of these religious groups in the next generation. Other studies have shown that while there are denominational differences in education, it can be conceptualised as mediating the religious influence on demographic outcomes mainly because some women tend to have low levels of education in large part because of their religion (Gyimah, 2007; Takyi & Addai, 2002). Gyimah further argues that because of the mediation effect of education, it takes up some of the effects of religion, which does not necessarily mean that the effect of religion is any less. However, the effect is indirect and works through women's educational attainment (Gyimah, 2007). Nevertheless, the mechanisms through which religion can influence outcomes such as child mortality may include values placed on socio-economic achievement in religious communities, access to schooling, peer group interaction in religious settings and social capital developed in religious contexts (Heaton et al., 2009).

The social systems of a particular regional context in which people live have been shown to play an important role in influencing their behaviour (Doctor et al., 2009). In Ghana, studies have shown a noticeable north-south regional divide in culture and development patterns as a result of the historical unbalanced developmental processes (Darteh et al., 2014; Gyimah, 2007). Also, in a study that examined the efforts of some Churches in Ghana towards reducing the spread of HIV/AIDS showed north-south regional differences largely because of the cultural context (Luginaah et al., 2005). While several participants from southern Ghana were more positive about HIV testing before marriage, that was not the case with participants from northern Ghana. Besides cost, that was found to be a factor in northern Ghana, the issue of HIV testing, be it mandatory or voluntary, clashed with deep-seated cultural practices, which may threaten long-lasting exogamous relationships (Luginaah et al., 2005). Nonetheless, the complication of traditionally getting the consent of a partner for marriage before a formal Church wedding is not unique to the north alone (Luginaah et al., 2005).

Using pooled data from the 1998 and 2003 Ghana Demographic and Health Surveys to examine whether there were religious differences in child survival, Gyimah (2007) noted that denominational differences in child survivorship in Ghana were mainly an artefact of the variation in socio-economic factors rather than religious factors (Gyimah, 2007). Moreover, Darteh et al. (2014) observed that, overall there was no clear relationship between religion and decision-making on engaging in sexual intercourse and condom use. The exceptions were that women with no religious affiliation were less likely to make decisions on engaging in sexual intercourse compared to those of the Catholic faith. However, regional differences in decision-making on both engaging in sexual intercourse and condom use were found: the three northern regions showed a higher likelihood of making reproductive decisions compared to women living in the Greater Accra region (Darteh et al., 2014).

While the influence of religion has received a lot of attention from scholars in the country, the very foundation—religious difference in women’s autonomy—on which those differences are based, has been ignored. Within this context of lack of consensus on the role of religion on women’s autonomy, Darteh et al. (2014) have inveigled researchers to explore impact of, particularly, the cultural specificity or regional context in relation to decision-making as such studies would clarify our understanding of the dynamics of household decision-making. Moreover, in the literature the dynamics of household decision-making (initiating decisions, the protracted discussions of decisions and the final decisions across various domains) have been less interrogated; a situation that hinders our understanding of the relationship and constitutes a gap in the literature. With a multitude of religions, especially a substantial Muslim minority predominantly in northern Ghana, the country presents a useful setting to examine the relationship between religion, regional context and women’s autonomy in household decision-making.

2.4 Gender and Household Decision-Making

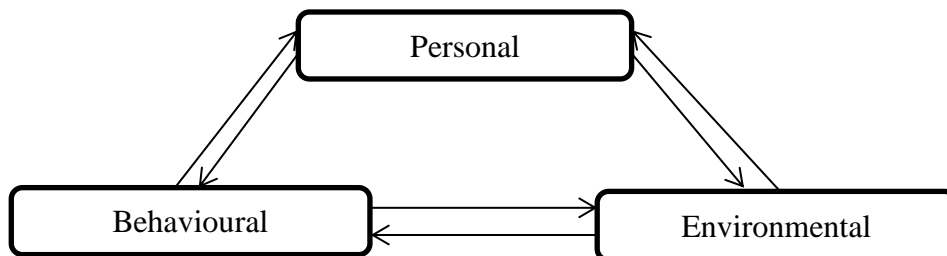
Gender inequality is embedded in societies based on the roles and responsibilities assigned to men and women and the diverse importance attached to these roles and responsibilities (Chancer & Watkins, 2006). Thus, the position of women and level of empowerment are largely dependent on how gender identities, roles and relations are fashioned in a particular society. The crux of the matter in gender relations lies in the fact that gender roles, rights and obligations are not just different, they are highly imbalanced (Gupta & Yesudian, 2006). In almost every sphere of human endeavour, the roles defined for women are subordinated to those defined for males, have fewer rights and obligations, are more limiting than those of men, resulting in pervasive gender disparities (Gupta & Yesudian, 2006). It is this imbalance that feminist seek to correct. Some sections of the feminist literature emphasise that feminism seek not only to know about the world, but also to change it. Almost all feminist perspectives, view prevailing gender relations and women’s subordination to men as unacceptable and in need of change (Osmond & Thorne, 1993). This section looks at gender and household decision-making through the lenses of the social cognitive theory of gender socialisation.

2.4.1 Social Cognitive Theory of Gender Socialisation

The social cognitive theory adopts an ecological approach to the acquisition of gender attitudes and highlights individual, environmental and behavioural influences on attitudinal development. According to the social cognitive theory, children learn about gender through mental efforts to

organise their social world (Coltrane & Adams, 2008). Children seek information from their surrounding environments to organise and predict the world around them and at the same time develop a sense of self and place within that world. Gender socialisation starts very early in child development. At an early age, both girls and boys adopt gender appropriate preferences, skills, attributes and personality traits (Ampofo, 2001). The idea of social cognitive theory of gender socialisation hinges on the model of causation involving triadic reciprocal determinism. In this model of reciprocal causation, behaviour, cognition and other personal factors, and environmental factors all operate as interacting determinants that influence each other bi-directionally (see Figure 2.1). However, reciprocal causation does not necessarily mean that the different sources of influence are of equal strength. Some may be stronger than others (Bandura, 1989).

Figure 2.1: Model of triadic reciprocal causation



Source: Bandura (1986)

In the model of triadic reciprocal causation, personal factors in the form of cognitive, affective and biological events, behaviour patterns and environmental events all operate as interacting determinants that influence each other bi-directionally (Bandura, 1986). The personal contribution includes gender-linked conceptions, behavioural and judgmental standards, and self-regulatory influences. Behaviour refers to activity patterns that tend to be linked to gender and the environmental factor refers to the broad network of social influences that are encountered in everyday life (Bussey & Bandura, 1999).

In this model of triadic causation, there is no fixed pattern for reciprocal interaction. Instead, the relative contribution of each of the constituent influences depends on the activities, situations and socio-structural constraints and opportunities. Under low environmental dictates, as in egalitarian social systems, personal factors serve as major influences in the self-regulation of developmental paths. Under social conditions in which social roles, lifestyle patterns and opportunity structures are rigidly prescribed, personal factors have less leeway to operate. Their relative impact may fluctuate over time, situational circumstances and activity domains (Bussey & Bandura, 1999). This theoretical approach “underscores the interplay of environmental

influences and the individual's own active role in acquiring an understanding of gender" (Crouter, Whiteman, McHale, & Osgood, 2007, p. 913).

Social cognitive theory for gender differentiation not only articulates the process of gender acquisition, but it specifies the mechanisms that regulate gendered behaviour domains (Bussey & Bandura, 1999). Individuals are not just reactive to external events, but self-organising, proactive, self-reflective, and self-regulating personal efficacy is critical to the process of gendered differentiation domains (Bussey & Bandura, 1999, p. 691). In social cognitive theory, gender development is promoted by three major modes of influence and the way in which the information they convey is cognitively processed. The first mode is through modelling. Most gender-linked information is best exemplified by models in one's immediate environment, such as parents and peers, and significant persons in social, educational and occupational contexts. In addition, the mass media provide modelling of gendered roles and conduct. The second mode is through enactive experience. These enactive experiences in most societies are socially sanctioned and gender-linked behaviour. It relies on discerning the gender linkage of conduct from the outcomes resulting from a person's actions. The third mode of influence is through direct tuition. This serves as a convenient way of informing people about different styles of conduct and their linkage to gender (Bussey & Bandura, 1999).

Environmental Factors that Influence Gender Socialisation

The ecological dimension of social cognitive theory allows for the exploration of multiple dimensions of influence on gender attitudes at various levels, which Bussey and Bandura (1999) call the gender socialisation subsystems. These subsystems exist in the environment in which individuals are socialised and contribute to the gender differentiation of attitudes, behaviours and roles. Specifically, social cognitive theory includes the following subsystems: family, peers, education, media, and occupational systems. Each of these subsystems contributes strongly to the development of gendered selves over the life course.

Human development and functioning are socially interdependent, richly contextualised and conditionally manifested (Bussey & Bandura, 1999). The different subsystem sources of influence operate interdependently rather than in isolation to influence one's development and functioning. Gender-linked roles are heavily socially or culturally sanctioned in most societies (Bussey & Bandura, 1999). Even though people contribute to their self-development and social change, social forces in the context within which they live also influence them (Giddens, 1984).

2.4.2 Gendered Influence in Household Decision-Making

The question of why women end up with more children than they wanted and high child mortality among others, have occupied scholars since the second half of the 20th century, and the explanation mostly proffered is women's lack of autonomy (Caldwell, 1986; Cvorovic, 2008; Dodoo, 1998). In the feminist literature, gender relations are seen to be basically power relations; where although women compared with men, are devalued and subordinated (socially, economically, politically and legally), women are not passive victims, they are agents, actors creators of culture and participants in the making of history (Osmond & Thorne, 1993). Sathar and Kazi (2000) observed that in the Punjab province in Pakistan about 91% of women thought that the most important decisions regarding the household should be made by men, while 83% thought that women should not work outside the home. With regard to whether "there is work that men should only do and work that women should only do"; older women were more conservative in their answers compared to younger women. Educated women, on the contrary, were less conservative than women with no education about whether the major household decisions should be taken by men. Husbands, on the other hand, gave much more liberal answers particularly about the division of family labour. They stated that women have a much higher say in decision-making in the inside sphere (domestic) than they do in the outside sphere (Sathar & Kazi, 2000).

In exploring the relative impact of husbands and wives' preferences on contraceptives using data from the 1989 and 1993 Kenyan Demographic and Health Survey, Dodoo (1998b), showed that a ranking of the joint-preference categories by level of contraceptive use is similar across the two samples and is highest when both partners want to stop. The next highest level of contraceptive use occur when husbands want to stop but wives want to space, when wives want to stop but husbands want to space, and when both want to space (Dodoo, 1998).

Women's acceptance of their subordinate status in household decision-making was observed in a study in the north and south of India, which included Hindu and Muslim populations. The study revealed that even though women's perception of their autonomy may be sufficient to enhance inter-spousal discussion of family planning and contraceptive practice, husbands' perceptions of their wives' autonomy greatly influence reproductive choices and outcomes (Jejeebhoy, 2002). In a similar study in Nigeria, potential users of contraceptives did not use contraception because they were afraid their husbands and other community members would learn that they were using family planning, which would have negative consequences (Jinadu & Ajuwon, 1997). In addition, even in the realm of everyday choices about contraception, many Burkinabe Muslim women explained that their husbands' decisions superseded their own. Insofar as autonomy refers to the right or power to make choices about their life or future, Muslim women in Ouagadougou denied that they had autonomy in arenas from reproduction to cooking (Johnson-Hanks, 2006).

2.4.3 Gendered Influence in Household Decision-Making in Ghana

2.4.3.1 Gender Socialisation in Ghana

In the Ghanaian context, the gendered division of roles and responsibilities emerge from the socialisation process. Ampofo (2001) reports that these gendered roles are made clear to children from an early age, and reinforced by verbal admonishments, and the kinds of tasks they are able to avoid without punishment or comment. Generally, girls are trained to be responsible for domestic tasks including cooking, laundry and care of children. On the other hand, boys are trained for technical work, care of animals, repairs, and work that involves, or takes place outside the home. Boys and men assume these roles for very “practical” reasons (Ampofo, 2001). Young men justify their superiority by indicating that God created the man first and men and women cannot be compared, For some men, a man’s superiority has already been entrenched by God (Ampofo, 2001). In discussing what it means to be a woman or a man, Ampofo (2001) found that young people as well as adults’ responses suggest that mothers are particularly responsible for reinforcing gendered values that keep girls in a domestic, passive, and subservient position. Through the socialisation process, children learn that a woman should be passive and subservient, traits females learn from their mothers and older females.

Children do not only learn by example and instructions, they also see peers (other girls and boys) who disobey the norms sanctioned, so they quickly learn to comply. Furthermore, children tend to see women seek permission from men before taking decisions or going somewhere. On the contrary, the reverse is less rarely the case. Boys learn by observation that deference from women is something that they can, or should, expect to enjoy (Ampofo, 2001). Perhaps it is these cues young men pick up that make them expect control over their future wives, obedience as well as ask permission from them because of bride wealth payment (Frost & Dodoo, 2010). In essence, men indicate that when they speak, women should listen (Ampofo, 2001). The entrenched nature of clearly defined gender roles, rights and responsibilities foreshadow women’s lack of autonomy in household decision-making.

In addition, the transformative nature of schooling serves as primary systems of socialization in Ghana that perpetuate inequalities in gender. Schooling contributes to the formation of gender traits through a number of formal and informal practices, including the gendered systems of power, divisions of labour, dress and sports (also see Swain, 2006). Further, teachers treat boys and girls differently, which largely influence boys and girls interest as well as their sense of personal agency into gendered ideals (Bussey & Bandura, 1999).

2.4.3.2 Household Decision-Making in Ghana

In the Ghanaian context, as in most parts of sub-Saharan African and Asian countries, women generally have less autonomy compared to men in household decision-making. Ghanaian men continue to hold the superiority of power within the private sphere of the household (Adams & Castle, 1994; Bawah et al., 1999; Dodoo, 1998; Frost & Dodoo, 2010) largely due to the socialisation process and the male-female societal role ascriptions. Gender socialisation process in Ghana establishes inequality between men and women that manifests in a multitude of ways—men hold significant power over fertility and childbearing (DeRose & Ezeh, 2005; Dodoo, 1998), household resources (Adomako-Ampofo, 2000), women’s household labour (Clark, 1994) and to a large extent broader control over and obedience from women (Frost & Dodoo, 2010).

Studies have demonstrated the dominance of men in household decision-making. For example, in a qualitative study of 28 boys between the ages of 12 and 15 years in the Akwapim highlands of Ghana, it became clear that the traditional practice of bride wealth payment sets the tone for adolescent boys’ expectation of increased male authority in marriage. The study also found that adolescent boys did not expect women to travel away from home without the husband’s permission, even if a woman uses her own money for the trip. Women also have no control over the choice of employment. The control that respondents anticipate in their future marriages comes with strict expectations of obedience and serious consequences for disobedience. In the same study, some of the respondents argued that bride wealth not only gives men authority over women but also justifies the use of domestic violence if women disobey their husbands (Frost & Dodoo, 2010). Typically, Ghanaian men insist that it is the husband who should make the decision about family planning, and provide the needs and requirements for the home (Agadjanian & Ezeh, 2000). While there is literature documenting the dominance of men in household decision-making, there is a paucity of research evidence on the dynamics of the relationship between religion and household decision-making.

2.5 Conceptual Framework

The present study draws on the conceptual framework of Giddens’s structuration theory that is discussed in *The Constitution of Society* (Giddens, 1984). The theory of structuration is a social theory of the creation and reproduction of social systems that is based on the analysis of both structure and agents, without giving importance to either of them. Structuration theory addresses the absence of a theory of action in the social sciences and the accompanying deficiencies of structural functionalism and orthodox Marxism. Giddens argues that functionalism and orthodox Marxism, do not present action as a constant flow through time and space, but have produced the dualisms of individual/society, subject/object, and conscious/unconscious forms of cognition. These dualisms have incapacitated the development of a theory of action. For these reasons,

Giddens, in his theory of structuration, replaces these dualisms with a singular duality of structure that refers to the recursiveness of social life (Misir, 2013).

Structuration theory shows the intersection between structure and agency as a mutually dependent duality. The theory indicates that structure and agency cannot be separated, rather they are connected to one another, thus Giddens describes them as the “duality of structure” (Turner, 1986). This reciprocal relationship between agency and structure is key to the structuration theory (Sarason, 1995). Duality of structure in this theory means that human actors who are the elements that enable creation of society’s structure by means of invented values and norms are reinforced through social acceptance. At the same time human actors are constrained and empowered by their own structure (Lamsal, 2012). In other words, structure produces action and action produces structure that shape people’s actions, and people’s actions, in turn, produce and reproduce structures (Misir, 2013). Three elements of structuration theory that need to be explained for the purpose of this study are; agents, structure, and unacknowledged conditions and (un)anticipated consequences.

Agent is a key concept in structuration theory in that actors are purposeful, knowledgeable, reflexive and active (Sarason, 1995; Turner, 1986). The word ‘agent’ connotes purpose and power meaning that an agent is able to intervene in the world or to refrain from intervention. Agents possess power and action, in order to transform the situation (Ritzer, 1996 cited in Misir, 2013). An agent ceases to be such if he or she loses the capability to exercise some sort of power (Giddens, 1984). Giddens’ theory that people are knowledgeable about the social systems which they establish and reproduce in their actions is strategic to the duality of structure (Misir, 2013). Agents know a great deal about the conditions and consequences of what they do in their day-to-day lives. Agents possess and apply knowledge in the production and reproduction of every day encounters (Giddens, 1984). Reflexive monitoring is a key aspect of knowledgeability that refers to the capacity of humans to routinely observe and understand what they are doing while they are doing it. Actors continue to monitor the flow of their activities and have an understanding of themselves and others. Hence, reflexive monitoring is not merely self-consciousness, it includes the continuous monitoring of physical and social contexts and activities within those contexts as well as the continuous adjustment of ones actions (Giddens, 1984).

Structure is also a central feature in structuration theory. Giddens conceptualises structure as recursively organised rules and resources used by actors to draw on and reconstitute in their day-to-day activities (Turner, 1986). Structures do not exist in time-space, but have only a virtual existence as they are drawn on and ceaselessly reconstituted. They have no existence independent of what agents do in their day-to-day activity (Giddens, 1984).

In as far as *unacknowledged conditions and (un)anticipated consequence* is concerned, Giddens indicates that the agent’s capacity for knowledgeable and intentional action is not synonymous with unconstrained choice. All social action is seen as being bound by unacknowledged conditions. The flow of action continually produces consequences which are unintended by actors, and these unintended consequences may form unacknowledged conditions affecting subsequent action in a feedback fashion (Giddens, 1984).

From Table 2.1, Giddens identifies signification, domination and legitimation as the three types of structures in a social system. The first type of structure is signification, which produces meaning through organised webs of language (semantic codes, interpretive schemes and discursive practices). For instance, the interaction of agents through speech can be structured in the sense that some interpretations of reality can be signified in the language beyond the simple meaning of mere words and thoughts (Lamsal, 2012). The second element, domination, emphasises the production of exercise of power, which comes from the control of resources. Indeed, the structuration theory notes that forces of domination and submission exist in the delicate power relationship that emanates from the interaction between the actor and the structure. The third element, legitimation, produces a moral order (morality) through naturalisation of society’s norms, values and standards. When individual agents interact, they exhibit consciously, subconsciously, or unconsciously meanings (referred to as sanctions or morality) of their behaviour. Interacting in this manner shapes the current social norms and is weighted against the moral rules of structure. Therefore, whether or not an action is considered legitimate in the social order is structured by this dimension of legitimation (Lamsal, 2012).

Table 2. 1: The duality of structure

Interaction ↑	Communication	Power	Morality
(Modality) ↓	Interpretative scheme	Facility	Norm
Structure ↓	Signification	Domination	Legitimation

Source: Misir, 2013

2.5.1 Operational Framework

Three theoretical perspectives guide the conceptualisation of this research, the particularised theology pathway and the selectivity hypothesis, social cognitive theory and structuration theory. However, the framework of Giddens’ structuration theory informs the operational framework of this research. For the purposes of this study, the legitimation structure of structuration theory is

used to explain the relationship between religion, regional context and women's autonomy in household decision-making. This approach has also been adopted in other studies (e.g., Cunningham, Kerrigan, McNeely, & Ellen, 2011). The central elements of structuration theory provide a theoretical base for how social institutions operate. In order to explain gender power relations in a socio-cultural context, it is necessary to explore more fully the interaction between agents and socio-cultural structures (religion and regional context).

The present study conceptualises structure as religious and cultural (within regional context) rules, norms, values and resources that knowledgeable and capable human agents use in interaction. Women's autonomy in household decision-making is conceptualised as morality (interaction) and attitudes towards women's autonomy as norms or moral rules (modality). This study draws on the notion of structuration theory that (agents) human beings and structure (religious institutions) are a duality, and human actors who create religious and cultural structures through norms and values are reinforced through social acceptance. At the same time, men and women actors are inhibited and empowered by religious and cultural structures that they created.

Adopting the legitimation structure of the structuration theory into gender power relations in household decision-making, the structures of legitimation (religious and cultural) define the appropriate gender power relations in household decision-making in a particular setting by means of societal norms, values and standards (attitudes towards women's autonomy in household decision-making). Societal norms, values and standards often depend on the regional context that determines the appropriate way for people to interact. However, agents (some agents can decide not to follow the norms and standards on women's autonomy in household decision-making) can also affect the structure (this may affect people's attitudes towards women's autonomy in such structure).

Figure 2.2 below shows that women's autonomy may be influenced by religion and regional context through women's own attitude towards autonomy, men's attitude towards women's autonomy and attitudes of other family members. In the Ghanaian context, norms and values of religious institutions and cultures in various regional context overlap. Hence, religion and regional context can influence women's autonomy.

Figure 2.2: Operational framework showing the factors that are related to women's autonomy in household decision-making

includes gender relations and roles within marriage (McQuillan, 2004). These ideologies are mostly internalised during the socialisation process, which in turn influences household decision-making dynamics among partners. While religion can have a direct influence on women's autonomy, the influence of religion may also work through men's attitudes towards women's autonomy, other family members' attitudes towards women's autonomy and women's own attitudes towards women's autonomy. Evidence from Asia and Europe show varied results between religion and women's autonomy. While some studies indicate that religious affiliation is related to women's autonomy (Amin & Alam, 2008; Cvorovic, 2008), other studies indicate otherwise (Jejeebhoy & Sathar, 2001; Johnson-Hanks, 2006; Morgan et al., 2002). In this study, religion is not expected to be related to women's autonomy in household decision-making. The influence of religion on women's autonomy is postulated to be a function of social, demographic and cultural factors.

Regional context can influence women's autonomy directly and indirectly. It is argued that the wide variations in the ways in which gender and behavioural norms or cultural norms are manifested across a range of regional context shows its importance in influencing women's autonomy (Ghuman, 2003; Obermeyer, 1992). Cultural norms and values within regional context can directly influence women's autonomy and indirectly influence women's autonomy through its influence on men's attitudes towards women's autonomy, other family member's attitudes towards women's autonomy and women's own attitudes towards female autonomy. Evidence in Ghana suggests that behaviour differ between the northern and southern context (Luginaah et al., 2005). Studies from elsewhere also show that regional differences in women's autonomy in household decision-making exist (Acharya et al., 2010). Regional context is seen to play the major conditioning role in gender relations (Acharya et al., 2010; Jejeebhoy & Sathar, 2001), which may influence women's autonomy or men's attitudes towards women's autonomy. The regional context in which a person is found has the potential to condition the outlook and opportunities available to him or her, hence acting as a facilitator or inhibitor of autonomy or attitudes towards women's autonomy (Gupta & Yesudian, 2006). Consistent with the distribution of religion in Ghana, a model that fails to control for the north-south context may well exaggerate the effect of religion and its subsequent outcomes (Gyimah, 2007). This study hypothesises that women in the southern context will be more likely to be autonomous in household decision-making than women in the northern context. In addition, it is expected that southern men will be more likely to have favourable attitudes towards women's autonomy in household decision-making compared to northern men.

2.5.2 Socio-demographic Variables

Age, people of different ages perceive things differently and this has the potential of influencing women's autonomy and men's attitudes towards women's autonomy in household decision-making. Though age is a biological phenomenon, in the traditional African context, a woman's age may be an important enabling factor as women accrue some social advantages, as they grow older. Empirical evidence shows that women's age is one of the strongest determinants of women's autonomy in household decision-making (Boateng & Flanagan, 2008; Darteh et al., 2014; Sathar & Kazi, 2000). In addition, age may have an influence on men's attitudes towards women's autonomy. As men grow older, their perception of hegemonic masculinities may change through an ageing effect (Kimmel, 2000). In this way, age may influence both women's autonomy and men's attitudes towards women's autonomy directly or work through attitudes towards women's autonomy to influence women's autonomy. Hence, this study hypothesises that, as women grow older, they are more likely to be autonomous and as men grow older, they are more likely to have favourable attitudes towards women's autonomy in household decision-making.

Education is a gender socialising subsystem that influences gender attitudes of both women and men (Bussey & Bandura, 1999). Previous studies in Ghana and other developing countries have shown that women who have a significant say in household decision-making tend to be more educated (Acharya et al., 2010; Boateng & Flanagan, 2008; Riyami, Afifi, & Mabry, 2004). Education has also been shown to have a positive effect on men's egalitarian gender attitudes in Ghana (Frost, 2009). Thus, education may influence women's autonomy and men's attitudes towards women's autonomy in household decision-making directly or indirectly. In this study, women's autonomy and men's favourable attitudes towards women's autonomy are both expected to be associated with higher levels of education.

Earning wages is a means of becoming self-reliant, which can influence women's autonomy. Studies show that women in paid employment have a say in decision-making than those who are not and are more likely to participate in final decision-making (Acharya et al., 2010; Becker, Fonseca-Becker, & Schenck-Yglesias, 2006). In Ghana, studies show that micro-finance, for example has the potential to change men and women's control over decisions and resource allocations (Arku & Arku, 2009). Thus, paid employment may influence gender power dynamics in household decision-making. Hence, wage-earning labour may influence women's autonomy and men's attitudes towards women's autonomy in household decision-making directly or indirectly. Thus, wage-earning employment is expected to be associated with women's autonomy and men's favourable attitudes towards women's autonomy.

Lineage groups in Ghana differ in terms of their cultural practices (including marriage and inheritance practices). Studies in Africa have highlighted the important role lineage plays in shaping women and men's decision-making authority and in some cases it is even more important

than other individual-level characteristics as a determinant of authority (Boateng & Flanagan, 2008; Takyi & Doodoo, 2005). It is likely that lineage will influence women and men regarding women's autonomy in household decision-making directly or indirectly. In this study, women's autonomy and men's favourable attitudes towards women's autonomy are expected to be associated with matrilineal men and women than their counterparts.

Place of residence, that is, rural or urban area differs in terms of their cultural practices in Ghana. Thus, it is likely that these cultural differences will influence women's autonomy and men's attitudes towards women's autonomy differently. For example, rural women are often significantly less likely to take part in household decision-making than urban women (Acharya et al., 2010). Hence, place of residence is likely to directly or indirectly influence household decision-making dynamics. In this study, women's autonomy and men's favourable attitudes towards women's autonomy are expected to be more associated with urban dwellers than rural dwellers.

Number of sons and number of daughters is associated with women's autonomy in household decision-making. Studies show that women with more living children have greater participation in household decision-making. The more children a woman has, the more likely she is to participate in household decision-making (Boateng & Flanagan, 2008). On the contrary, a study in Addis Ababa, Ethiopia, found that fewer children for women has a positive correlation with their participation in decision-making and in the same vein, men with fewer children involve their partners in decision-making (Delbiso, 2013). The influence of number of sons and daughters in household decision-making is likely to differ because of the differential value of sons and daughters in African societies, hence they are treated separately in this study (Tabong & Adongo, 2013). In this study, it is expected that women's autonomy and men's favourable attitudes towards women's autonomy will be associated with increasing number of sons and daughters.

Marriage type can influence gender power relations in household decision-making. Marriage type has an effect on gender power dynamics. For example, in a multiple method study in Ghana to examine the dimensions of gender roles and inequality with respect to the prevalence of polygyny, it was found that areas with higher polygyny levels were characterised by a higher degree of gender inequality and women's dependency on men (Agadjanian & Ezeh, 2000). Thus, marriage type can influence women's autonomy directly or through attitudes. Hence, in this study, women in polygynous marriages are expected to be less autonomous compared to their counterparts in monogamous marriages. In addition, it is expected that men in polygynous marriages will have less favourable attitudes towards women's autonomy compared to their counterparts in monogamous unions.

2.6 Conclusion

Building understanding of women's autonomy as well as men's attitudes towards women's autonomy in household decision-making in the African context is very essential. Understanding these factors can help develop a better conceptualisation of gender power relations in household decision-making in the sub-region, since factors such as religious affiliation, regional context as well as the attitudes of both women and men can distort gender power dynamics in household decision-making. The present study, by identifying the underpinning factors that influence women's autonomy in household decision-making, as well as dynamics of household decision-making in Ghana contributes to the extant literature by providing an understanding of gender power relations in domestic decision-making. In addition, the present study hopes to reveal ways to enhance women's autonomy and influence men to have favourable attitudes toward women's participation in household decision-making.

CHAPTER 3: METHODS OF DATA COLLECTION AND ANALYSIS

3.1 Introduction

In the previous chapter, the study examined the relevant literature and theoretical background for the study. The present chapter presents the methods of data collection and analysis. First, the chapter presents the study design, discusses the mixed-methods approach and the significance of both the qualitative and quantitative methods within this study. It further explicates, the quantitative procedures, data collection techniques, sampling, in-depth interviews, the use of field notes, transcriptions, measurement of variables and methods of analysis (univariate, bivariate and multivariate analytical techniques) utilised in the present study. The final section of this chapter addresses the ethical considerations and the limitations of the study.

3.2 Study Design

This study employs descriptive and cross-sectional research design, utilising cross sectional quantitative and qualitative data.

3.2.2 Mixed-Methods Approach

By definition, mixed-methods involve combining or integrating qualitative and quantitative elements in undertaking research (Creswell, 2013). The advantage of a mixed methodology is the premise that it offsets the weakness of both quantitative and qualitative approaches. The reason for using the two kinds of methods in this study is based on the fact that neither the quantitative nor qualitative method is sufficient by itself to capture the nuances in household decision-making (Ivankova, Creswell, & Stick, 2006). The complex nature of religion, regional context and women's autonomy in the household decision-making dynamics calls for a combination of quantitative and qualitative data for a more nuanced investigation.

This study utilises the explanatory sequential mixed-method approach, where the researcher first conducts quantitative research, analyse the data and then build on the results using qualitative research to explain the quantitative results in more detail (Creswell, 2013). The results of the quantitative analysis were used to plan the qualitative component of this study (Creswell, 2013). The quantitative data and the subsequent analyses provided a general understanding of women's autonomy and men's attitudes towards women's autonomy. In addition, the first phase of this study examined how religion influences women's autonomy and men's attitudes towards women's autonomy across regional context. In the second phase, qualitative data were used to build on the statistical results by providing an understanding of the dynamics of women's autonomy in household decision-making, as well as how they varied across religion and regional

context. In this study, whereas the quantitative strand provides statistical power and generalisability, the qualitative element provides meaning, context and depth (Teddlie & Tashakkori, 2009). Proponents of mixed-methods approaches have reasoned that combining qualitative and quantitative data is an appropriate method of everyday problem solving studies (Morgan, 2007; Tashakkori & Teddlie, 2010).

Mixed-methods design require that the quantitative and qualitative components work in concert to mutually strengthen the research findings from each source (Creswell, 2013). In this method, the research question/objective drives the entire study (Bryman, 2006; Onwuegbuzie & Leech, 2006). Thus, it is necessary to ensure that the research questions are clear enough and that separate questions/objectives are formulated for the individual qualitative and quantitative segments (Bryman, 2006; Teddlie & Tashakkori, 2009).

Even though the field of mixed methods research is relatively new, researchers have been combining different data sources for years. There are about forty mixed method research approaches (Tashakkori & Teddlie, 2003). One of them is the sequential explanatory approach, which is popular among researchers (Ivankova et al., 2006). Usually, designs that utilise quantitative data for participant selection require that the quantitative analyses occur prior to the qualitative data collection and from these analyses, respondents for the qualitative component are selected. However, because the 2008 Ghana Demographic and Health Survey (GDHS) data were collected prior to the start of this research, respondents could not be directly sampled from this survey. For the purpose of this study, eligible respondents were selected from two towns for in-depth interviews, to put the statistical findings of this study in context (also see Agadjanian & Ezeh, 2000).

3.3 Quantitative Procedure

3.3.1 Source of Data

This study uses data from the 2008 Ghana Demographic and Health Survey (GDHS). The GDHS is a nationally representative survey, which was first administered in 1988, and has since been conducted every five years. However, at the time this study was conducted, the 2008 GDHS data were the most recent public data as the next GDHS data were only made public in October 2015. The GDHS data serve a number of policy and programmatic purposes; policy makers use these surveys to inform decisions about the allocation of limited resources to family planning and health services among others. The GDHS collected data on men and women's socio-demographic characteristics, household decision-making (women's autonomy), men's attitudes towards women's autonomy in household decision-making among others (Ghana Statistical Service, Ghana Health Service, & ICF Macro, 2009).

3.3.1.1 Sampling Design

The 2008 GDHS approximately sampled 12,000 households. The enumeration areas (EAs) from the 2000 Ghana Population and Housing Census formed the sampling frame for this survey. The sample was selected in a manner that allowed separate estimates of key indicators for each of the 10 regions in Ghana, as well as for urban and rural areas separately. Therefore, the survey was designed to provide estimates for the country as a whole, for each administrative region and for both urban and rural areas (Ghana Statistical Service et al., 2009).

The 2008 GDHS utilised a two-stage sample design. The first stage involved selecting sample points or clusters from an updated master sampling frame constructed from the 2000 Ghana Population and Housing Census. Four hundred and twelve (412) clusters were selected from the master sampling frame using systematic sampling with Probability Proportional to Size (PPS). A complete household listing operation was conducted from June to July 2008 in all the selected clusters to provide a sampling frame for the second stage selection of households which involved the systematic sampling of 30 of the households listed in each cluster (Ghana Statistical Service et al., 2009). The primary objectives of the second stage of selection were to ensure adequate numbers of completed individual interviews that will provide estimates for key indicators with acceptable precision. This would also provide a sample large enough to identify adequate numbers of under-five deaths to establish its causes. Data were not collected in one of the selected clusters due to security reasons, resulting in a final sample of 12,323 selected households. The 2008 GDHS includes a sample of couples. A total of 1,883 couples were interviewed: women aged 15 to 49 and men of 15 to 59 years. Weights were calculated taking into consideration cluster, household, and individual non-responses, so that representativeness were not distorted. The sample for the 2008 GDHS is not self-weighted (Ghana Statistical Service et al., 2009). Weights are included within the 2008 GDHS dataset and are utilised in the data analysis.

3.3.2 Questionnaires

The 2008 GDHS employed three questionnaires for the collection of the data; the Household Questionnaire, the Women's Questionnaire, and the Men's Questionnaire. Each household selected for the GDHS was eligible for interview with the Household Questionnaire. Eligible women aged 15-49 and men aged 15-59 were interviewed, if they were either usual residents of the households or visitors present in the household on the night before the survey (Ghana Statistical Service et al., 2009).

The content of the questionnaires was based on model questionnaires developed by the MEASURE DHS programme and the 2003 GDHS Questionnaires. Based on the questionnaires used for the 2003 GDHS, the GDHS model questionnaires were modified to reflect relevant issues

in population, family planning, domestic violence, gender power relations, HIV/AIDS, malaria and other health issues in Ghana (Ghana Statistical Service et al., 2009). The Household Questionnaire was used to list all the usual members and visitors in the selected households. Some basic information was collected on the characteristics of each person listed, including age, sex, education and relationship to the head of the household. The main purpose of the Household Questionnaire was to identify women and men who were eligible for the individual interview (Ghana Statistical Service et al., 2009).

The Women's Questionnaire was used to collect information from eligible women aged 15-49. These women were asked questions about themselves and their children born in the five years since 2003, and on topics such as education residential history, reproductive history, knowledge and use of family planning methods, fertility preferences, marriage and sexual activity, woman's work and husband's background characteristics (Ghana Statistical Service et al., 2009). The Men's Questionnaire was administered to all eligible men aged 15-59. The Men's Questionnaire collected much of the same information found in the Women's Questionnaire, but was shorter because it did not contain a section on reproductive history or maternal and child health or nutrition. The information of men and their partners were linked to create the couples' data file, which this study utilises (Ghana Statistical Service et al., 2009). The nationally representative nature of the 2008 GDHS makes the findings of the study generalisable to women in union and their partners.

3.3.3 Measurement of Variables

This section describes all the variables used in the study. The main dependent variable (women's autonomy in household decision-making), constructed from five indicators of women's autonomy is presented first. The construction of men's attitudes towards women's autonomy, constructed from the indicators of men's attitudes towards women's autonomy is also described in this section. In addition, each of the socio-demographic variables considered are also outlined.

3.3.3.1 Dependent Variable

Women's autonomy refers to women's capacity to manipulate and have control over their personal environments in order to make decisions about their livelihood, irrespective of other men's and women's opinions (Hindin, 2006; Mistry et al., 2009). The literature suggests several separate but interdependent components of women's autonomy in household decision-making (Jejeebhoy & Sathar, 2001). The original GDHS questionnaire asked questions on six domains of women's autonomy in household decision-making. However, the present study considers five domains of women's autonomy: i) their say in daily household needs (DHH); ii) their say in major household

needs (MHH); iii) their say in their own health care (HC); iv) their say in visiting family or relatives (MOV) and v) their say in the number of children to have (NC). Questions were asked about *control over wages* (who usually decides how the money you earn will be used). However, this variable was not included in the analysis because it substantially reduces the sample size since about 22% of the women reported not earning an income at the time of the survey (also see Hindin, 2002). While these indicators of women's autonomy in household decision-making may not be exhaustive, these measures are quite representative of various aspects of women's autonomy in household decision-making that women confront daily in Ghana.

Each question had six responses: 1) respondent alone; 2) respondent and husband/partner; 3) respondent and other person; 4) husband/partner alone; 5) someone else and 6) other. To create a binary variable for each domain of household decision-making for the analysis, the first three responses 1-3, where a woman participates in the decision-making is re-coded as 1. Responses from 4-6, where the woman does not participate in the decision-making is re-coded as 0. In this study, a woman is considered autonomous if she makes the decision alone or if she at least makes the decision with other household members. The reasons for using this definition of autonomy rather than a more restricted definition of autonomy is that, first, the decisions that constitute the definition of autonomy in this study involve other household members. Thus, this definition allows for decision-making in consultation with other family members or open consultation with those who are most affected by these decisions. Moreover, for many of these decisions (such as, those relating to number of children to have), it may be difficult to regard a jointly determined solution as being less desirable than a solely determined one (Rammohan & Johar, 2009).

Summary measure of women's autonomy that focuses more directly on women's participation is created. This summary measure focuses on five decision-making domains and it is a dummy variable denoting whether the respondent reported that she had a say on at least one of the five domains considered in this study (also see Allendorf, 2007; Hindin, 2000, 2002). The dichotomous approach has the advantage of focusing on women with at least some amount of autonomy (Hindin, 2000). Hence the summary measure of women's autonomy in household decision-making is re-coded into 0 = not autonomous and 1 = autonomous.

3.3.3.2 Independent Variables

This section outlines the socio-demographic characteristics that are utilised as predictors of women's autonomy, as well as men's attitudes towards women's autonomy. Individual characteristics in this study—*religion, regional context, age, highest level of education, place of residence, economic status, marriage type, lineage, number of daughters and number of sons*—

reflect individual factors that can influence women's autonomy. At a different stage of the analysis, where men's attitudes towards women's autonomy in household decision-making are assessed, these same factors for men are utilised.

3.3.3.2.1 Men's Attitudes towards Women's Autonomy²

Men's attitudes towards women's autonomy: As indicated earlier, this study considers five domains of women's autonomy in household decision-making. However, there was no data on men's attitude towards decisions concerning women's health care. Thus, only four domains are considered for men's attitudes towards women's autonomy: i) in daily household needs (DHH); ii) in major household purchases (MHH); iii) in visiting family or relatives (MOV); and iv) in number of children to have (NC).

Each question had four responses: 1) respondent alone; 2) respondent and wife/partner; 4) wife/partner alone and 8) don't know/depends³. To create a binary variable for each domain for the analysis, responses, 2 and 4, where a man thinks a woman should participate in the decision-making is re-coded as 1. Responses, 1 and 8, where the man thinks the woman should not participate in the decision-making is re-coded as 0.

Summary measure of men's attitudes towards women's autonomy: A summary measure of men's attitudes towards women's autonomy that focuses more directly on men's favourable attitudes towards women's participation in household decision-making was also created. The summary measure is a dummy variable denoting whether the respondent reported that the wife/partner should have a say on at least one of these four decisions. Hence the summary measure of men's attitudes towards women's autonomy in household decision-making is re-coded into 0 = should not be autonomous and 1 = should be autonomous.

3.3.3.2.2 Socio-demographic Characteristics

Women and men's religious affiliation and placement in a particular regional setting as well as other socio-economic and demographic characteristics may affect their autonomy and attitudes towards women's autonomy. This section presents the socio-demographic characteristics that are examined as predictors of women's autonomy and men's attitudes towards women's autonomy in this study. The variables as they are used in this study are described. These control variables are standard in studies of women's autonomy and men's attitudes towards women's autonomy and

² Although men's attitude is listed here under independent variable, when analysing the predictors of men's attitudes towards women's autonomy, it is considered a dependent variable.

³ In the original 2008 GDHS couples data, the codes for these variables were 1, 2, 4 and 8.

applicable in the Ghanaian context. The socio-demographic characteristics considered are; religion, regional context, age, education, place of residence, economic status, marriage type, lineage, number of sons and number of daughters.

Religion is a nominal variable and for the purposes of this study, religion is categorised in two ways for different stages of the analysis. The original religion variable had 10 categories: Catholic; Anglican; Methodist; Presbyterian; Pentecostal/Charismatic; Other Christian; Muslim; Traditionalist/Spiritualist; no religion and “Other”. To examine the basic predictors of women’s autonomy or men’s attitudes towards women’s autonomy in household decision-making, religion is re-coded into four categories: Christian, Muslim, Traditionalist/Spiritualist and No religion. On the other hand, to assess the influence of religion on women’s autonomy or men’s attitudes towards women’s autonomy, religion is re-coded into three categories: Christian, Muslim and Traditionalist/Spiritualist. At some stage of the analysis, the data are then restricted to women who are married to men of the same religion. This is because in Ghana it is not rare to find a couple affiliated to different religions (e.g., the wife will be Christian and the husband a Muslim). In that case, decision-making dynamics may be different from a couple affiliated to the same religion. When partners belong to the same religion, their union may be stable because they share common ground in their religious beliefs, which may ultimately shape their behaviour. The marital stability established by belonging to the same religion may have an effect on the couple’s household decision-making behaviours (Doctor et al., 2009). Some studies suggest that religiosity can influence women’s autonomy or men’s attitudes towards women’s autonomy (Yeatman & Trinitapoli, 2008). However, the GDHS does not have a measure of religiosity.

Regional context is measured as a categorical variable, Northern and Southern context. This division is based on the broad religious concentration as well as the broad differences in the regional context between the north and south. The north comprises Northern, Upper East, and Upper West, which has a large Muslim population and the least developed, while the South comprises Western, Central, Greater Accra, Volta, Eastern, Ashanti and Brong-Ahafo, which is majorly Christian population and relatively developed (Gyimah, 2007).

Age in this study is considered as a continuous variable measured in one-year increments. *Education* is a categorical variable; no education, primary and secondary⁺. *Economic status* is treated as a dichotomous variable, re-coded into two; earning wages and are not earning wages. *Lineage* is measured as a dichotomous variable, matrilineal and non-matrilineal. Lineage is defined with respect to ethnicity. Self-report of ethnicity is used to distinguish those belonging to a matrilineal group—that is, the Akan ethnic groups, most of whom transmit roles, statuses, and property inter-generationally through the female line. This measure is imperfect in that a small fraction of the Akan is known to have bilateral rather than matrilineal or patrilineal inheritance

patterns (Nukunya, 1992). The format of the data does not allow disaggregating Akan subgroups sufficiently to capture this distinction. Any matrilineal advantage found in this research, is likely to be an understatement of the true effect of matrilineal. This study acknowledges the limitation of having to rely solely on a one-dimensional indicator of lineage based on ethnicity. The non-matrilineal group consist of the Ga-Dangme, Ewe, Guan, Mole-Dagbani, Grussi, Gruma, Mande, and Other.

Place of residence is a dichotomous variable with urban and rural settings. *Number of sons and number of daughters* are treated as continuous variables, measured in one-daughter and one-son increments. *Marriage type* is measured as a dichotomous variable, with this variable, respondents with multiple partners (or co-wives for women and wives for men) are collapsed into polygynous unions and respondents with no other partners (or co-wives for women and wives for men) are considered to be in monogamous unions.

3.3.4 Methods of Analysis

The data were analysed using the STATA statistical analytic package (StataCorp, 2013b). Univariate (frequencies, means etc.), bivariate (cross tabulations and compare means etc.) and multivariate tools (logistic regression, complementary log-log and the latent class analysis) were utilised for the analytical procedures. In order to ensure representativeness across the country, and correct for non-response, data used were weighted taking into consideration the complex survey design using the 'svyset' family of commands in STATA (StataCorp, 2013a).

3.3.4.1 Univariate and Bivariate Techniques

The univariate techniques are used to describe the distribution of the variables one at a time in the analyses. The bivariate statistics serve as background descriptors of the relationships between each of the independent variables on one hand and dependent variable on the other. The descriptive statistics provides the background for the socio-demographic predictors and the response variables. In this study, frequencies and means were used to provide the background on the variables. Bivariate tools such as cross tabulations and bivariate correlations were used to assess the statistical relationship between the predictors and response variables where appropriate. These analyses served as the basis for an empirical understanding of the effects of the socio-demographic factors on the response variables (such as women's autonomy and men's attitudes towards women's autonomy).

Bivariate correlations

The bivariate correlations in this study served two purposes. Firstly, the bivariate correlations describe the relationships between women’s socio-demographic variables and the indicators of women’s autonomy as well as women’s autonomy (summary measure of women’s autonomy) without controlling for other variables. Similarly, it describes the relationships between men’s socio-demographic characteristics and the indicators of men’s attitudes towards women’s autonomy as well as men’s attitudes towards women’s autonomy (summary measure of men’s attitudes towards women’s autonomy) without taking into account other variables. This kind of analyses gives an idea of what to expect in the regression models and allows for preliminary examination of the hypothesised direction of these relationships. Secondly, the bivariate correlations between the background variables can help assess whether the variables are highly correlated or not.

3.3.4.2 Multivariate Techniques

The multivariate analyses were used to evaluate the importance of each socio-demographic variable in explaining the variability of the dependent variable, controlling for other predictors. This study used Logistic regression model, the complementary log-log model and Latent Class Analysis (LCA).

Logistic regression model

The logistic regression model, also known as a logit model, is based on the natural logarithm of an odds ratio. Generally, logistic regression is suited for describing and testing hypotheses about relationships between a categorical outcome variable (dichotomous) and one or more categorical or continuous predictor variables (Peng, Lee, & Ingersoll, 2002; Williams, 2009). The goal of logistic regression is to find the best fitting model to describe the relationship between the dichotomous variable of interest and a set of independent variables (DeMaris, 1995). The logit coefficients do not have an intuitive interpretation because they represent effects of the log of the odds. For easier interpretation, the log odds, are converted to odds ratios by exponentiation (DeMaris, 1995; Long, 1997). Only the odds ratios are presented for the logistic regression models in this study. The basic logistic regression model takes the form:

$$\ln \left(\frac{p_i}{[1 - p_i]} \right) = b_0 + b_i X_i \quad (3.1)$$

Where p_i is the estimated probability of a particular event occurring to an individual with a given set of characteristics, b_0 is the intercept, and b_i represents the slope coefficients for a set of

explanatory variables X_i . In this study, the logistic regression was used to estimate the net effect of the socio-demographic characteristics on each of the indicators of women's autonomy and men's attitudes towards women's autonomy in household decision-making.

Complementary log-log

The complementary log-log regression is an alternative to logit and probit regressions. Nevertheless, unlike the other estimators, the transformation is not symmetric about 0, that is, it is skewed to the right. This model is typically used when the positive (or negative) outcome is rare. The complementary log-log model is derived from the assumption that the error distribution (or distribution of the latent variable) follows a standard extreme value distribution (King & Zeng, 2001; Long, 1997). In the logit and probit models, at that point on the probability curve where $\Pr(y = 1|x) = 0.5$, increasing χ by a given amount δ changes the probability by the same amount as if χ is decreased by δ . This is not the case for the complementary log-log model. In the complementary log-log model, as χ increases, the probability increases slowly at the left until it reaches about 0.2; the change from 0.8 toward 1 occurs much more rapidly (Long, 1997). The complementary log-log takes the form:

$$\Pr(y = 1|x) = 1 - \exp\{-\exp(x\beta)\} \quad (3.2)$$

Where β is the vector parameters of β_i and χ is the vector parameters of χ_i . The complementary log-log regression model was used in this study because of the skewness of the summary measures for women's autonomy (dichotomous) and men's attitudes towards women's autonomy (dichotomous) in household decision-making.

Analysing subpopulations in STATA: To analyse the subgroups of southern and northern Ghana, the subpopulation option in STATA was used. Subpopulation estimation involves computing point and variance estimates for part of the population (StataCorp, 2013a). Indeed, this is not the same as restricting the estimation sample to the collection of observations within the subpopulation because variance estimation for survey data measures sample-to-sample variability, assuming that the same survey design is used to collect the data. If the data set is a subset, meaning that observations are not to be included in the subpopulation are deleted from the data set, the standard errors of the estimates cannot be calculated correctly. If the subpopulation option is used, only the cases defined by the subpopulation are used in the calculation of the estimate, but all cases are used in the calculation of the standard errors, which should be the case. The *svy* prefix command's *subpop* option performs subpopulation estimation in STATA (StataCorp, 2013a).

Binary models goodness-of-fit

Goodness-of-fit tests are usually general tests that assess the fitted model's overall departure from the observed data. Two-model goodness-of-fit tests are used to assess the binary logistic regression models (Hosmer-Lemeshaw goodness of fit and the Linktest). However, with regard to the complementary log-log models, the Hosmer-Lemeshaw goodness of fit (*estat gof*) is not applicable after running complimentary log-log (*cloglog*) regression analysis in STATA. Thus, only the *linktest* is used to assess the model's goodness of fit of the complementary log-log regression models.

The Hosmer-Lemeshaw Goodness-of-fit test: Once a logistic regression model has been fitted to a given set of data, the appropriateness of the model is examined by overall goodness-of-fit test(s), area under the receiver operating characteristic curve, and examination of influential observations. The purpose of any overall goodness-of-fit test is to determine whether the fitted model adequately describes the observed outcome in the data (Hosmer & Lemeshow, 2000). One concludes that a model fits well if the differences between the observed and fitted values are small and if there is no systematic contribution of the differences to the error structure of the model (Hilbe, 2011; Hosmer & Lemeshow, 2000). When the Hosmer-Lemeshaw goodness-of-fit test is estimated, a fit statistic is provided, that measures the overall correspondence of counts, based on the chi-square distribution, a Hosmer-Lemeshow (H-L) statistic with a p-value greater than 0.05 is considered a good fit. The lower the H-L statistic, the less variance in fit, and the greater the p-value (Hilbe, 2011).

Linktest: This test performs a *linktest* for model specification after any single-equation estimation command, such as logistic regression. Although the *linktest* is formally a test of the specification of the dependent variable, it is often interpreted as a test that, conditional on the specification, the independent variables are specified incorrectly (Hilbe, 2011; Kohler & Kreuter, 2012). The "hat" and "hat-squared" statistics are used to interpret the *linktest*, however, the most important of the two statistics is the "hat-squared". When the analytical model is appropriately specified, the "hat-squared" should not be statistically significant (the hatsq should be $p > 0.05$). This will mean that the model does not have a specification problem (StataCorp, 2013a).

Latent Class Analysis (LCA)

The LCA is used to identify women's autonomy patterns in household decision-making. The Latent Class Analysis (LCA) is applied to examine the pattern typologies of women's autonomy in Ghana. LCA is a statistical method used to empirically determine discrete latent variables

(constructs that are not observed directly) from a series of two or more discrete observed variables. In other words, it is a mixture model that postulates that there is an underlying unobserved categorical variable that divides a population into mutually exclusive and exhaustive latent classes (Dewilde, 2004; Lanza & Rhoades, 2013). Class membership of individuals is unknown but can be inferred from a set of measured items. LCA provides the probability of a specific individual belonging to a latent class that is only data dependent (Lanza, Collins, Lemmon, & Schafer, 2007). Individuals were assigned to the different classes based on their posterior probabilities for class membership for a particular household decision-making profile (Lanza et al., 2007).

In this study, the LCA methodology allowed for the grouping of women into distinct autonomy “classes” (or subgroups) and included in the analysis. The probability of a particular participant being a member of a particular class is then estimated and the latent multinomial logistic regression model is then conducted to predict class membership using selected variables to assess their associations with classes (or subgroups) derived. The Stata LCA plugin (version 1.1) was used to implement these procedures (Lanza, Dziak, Huang, Wagner, & Collison, 2014).

LCA Model Selection: To select the best-fit model, the analysis was conducted for a range of latent classes. A simpler model (2-class) was fitted first followed by sequentially increasing the number of classes selected to a maximum number of classes of five. Fit of individual models to the data were examined based on the gamma squared (G^2) statistic and corresponding degrees of freedom where appropriate. Selection from the set of models with different numbers of latent classes was conducted based on information criteria (AIC, BIC, CAIC, and aBIC) (Lanza et al., 2007). Several starting values were used to estimate all the models to avoid the issue of local maxima and to ensure all values converge to identical solutions. In LCA modelling, to be sure that a solution does not reflect suboptimal estimates caused by a local, as opposed to global mode (maximum of the likelihood function); multiple sets of random starting values should be specified. One can have confidence that the maximum-likelihood solution has been identified if one solution yielding the maximum value of the likelihood function is found for the majority of the sets of starting values. If the different random starting values all lead to different modes, the model is unidentified. Model fit should be assessed only for models where the maximum likelihood has been identified (Lanza & Rhoades, 2013).

Mathematically, the LCA model can be expressed as follows. Let y_j represent element j of a response pattern y . An indicator function $I(y_j=r_j)$ that equals 1 when the response to variable $j=r_j$, and equals 0 otherwise. Then the probability of observing a particular vector of responses is

$$P(Y = y) = \sum_{i=0}^n \gamma_c \prod_{j=1}^J \prod_{r_j=1}^{R_j} \rho_{j,r_j|c}^{I(y_j=r_j)} \quad (3.3)$$

Where γ_c is the probability of membership in latent class c and $P_{j,r_j|c}^{I(y_j=r_j)}$ is the probability of response r_j to item j , conditional on membership in latent class c . The γ parameters represent a vector of latent class membership probabilities that sum up to 1. The ρ parameters represent a matrix of item-response probabilities conditional on latent class membership. The degrees of freedom are calculated as the number of possible response patterns (i.e., number of cells in the contingency table formed by crossing all observed items) minus the number of freely estimated parameters minus one. Parameter estimation is typically performed using an EM algorithm (Lanza & Rhoades, 2013).

3.4 Qualitative Procedures

This study makes use of the explanatory sequential mixed-method design, and requires that the researcher analyses the quantitative data in the first phase and then use the results to plan for the qualitative component (Creswell, 2013). Thus, the qualitative sampling design, sampling procedure, sample size, data collection tools and analytical procedure were finalised after the analysis of the quantitative data.

3.4.1 Data Collection

The qualitative data for this study was collected from December 2014 to January 2015. Interviews were conducted in two towns, Accra and Tamale. This section outlines the training of research assistants, how data quality was ensured, as well as the sampling techniques (purposive sampling of study sites and participants).

3.4.1.1 Training of Research Assistants

Research assistants (two in Accra and two in Tamale) with prior experience in qualitative interviewing in the field sites were recruited for this component of the study. Another consideration for recruiting field assistants was the ability to speak or read local language. In Accra, one of the recruited research assistants was proficient in English, Ga, Twi, Ewe and Hausa, and the other one was proficient in English, Ga and Twi. In Tamale, one of the research assistants was proficient in English, Dagbani, Twi, Hausa and Kasena and the other one, was proficient in Dagbani. A two-day training programme was held to explain the study objectives as well as ethical issues to the research assistants, sampling procedure and the use of the study instruments in both

Accra and Tamale. Emphasis was on the translation of the instrument from English into the local languages.

3.4.1.1.1 Ensuring and Evaluating Data Quality

There are different schools of thought on ensuring and evaluating qualitative research (Bryman, 2012). To ensure and evaluate the data, this study first adopted the concept of reliability and validity into qualitative research. In addition, the study employed the concept of trustworthiness (Bryman, 2012; Lietz & Zayas, 2010).

First, to ensure reliability, especially internal reliability, which means that when there is more than one observer, members of the research team agree about what they see and hear—similar to inter-observer consistency (Bryman, 2012). To ensure this in the present study, in both settings pilot studies were conducted to get field assistants to familiarise themselves with the instruments and to ensure that researchers interpret what they see or hear in the same way. Validity in qualitative research refers to whether the researcher is observing, identifying, or measuring what was set out to be measured. While external validity is usually a problem for qualitative researchers because of their tendency to employ case studies and small samples, internal validity, which means a good match between researcher's observations and the theoretical ideas they develop, is usually said to be a strength in qualitative studies (Bryman, 2012). To maintain internal validity in the present study, research assistants recruited were people who both live in and have experience in qualitative research within the communities. By virtue of this combination of factors, they had very good understanding of the cultural dynamics of the communities.

In addition, the study employed the concept of trustworthiness which is made up of four standards; credibility, transferability, dependability and conformity. To ensure *credibility*, good practices of research were upheld throughout the course of the study. For example, the interview guides were designed void of bias and leading questions, and interviews were conducted professionally on one-on-one basis in conducive environments. Also, a participant validation exercise was conducted by discussing the findings of the study with selected participants in the research. Generally, participants agreed that the findings of the present study reflected their social realities on gender power relations in household decision-making. About *transferability*, a detailed account of the study sites (Accra and Tamale) pertaining to religious dynamics as well as the regional context were outlined. In terms of *dependability*, the qualitative research procedures such as data collection, sampling, interviews, coding and analysis were presented in detail. Lengthy discussions were also held with research assistants to ensure that the research procedures were followed. As far as *confirmability* is concerned, peers assessed the study on whether the findings and data were linked. This was achieved by giving the data and findings to a colleague who was

not familiar with the study to provide an objective assessment, including checking if the findings and data matched.

3.4.1.2 Purposive sampling

Unlike quantitative research where the discussion of sampling is centred around probability sampling, the discussion of sampling in qualitative research tends to revolve around purposive sampling (Bryman, 2012). Participants are usually selected based on their knowledge and purpose of the study (Babbie, 2010). There are a number of purposive sampling techniques that can be used in qualitative investigation and this research utilises the typical case sampling technique (Palinkas et al., 2013). This is used to select a case because it exemplifies a dimension of interest of the researcher (Bryman, 2012). The purpose is to describe and illustrate what is normal or what usually happens to those unfamiliar with the context, not to make generalised statements about the experiences of all participants (Patton, 2002).

Since the present study is interested in the relationship between religion, regional context and the dynamics of household decision-making, this procedure allowed for the sampling of married women and men affiliated to a religion in Ghana. In essence, these selected cases were not unusual in anyway. Thus, participants' responses were typical of the dynamics in household decision-making in Ghana. The purposive sampling technique was used at two levels: i) to select context or study sites and ii) to select participants for the in-depth interviews.

3.4.1.2.1 Sampling of Study Sites

The purposive sampling technique was used to select Tamale in the northern context and Accra in southern context in line with the objectives of the research. These two field sites were chosen for two of reasons, religious mix and location. Tamale was chosen because of its location in a predominantly Muslim setting (northern context) with a substantial Christian and Traditionalist populations. Accra was chosen because of its location in a predominantly Christian setting (southern context) with a substantial Muslim and Traditionalist population.

3.4.1.2.2 Sampling Participants

To select participants, each of the field sites was divided into four zones. This was done by acquiring a map for each site and roughly dividing it into northeast, northwest, southeast and southwest. The reason for doing this was to avoid interviewing people in the same vicinity since they may have similar experiences. In each zone, the research assistants spun a pen and entered residential structures in that direction where the 'pen top' was facing. Research assistants entered

the first residential structure in their line of direction to enquire if there were eligible participants. Eligible participants were couples affiliated to the same religion and had lived in the study site for at least 10 years⁴ (not necessarily as couples) and are between the ages: 18 to 49 years for women and 18 to 59 years for men. Upon entering into a residential structure, research assistants enquired about eligible participants and the first eligible participants (couple) who were willing to participate were interviewed separately (no more than one couple were interviewed in a residential structure). In the event that in a structure the first identified eligible participants declined to participate, enquiries were made to find out if there was another eligible participant in the same structure. If there was no other eligible participant in the same structure, the research assistant moved to the next residential structure in the same direction.

Participants (couples) were selected from six groups—Christians, Muslims and Traditionalist in Tamale and Christians, Muslims and Traditionalist in Accra (See Table 3.1). The number of participants to be interviewed was not predetermined, however, saturation was allowed to emerge from the data, as in the grounded theory approach (Glaser & Strauss, 1967). This occurs when additional interviews no longer spark new insights that make further interviews worthy of the added time and expense (Creswell, 2013). Hence, in the course of the interviews, the researcher collected interviews every day and repeatedly listened to them until no new insights were coming up for each of the groups (Table 3.1).

Table 3.1: Number of in-depth interviews conducted by religion, context and sex

Religion	Accra		Tamale		Total
	Women	Men	Women	Men	
Christian	6 ⁵	7	7	7	27
Muslim	5	5	6	6	22
Traditionalist	2	2	2	2	8
Total	13	14	15	15	57

Fieldwork, 2014/2015

3.4.2 In-Depth Interviews

In-depth interviews offer a path to discovery and an understanding to issues (Arthur, Waring, Coe, & Hedges, 2012). This study utilised a semi-structured interview guide, which had a list of questions or specific topics to be covered, but the participants had the leeway in how to reply. Questions did not necessarily follow the outline on the schedule. Questions that were not included in the guide were also asked as the interviewers probed further on things said by interviewees (see

⁴ This was an assumption for the purpose of this study that after 10 years people would have assimilated into the society if they were migrants.

⁵ One participant did not avail herself to be interviewed.

annexures C, D and E for the data collection instruments). The participants interviewed, having observed household decision-making dynamics within their own families, communities and with personal experience; their views reflect household decision-making dynamics. The total number of participants interviewed across religion and regional context were 57.

3.4.3 Audio-Recording Interviews

While it is very common for researchers to encounter problems with recording interviews because of technical challenges, this was not an issue throughout this research. Three Sony digital voice recorders were used and no technical difficulty was experienced throughout the research. One challenge in the research was a situation where a participant declined to take part in the research because of the use of the voice recorder, giving privacy and political reasons, despite reassurances of confidentiality. In this case, the interview was abandoned completely. This should have been highlighted during the training to ensure that when participants decline because of the audio recording, detailed notes should be taken for that particular interview.

3.4.4 Field Notes and Transcription

Field notes were written up after each in-depth interview and personal discussions with research assistants were undertaken on some of the things they observed before, during and after interviews. However, during the time the principal researcher was in the Northern Region field site, contacts were made with research assistants in the South to find out what went on with each of the participants. These field notes provided an important resource for this research. The researcher recorded events and behaviours, which was of considerable value in the initial analytic thoughts about whatever was observed and heard. This was useful for acting as a trigger for the theoretical elaborations of the data (Bryman, 2012). For instance, notes were taken concerning the participants' demeanour, body language and mood, and any informal conversation that took place before or after the interview.

Transcriptions of the in-depth interviews started immediately after the first interview. However, the transcription pace was slower than the interviewing pace. Over the course of the two months fieldwork in Ghana, only 8 in-depth interviews were transcribed. Nevertheless, the field assistants were to transcribe the interviews that they conducted in languages the principal researcher did not understand.

When transcribing an interview, it is important that the written text reproduces exactly what the interviewee said, word for word (Bryman, 2012). In transcription, there are two schools of thought. The first group are scholars who argue that "the absolute content of speech," such as narrative or biographical approaches, may be resistant to any text editing, as the 'ums' and 'ers,'

that are regular occurrences in speech, may also elucidate interpretation (Bryman, 2012). The present study adopted the school of thought that prefer to do some “light tidying up” of quotes by removing word repetitions and the ‘stops and starts’ that are common in spoken word. This stance was taken to ensure the readability of the text without changing the meaning of what the participants said during the interviews.

3.4.5 Data Analysis

3.4.5.1 Thematic Analysis Approach

The thematic approach was used to analyse the data, utilising the Atlas ti version 7 qualitative analytical software. Thematic analysis involves the identification of themes, which emerge after careful reading and rereading of the data, that are often constructed out of groups of codes (Creswell, 2013). The general strategy for assisting in thematic analysis is the framework, which is described as a ‘matrix based method for ordering and synthesising data’ (Ritchie et al., 2003: 219 cited in Bryman, 2012).

The present study utilised the idea behind framework analysis approach by first constructing an index of central themes and subthemes and then represented it in a matrix. Through reading and rereading of the transcripts and field notes, key ideas were generated and major themes and sub-themes identified from the data. To identify the themes, repetitions, typologies or categories, metaphors and analogies, transitions, similarities and differences, linguistic connectors, missing data and theory related material were taken into consideration (Ryan and Bernard (2003) cited in Bryman, 2012). Based on multiple reading of the transcripts and reflective process, a combination of deductive qualitative analysis, where theoretical dimensions of interest were identified a priori in the text. In addition, new theoretical dimensions came up in the course of reading and reading of the text. This framework was then applied to the data, which were organised initially into core themes, and then displayed in terms of subthemes within the matrix and for each case.

3.4.5.1.1 Coding

Coding usually involves reviewing transcripts and/or field notes and assigning symbolic meaning to the information collected during the fieldwork or study that are of potential theoretical importance and/or that appear to be particularly salient within the social worlds of those studied (Bryman, 2012; Miles, Huberman, & Saldaña, 2013).

Starting with open-coding procedure, the point at which the researcher forms initial concepts that are later grouped and turned into categories. In the present study, salient responses

and unique circumstances were identified in each of the transcripts and coded appropriately. The initial list of constructs generated was then grouped into preliminary categories of themes. Through an iterative process of constant comparison, the themes were refined throughout the transcripts analysis process. Additional sub-themes emerged through multiple reading of the transcripts and were included in the final coding scheme. The coding scheme was applied to the transcripts to explore religion, regional context and dynamics of household decision-making.

3.4.6 Ethical Considerations

Ethical clearance was sought from the North-West University (Mafikeng campus) Institutional Review Board (IRB) (see annexure A). Permission was also sought from community leaders in the study areas in Ghana. The study further sought the consent of participants by explaining the main purpose of the study to the participants, the possible risks or discomfort, benefits, confidentiality, and compensation. Participants were duly informed of the voluntary nature of the study and that they had the right to leave the study at any time during the interview (see annexure B).

3.4.7 Limitations of the Study

The results of the present study need to be interpreted with caution, taking into consideration some limitations. A potential limitation is that there was a time gap of about six years between the conduct of the quantitative survey (2008 Ghana Demographic and Health Survey) and the qualitative data collection in December 2014/January 2015. In the strict dictates of explanatory sequential mixed-method, it is prescribed that the sample for the qualitative data collection be selected from the quantitative sample, which was not possible in this case (Creswell, 2013). Further, migration usually leads to the diffusion of ideas, which can have implications for gender power relation in household decision-making. However, the present study did not have information to interrogate this issue. These limitations notwithstanding, the findings and conclusions of this study hold true. It is also worth noting that other studies have also used this approach (for example Agadjanian & Ezeh, 2000; Hatzold et al., 2014).

3.5 Conclusion

This chapter looked at the methods of data collection and analyses used in this research, which included the research design and the justification for using the mixed-method approach. The chapter also outlined the details of the quantitative and qualitative procedures. Using the mixed-methods approach, the present study can assess in detail the factors that influence women's autonomy in household decision-making as well as men's attitudes towards women's autonomy in household decision-making.

CHAPTER 4: PREDICTORS OF WOMEN'S AUTONOMY

4.1 Introduction

This chapter examines the socio-demographic predictors of women's autonomy in the context of religion and regional context in Ghana. The analyses in this chapter are in two stages. The first level analysis looks at the predictors of women's autonomy in household decision-making among all women in the sample. For this level of analysis, the univariate analyses of the socio-demographic variables, women's autonomy as well as the indicators of women's autonomy—daily household needs, major household purchases, health care, visiting family or relatives and number of children to have—are assessed using frequencies and means. What is further considered are the relationships between each of the socio-demographic variables, the indicators of women's autonomy and women's autonomy using bivariate correlations. Following this, is the examination of the net effects of the socio-demographic variables on each of the indicators of women's autonomy using the logistic regression model. The logistic regression model is necessitated by the fact that each of the indicators of women's autonomy in household decision-making is dummy coded into; 0 = does not participate and 1 = participate. Further, the effects of the socio-demographic variables on women's autonomy (summary measure of women's autonomy) are investigated using the complementary log-log regression model because the outcome variable is highly disproportionate (summary measure of women's autonomy in household decision-making⁶; not autonomous (0) = 5.11% and autonomous (1) = 94.89%).

The second level analysis examines the influence of religion on women's autonomy in household decision-making across regional context. Thus, the sample is restricted to women affiliated to the same religion together with their partners (women in non-mixed religious unions). At the first stage of this level, the socio-demographic characteristics of these women are examined by religion and regional context using frequencies and means. In the second stage, the influence of religion on the indicators of women's autonomy in household decision-making is examined using logistic regression controlling for other factors. Finally, the influence of religion on women's autonomy in household decision-making (summary measure of women's autonomy) across regional context is examined using the complementary log-log regression model (not autonomous (0) = 4.67% and autonomous (1) = 95.33%).

⁶ For the construction of the summary measure of women's autonomy in household decision-making, see section 3.3.3.1.

4.2 Characteristics of Women in the Sample and Women's Autonomy

The sample for this study is 1,873 couples out of the 1,883 couples interviewed in the 2008 Ghana Demographic and Health Survey (GDHS). Table 4.1 below presents the descriptive characteristics of all women in the sample. The table shows that close to eight in ten (77%) of women in the sample are in southern Ghana and about a fourth in northern Ghana (23%). The average age of women in the sample is 32.63 years (SD = 7.85) and across regional context it is about the same (mean age, 32 years). The average number of children is 3.00 (SD = 1.95), with the average of both sexes being the same (daughters, mean = 1.54 and sons, mean = 1.54). The dominance of the Christian faith in Ghana is evident in this sample as Christians constitute the highest proportion (72.02%), about one-fifth (18%) profess the Islamic faith, six percent (6.07%) of the women profess the Traditionalist/Spiritualist faith and four percent (3.91%) reported no religious affiliation. By regional context, the proportion of Christians is highest (84.46%) in southern Ghana, in northern Ghana however, the proportion of Muslims is the highest (45.71%). Slightly over a third (33.14%) of the women in the sample have never attended school and 45% of them have attained secondary education and beyond. However, the percentage of women with secondary education was lower in Northern Ghana (10.06%) compared to Southern Ghana (55.62%). More than half (58.66%) of the women reside in rural areas and eight out of ten (81%) earn wages. A little more than eight in ten (83%) of them are in monogamous unions and 45% are matrilineal (Table 4.1).

In general, 94.89% of women in the sample are autonomous, but the proportion is slightly higher in northern Ghana (97.31%) compared to southern Ghana (94.16%). Regarding the indicators of women's autonomy in household decision-making, sixty percent of women participate in decisions regarding major household purchases, and the proportion of such women is higher in southern Ghana (62.65%) compared to northern Ghana (51.61%). Close to eight out of ten (78%) participate in purchases for daily household use and this is about the same (78%) across regional context. A little more than two-thirds (68%) participate in decisions regarding their own health care. About eight in ten of the women participate in decisions regarding freedom of movement (83%). This is almost the same (83%) across regional context. Almost 80% of the women participate in decisions about the number of children to have (79%).

From the qualitative results, women generally participated in household decision-making. Some women in the study noted that:

Before he does anything, he tells me and I also do the same, always. (Tamale, Muslim woman)

My husband and I, we make decisions together, if there is anything to be decided on, we decide together. He brings what he thinks, I bring what I think and we come to a final decision, we discuss it and decide what to do. (Accra, Christian woman)

Even though women generally participate in household decision-making across various domains, the proportion of women who take part in household decision-making regarding major household purchases is the lowest (60%), because it is usually the prerogative of men in the Ghanaian context. However, the quantitative analysis revealed that a relatively low proportion of women participate in household decision-making regarding their own health care. It also emerged from the qualitative data analysis that women took their own health care lightly. This coincided with the relatively low (67.80%) levels of women who participate in decisions regarding their own health care. The qualitative findings show that men, upon realising that their partners were not feeling well, compelled them to seek health care. This was common across women of various backgrounds.

At times, I will be feeling lazy to go, and he will say you are not feeling well so go to hospital; he will force me to go. (Tamale, Muslim woman)

On health, anytime am sick he takes me to the hospital. Even when I still want to manage the sickness at home and he sees that am not well he takes me to the hospital. (Tamale, Traditionalist woman)

I can decide not to go to the hospital when I am pregnant. But if the man [husband] says I should go, I cannot decline. (Accra, Christian woman)

Table 4.1: Descriptive statistics of women in the study sample

Variables	Southern context		Northern context		Total	
	Number (Min-Max)	% or M (SD)	Number (Min-Max)	% or M (SD)	Number (Min-Max)	% or M (SD)
<i>Continuous variables</i>						
Age	(17-49)	32.84 (7.81)	(15-49)	31.91 (7.92)	(15-49)	32.63 (7.85)
Number of daughters	(0-7)	1.50 (1.30)	(0-6)	1.68 (1.41)	(0-7)	1.54 (1.33)
Number of sons	(0-7)	1.50 (1.32)	(0-6)	1.69 (1.34)	(0-7)	1.54 (1.33)
<i>Categorical variables</i>						
Religion						
Christian (Ref.)	1,178	84.46	131	30.95	1,309	72.02
Muslim	134	9.61	193	45.71	327	18.00
Traditionalist/Spiritualist	30	2.18	80	18.88	110	6.07
No religion	52	3.74	19	4.47	71	3.91
Education						
No education (Ref.)	282	20.21	320	75.81	602	33.14
Primary	337	24.17	60	14.13	397	21.84
Secondary+	776	55.62	43	10.06	818	45.03
Place of residence						
Rural (Ref.)	664	47.60	87	20.67	1,066	58.66
Urban	731	52.40	335	79.33	751	41.34
Economic status						
Earn wages (Ref.)	1,280	91.75	294	69.63	1,468	80.77
Does not earn wages	115	8.25	128	30.37	349	19.23
Marriage type						
Monogamous (Ref.)	1,231	88.26	283	66.93	1,514	83.30
Polygynous	164	11.74	140	33.07	303	16.70
Lineage						
Matrilineal (Ref.)	819	58.72	8	1.97	827	45.53
Patrilineal	576	41.28	414	98.03	990	54.47
<i>Household decision-making items</i>						
Participate in:						
Major HH purchases	874	62.65	218	51.61	1,092	60.08
Daily HH purchases	1084	77.69	329	77.78	1,412	77.71
Own health care	944	67.69	288	68.15	1,232	67.80
Freedom of movement	1154	82.74	351	83.09	1,505	82.82
Number of children to have	1140	81.70	301	71.22	1,440	79.26
<i>Summary measure of women's autonomy</i>						
Women's autonomy						
Not autonomous	81	5.84	11	2.69	93	5.11
Autonomous	1313	94.16	411	97.31	1,724	94.89
Total (Weighted)	1,395	76.76	422	23.24	1,817	100.00

Source of data: GDHS, 2008

4.2.1 Bivariate Analysis

Table 4.2 presents the results of bivariate correlations between all the variables utilised in this chapter. For all the indicators of women's autonomy in household decision-making, zero (0) is indicative of no participation in household decision-making, whilst one (1) is indicative of participation. With women's autonomy, zero (0) means a woman is not autonomous and one (1) means a woman is autonomous. Thus, positive correlations indicate participation in household decision-making and vice versa.

From Table 4.1, the correlation coefficients show that, compared to Christian women (reference category), Muslim (-0.06) and women with no religious affiliation (-0.04) are associated with no autonomy, while Traditionalist/Spiritualist (0.06) women are associated with being autonomous. Increase in age (0.07) is associated with being autonomous and northern women (0.06) are also associated with being autonomous compared to southern women (reference category).

The results show that while Muslim women are not associated with participation in all the indicators of women's autonomy, Traditionalist/Spiritualist are associated with participation in decision-making in all the indicators of women's autonomy, except in decision-making regarding number of children to have (-0.07). The correlations between no religion and all the indicators of women's autonomy are weak, inconsistent and are not significant. The correlations between northern context and major household purchases, daily household purchases and health care are almost non-existent. However, in terms of major household purchases (-0.10) and number of children to have (-0.12), northern women are associated with no participation.

Age has a significant and positive correlation with all the indicators of women's autonomy in household decision-making, showing that every additional year of age is associated with participation in all the indicators of women's autonomy. As far as education is concerned, the correlation between primary education and the dimensions of women's autonomy are weak and inconsistent. Nevertheless, secondary⁺ level of education is correlated significantly and positively with all the indicators of women's autonomy. Indicating that secondary⁺ level of education is associated with participation in all the indicators of women's autonomy. Urban women reflect consistent association with participation in all the dimensions of women's autonomy, while women who are not earning wages, polygynous and non-matrilineal women consistently show to be associated with no participation in all the indicators of women's autonomy in household decision-making.

The bivariate relationships between the socio-demographic characteristics and the indicators of women's autonomy as well as women's autonomy are to a large extent consistent and in the expected direction. In addition, none of the correlation coefficients are close to 0.8 (the cut off rule of thumb for high correlation), indicating that there are no issues with multicollinearity.

Table 4.2: Bivariate correlations: women⁷

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
1: Women's autonomy	1																			
2: Major HH purchases	.28*	1																		
3: Daily HH purchases	.43*	.46*	1																	
4: Health care	.34*	.43*	.41*	1																
5: Freedom of Movement	.51*	.29*	.36*	.34*	1															
6: No. of children to have	.45*	.24*	.25*	.26*	.38*	1														
7: Muslim	-.06*	-.09*	-.11*	-.08*	-.08*	-.09*	1													
8: Trad/Spiritualist	.06*	.02	.05*	.08*	.04	-.07*	-.12*	1												
9: No religion	-.04	.00	-.01	-.03	.01	-.00	-.09*	-.05*	1											
10: North	.06*	-.10*	.00	.00	.00	-.12*	.40*	.30*	.02	1										
11: Age	.07*	.12*	.13*	.09*	.09*	.07*	-.05*	.03	.02	-.05*	1									
12: Number of sons	.01	-.01	.03	.02	.02	.01	-.02	.09*	.05*	.06*	.43*	1								
13: Number of daughter	.01	.02	.03	.02	.03	-.03	.01	.10*	.05*	.04	.44*	.13*	1							
14: Primary education	-.06*	-.00	-.03	.02	-.07*	-.04	-.04	-.07*	.07*	-.10*	-.07*	.03	.03	1						
15: Secondary+	.08*	.12*	.08*	.06*	.08*	.13*	-.21*	-.20*	-.13*	-.39*	.00	-.17*	-.18*	-.48*	1					
16: Urban	.02	.07*	.04	.07*	.05*	.04	.06*	-.18*	-.09*	-.23*	.02	-.18*	-.15*	-.09*	.34*	1				
17: Not earning wages	-.12*	-.06*	-.17*	-.08*	-.14*	-.19*	.26*	.03	-.01	.18*	-.19*	-.09*	-.08*	-.04	-.07	.01	1			
18: Polygynous	-.07*	-.08*	-.02	-.04	-.07*	-.10*	.17*	.14*	.09*	.24*	.11*	.08*	.09*	-.01	-.20*	-.18*	.01	1		
19: Patrilineal	-.08*	-.11*	-.05*	-.10*	-.09*	-.13*	.38*	.19*	.04	.48*	-.08*	.06*	-.01	-.05*	-.35	-.15*	.15*	0.22*	1	

*Significant at $p < .05$ level

Source of data: GDHS, 2008

⁷ For the reference groups of the categorical variables (religion, regional context, education, residence, economic status, marriage type and lineage), see Table 4.1.

4.2.2 Predictors of the Indicators of Women's Autonomy

Table 4.3 presents the odds ratios and confidence intervals of logistic regression models predicting the indicators (daily household purchases, major household purchases, own health care, visiting family or relatives and number of children to have) of women's autonomy in household decision-making. The Models show the effects of women's socio-demographic characteristics on the indicators of women's autonomy in household decision-making among all women in the sample. In all the models, the goodness-of-fit tests (Hosmer-Lemeshow goodness of fit test and linktest) indicate that all the models fit the data well.

Table 4.3 shows that the odds of Traditionalist/Spiritualist women participating in major household purchases (97% higher) and daily household purchases (80% higher - significant at $p < 0.1$) are higher compared to Christian women. The odds of Muslim women participating in daily household purchases are 38% lower compared to Christian women. However, women with no religion are not significantly different from Christian women. Whereas the odds of Traditionalist/Spiritualist women participating in decisions concerning health care is 179% higher than Christian women, Muslim women and women with no religious affiliation are not significantly different from Christian women.

Northern women compared to southern women are more likely to participate in household decision-making regarding daily household purchases, seeking health care services and freedom of movement. From Table 4.3, the odds of northern women participating in decision-making concerning daily household purchases, seeking health care services and freedom of movement are 86%, 78% and 89% higher than southern women respectively. However, northern women compared to southern women are not significantly different in decision-making with respect to major household purchases and number of children to have. For every unit increase in age, the odds of a woman participating in major household purchases, daily household purchases, health care, freedom of movement and number of children to have increase by 4%, 4%, 3%, 2% (significant at $p < 0.1$) and 3% (significant at $p < 0.1$) respectively (Table 4.3).

The results indicate that the odds of women with primary education and secondary⁺ education, compared to women with no education participating in major household purchases, is 43% and 66% higher respectively. Regarding daily household purchases the odds of women with secondary⁺ education compared to women with no education is 62% higher. However, women with primary education are not significantly different from women with no education. With regard to seeking health care services, women with primary education and women with secondary⁺ education compared to women with no education, the odds are 52% higher for the former and 39% higher for the latter.

The odds of women with secondary⁺ education participating in decisions about the number of children to have are 50% higher compared to women with no education. Place of residence is significantly associated with women's decision-making with regard to seeking health care. Residing in an urban setting increases the odds of a woman participating in decisions about health care by 40% compared to their counterparts in rural settings.

Women who are not earning wages are significantly less likely to participate in all the domains of household decision-making with the exception of decision-making regarding major household purchases. Polygynous women are less likely to participate in decision-making on major household purchases (OR, 0.69), freedom of movement (OR, 0.61) and number of children to have (OR, 0.62) than monogamous women. Non-matrilineal women are less likely to participate in household decision-making on seeking health care (OR, 0.67), freedom of movement (OR, 0.66) and number of children to have (OR, 0.73 - significant at $p < 0.1$) than matrilineal women. Additionally, the results show that for every additional son, the odds of a woman participating in decision-making on major household purchases decreases by 10% (significant at $p < 0.1$). The odds of a woman participating in decision-making on number of children to have decrease by 13% for every additional daughter.

Table 4.3: Predictors of the indicators of women's autonomy in the study sample

	MHH		DHH		HC		MV		NC	
	OR	CI	OR	CI	OR	CI	OR	CI	OR	CI
Religion ^{Christian}										
Muslim	0.97	[0.68,1.41]	0.62*	[0.43,0.91]	0.81	[0.56,1.17]	0.84	[0.53,1.32]	1.06	[0.72,1.55]
Traditionalist/Spiritualist	1.97*	[1.15,3.38]	1.80+	[0.95,3.40]	2.79***	[1.59,4.87]	1.69	[0.87,3.27]	0.80	[0.49,1.29]
No religion	1.33	[0.83,2.15]	0.90	[0.50,1.61]	0.89	[0.54,1.47]	1.51	[0.78,2.93]	1.21	[0.66,2.22]
Regional context ^{South}										
North	0.97	[0.68,1.40]	1.86**	[1.24,2.79]	1.78**	[1.23,2.59]	1.89**	[1.20,2.97]	1.03	[0.71,1.50]
Age	1.04***	[1.03,1.06]	1.04***	[1.02,1.07]	1.03**	[1.01,1.04]	1.02+	[1.00,1.05]	1.03+	[1.00,1.05]
Education ^{No education}										
Primary	1.43*	[1.04,1.96]	1.25	[0.84,1.87]	1.52*	[1.09,2.12]	0.78	[0.53,1.13]	0.95	[0.65,1.38]
Secondary ⁺	1.66**	[1.17,2.36]	1.62*	[1.11,2.36]	1.39*	[1.00,1.94]	1.24	[0.82,1.89]	1.50*	[1.03,2.20]
Residence ^{Rural}										
Urban	1.09	[0.80,1.47]	1.23	[0.88,1.72]	1.40*	[1.01,1.94]	1.28	[0.90,1.81]	0.92	[0.66,1.28]
Economic status ^{Earn wages}										
Does not earn wages	0.90	[0.65,1.24]	0.47***	[0.33,0.67]	0.73+	[0.52,1.02]	0.46***	[0.32,0.65]	0.39***	[0.27,0.56]
Marriage type ^{Monogamous}										
Polygynous	0.69**	[0.52,0.91]	0.88	[0.64,1.21]	0.84	[0.63,1.11]	0.61**	[0.42,0.86]	0.62**	[0.45,0.85]
Lineage ^{Matrilineal}										
Non-matrilineal	0.84	[0.63,1.11]	0.98	[0.71,1.35]	0.67**	[0.50,0.88]	0.66*	[0.46,0.97]	0.73+	[0.53,1.01]
Number of sons	0.90+	[0.80,1.01]	0.95	[0.82,1.10]	0.98	[0.87,1.10]	0.99	[0.85,1.15]	0.98	[0.85,1.13]
Number of daughters	0.95	[0.85,1.06]	0.96	[0.84,1.10]	0.97	[0.86,1.09]	1.00	[0.87,1.15]	0.87*	[0.76,1.00]
Total (Weighted)	1817		1817		1817		1817		1817	
H-L GOF test	0.93		0.69		0.79		0.84		0.85	
Linktest										
Hat	0.00		0.01		0.00		0.12		0.01	
Hatsq	0.60		0.84		0.24		0.79		0.79	

Exponentiated coefficients; 95% confidence intervals in brackets []; reference category in curly brackets { }

+ p<.1, * p<.05, ** p<.01, *** p<.001

Note: DHH - daily household purchases, MHH- major household needs, HC- own health care, MOV- visiting family or relatives and NC- number of children to have

Source of data: GDHS, 2008

4.2.3 Predictors of Women's Autonomy

Table 4.4 show the results of the complementary log-log regression analyses predicting women's autonomy (summary measure of women's autonomy) among all women in the study sample. There are seven Models shown in Table 4.4. The first Model (M1) in each category examines only the effect of religion on women's autonomy and by regional context (south and north). The second Model (M2) for all women examines the effect of religion and regional context on women's autonomy. The third Model (M3) for all women examines the effect of religion and regional context on women's autonomy controlling for socio-demographic characteristics. In Model 2 (M2), with respect to south and north examines the effect of religion on women's autonomy in household decision-making across regional context. The goodness-of-fit test (Linktest) shows that the models fit the data well.

From all the first Models (M1's) in Table 4.4, the results show that religion is significantly related to women's autonomy when no other variables are controlled. In general, Muslim women and women with no religious affiliation are significantly less likely to be autonomous compared to Christian women. Traditionalist/Spiritualist women, however, consistently show to be more likely to be autonomous compared to Christian women except in the south where they were dropped because of perfect prediction. For example, in Model 1 (M1) among all women, the results show that Muslim women (OR, 0.83 - significant at $p < 0.1$) and women with no religious affiliation (OR, 0.77 - significant at $p < 0.1$) are significantly less likely to be autonomous compared to Christian women. However, Traditionalist/Spiritualist (OR, 2.28) women are significantly more autonomous compared to Christian women. In the second Model (M2) among all women, when regional context is included in the model, both variables (religion and regional context) are significantly related to women's autonomy.

From Model 3 (M3) among all women in Table 4.4, Muslim women and women with no religious affiliation are not significantly different from Christian women. In contrast, Traditionalist/Spiritualist women (OR, 2.28) are still significantly more autonomous than Christian women. Model 2 (M2) in the south and north, indicates that while religion is not significantly related to women's autonomy in southern Ghana, it is related to women's autonomy in the northern setting (note that Traditionalist women were dropped in the south). The results show that whereas Muslim women and women with no religious affiliation are not significantly different from Christian women, Traditionalist/Spiritualist women are significantly more autonomous (OR, 1.68) than Christian women. From Model 3 (M3) among all women, northern women are significantly more likely to be autonomous than women in the southern context (OR, 1.91).

The results show that for every unit increase in the age of a woman the odds of being autonomous increases by 1% among all women, 1% (significant at $p < 0.1$) in the south and 2% (significant at $p < 0.1$) in the north. While women with primary level education are not significantly different from women with no education, women with secondary⁺ education are more likely to be autonomous than women with no education among all women and in the southern context. Education is not significantly related to women's autonomy in the northern context. Place of residence is not significant in differentiating women with regard to women's autonomy. The invariance may be due to the diffusion/convergence of "modern" values between urban and rural areas.

Participating in wage-earning economic activity is significantly related to women's autonomy among all women and in the southern context. It is only marginally related to women's autonomy in the north. Among all women, the odds of women who do not participate in wage earning labour being autonomous is 32% lower compared to women who are in wage earning labour. While the odds of being autonomous in the southern context is 34% lower for women who are not earning wages, it is 24% lower in the northern context (significant at $p < 0.1$) compared to women who are earning wages.

Even though marriage type is significantly related to women's autonomy among all women and in the southern context, it is not the case with women's autonomy in the northern context. This is illustrated by the fact that the odds of being autonomous for women in polygynous unions is 24% lower compared to women in monogamous unions. In the south, the odds of women in polygynous unions being autonomous are lower by 28% compared to their counterparts in monogamous unions. Lineage is also related to women's autonomy. The odds of non-matrilineal women being autonomous are lower by 20% compared to matrilineal women among all women and lower by 19% in the south. Number of sons and number of daughters are not significantly related to women's autonomy.

Note: In Table 4.4, the totals for south and north dropped from 1395 to 1364 and 422 to 414 respectively because some of the cases were dropped because of perfect prediction.

Table 4.4: Odds ratios of complementary log-log regression predicting women's autonomy in the study sample⁸

	All women					Southern women			Northern women		
	M1	M2		M3		M1	M2		M1	M2	
	OR	OR	CI	OR	CI	OR	OR	CI	OR	OR	CI
Religion ^{Christian}											
Muslim	0.83+	0.70**	[0.55,0.89]	0.87	[0.68,1.11]	0.68*	0.86	[0.63,1.18]	0.75+	0.87	[0.62,1.22]
Traditionalist/Spiritualist	2.28***	1.87***	[1.33,2.64]	2.28***	[1.48,3.51]	—	—		1.59*	1.68*	[1.02,2.77]
No religion	0.77+	0.72*	[0.55,0.96]	0.93	[0.72,1.21]	0.74+	1.01	[0.75,1.36]	0.70	0.76	[0.46,1.25]
Regional context ^{South}											
North		1.46**	[1.12,1.88]	1.91***	[1.45,2.53]						
Age				1.01*	[1.00,1.03]		1.01+	[1.00,1.03]		1.02+	[1.00,1.03]
Education ^{No education}											
Primary				1.00	[0.80,1.26]		1.02	[0.79,1.31]		1.06	[0.71,1.58]
Secondary+				1.31*	[1.03,1.66]		1.36*	[1.06,1.75]		0.96	[0.55,1.68]
Residence ^{Rural}											
Urban				1.06	[0.88,1.28]		1.07	[0.87,1.31]		1.00	[0.63,1.59]
Economic status ^{Earn wages}											
Does not earn wages				0.68***	[0.57,0.81]		0.66***	[0.54,0.82]		0.76+	[0.57,1.02]
Marriage type ^{Monogamous}											
Polygynous				0.75**	[0.62,0.91]		0.72**	[0.56,0.91]		0.80	[0.59,1.10]
Lineage ^{Matrilineal}											
Non-matrilineal				0.80*	[0.67,0.95]		0.81*	[0.68,0.96]		—	
Number of sons				0.97	[0.88,1.06]		0.95	[0.85,1.07]		1.02	[0.90,1.15]
Number of daughters				0.97	[0.90,1.04]		0.96	[0.88,1.04]		1.03	[0.92,1.16]
Total (Weighted)	1817	1817		1817		1364	1364		414	414	
Linktest											
Hat	0.46	0.16		0.01		0.94	0.16		0.74	0.01	
Hatsq	1.00	0.64		0.44		1.00	0.99		1.00	0.07	

Exponentiated coefficients; 95% confidence intervals in brackets []; reference category in curly brackets { }

+ p<.1, * p<.05, ** p<.01, *** p<.001; “—“ dropped because of perfect prediction

Source of data: GDHS, 2008

⁸ Confidence Intervals are not shown for the first Model in each category because of space.

4.3 Characteristics of Women by Religion and Regional Context

As indicated in section 4.1, in order to examine the influence of religion on women's autonomy across regional context, only women who profess the same religion as their partners are considered⁹ in this section. In general, about nine in ten (88.54%) of the women in southern Ghana are in Christian unions, almost one in ten (10.50%) are in Muslim unions and less than one percent (0.95%) in Traditionalist/Spiritualist unions. In northern Ghana, 56.73% of the women are in Muslim unions, almost one-quarter (24.04%) in Christian unions and about one-fifth (19.23%) in Traditionalist/Spiritualist unions (Table 4.5).

Table 4.5 shows that on the average, the age of southern women is about a year higher than that of northern women. Women in Traditionalist/Spiritualist unions compared to their counterparts are older both in the southern context (mean age, 34.56) and in the northern context (mean age, 33.03). While on average women in Christian unions and in Muslim unions have three (3) children, women in Traditionalist/Spiritualist unions have four (4), which is the highest within and across the two regional context.

The proportion of women who have never attended school is highest among Traditionalist/Spiritualist women in the northern context (95.45%). Furthermore, the proportion of women with secondary⁺ level of education is highest among southern Christians (61.87%). Higher proportions of women across religion and regional context are in rural areas with the exception of southern women in Muslim unions who have about two thirds (64.24%) of their population in urban areas. A higher proportion of southern women compared to northern women are living in urban areas. A higher proportion of women in Muslim unions in both settings (south 64.24% and in north 37.39%) compared to women in Christian and Traditionalists/Spiritualists unions are in urban areas. Generally, women across religion and regional context are wage earners. However, higher proportions of women in the south compared to women in the north earn wages. Comparing across religion in both contexts, the highest proportion of women who do not earn wages are women in Muslim unions (southern Muslims, 33.87% and northern Muslims, 45.49%). It is also worth noting that all Traditionalists/Spiritualists women in the south earn wages (100.00%).

There are religious and regional differences in marriage type. While higher proportions of women are in monogamous unions across religion and regional context, it is higher among southern women (southern Christians, 91.6% southern Muslims, 84.03% and southern Traditionalist/Spiritualist, 48.28%) compared to northern women. Within every regional context, higher proportions of women in Muslim and Traditionalists unions compared to women in

⁹ For the reasons why the data is restricted in this part of the analysis please see religion under section 3.3.3.2.2.

Christian unions are in polygynous unions. It is especially higher among Traditionalists/Spiritualists women (south, 52% and north, 43%). In the north, a higher proportion of women in Muslim (40.11%) and Traditionalist/Spiritualist (43.32%) unions are in polygynous unions as compared to women in Christian unions (9.58%). A higher proportion of matrilineal women are in the south and in Christian unions (66.53%). Non-matrilineal women constitute the highest proportions in the north and spread across the three religious groups.

A higher percentage of women in Traditionalist/Spiritualist unions are autonomous compared to their counterparts across regional context (south, 100% and north, 99.84). A lower proportion of women in Muslim unions are autonomous across regional context compared to their counterparts (south, 87.81% and north, 95.60%). Higher proportions of southern women (southern Christian-65.33%, southern Muslim-50.91% and southern Traditionalist/Spiritualist-100%) compared to northern women (northern Christian-49.19, northern Muslim-51.08 and northern Traditionalist/Spiritualist-55.26) participate in major household purchases. In both settings, women in Traditionalist/Spiritualist unions (south 100% and in the north 55.26%) compared to women in Christian unions and Muslim unions participate in major household decision-making. A higher proportion of women in Christian unions (65.33%) compared to women in Muslim unions (50.91%) participate in major household purchases in the south and in the north it is the opposite. With regard to daily household purchases, there is a marginal difference between southern and northern women, with southern women being more likely to participate in decisions regarding major household purchases. All women in Traditionalist/Spiritualist unions (100%) are autonomous in daily household purchases. In both contexts, a lower (south, 68.03 and north, 69.07) proportion of women in Muslim unions compared to their counterparts participate in daily household decision-making.

In general, the highest proportions of autonomous women are those in Traditionalist/Spiritualist unions (south, 100% and north, 100%) and lowest among women in Muslim unions (north, 88% and south, 96%). Higher percentages of northern Christian (82.11%) and northern Muslim (69.07%) women participate in daily household purchases compared to southern Christian (79.74%) and southern Muslim (68.03%) women. A higher proportion of women in Traditionalist/Spiritualist unions (south, 90.69% and north, 91.48%) compared to their counterparts participate in decision-making regarding their movement. Additionally, a lower percentage of women in Muslim unions (north 75.00% and 78.87% in the south) compared to their Christian (north 83.19% and 84.48% in the south) counterparts participate in decision-making concerning freedom of movement.

Southern women participate in decision-making pertaining to the number of children to have than northern women. In both contexts, higher percentages of women in Christian unions (south 83.42% and 76.26% in the north) compared to their Muslim counterparts participate in decisions regarding number of children to have. In the south, there is no significant difference between women in Muslim unions (75.90%) and women in Traditionalist/Spiritualist unions (76.86%) regarding decision-making concerning the number of children to have. In the north, however, women in Muslim unions (68.30%) have a slight advantage in decision-making on number of children to have than women in Traditionalist/Spiritualist unions (62.20%).

Table 4.5: Characteristics of women by religion and regional context¹⁰

Variables	Southern context			Northern context		
	Christian	Muslim	Trad./Spirit.	Christian	Muslim	Trad./Spirit.
<i>Continuous variables</i>						
Age	32.95	32.47	34.56	31.31	31.32	33.03
Number of daughters	1.44	1.62	2.42	1.50	1.55	2.12
Number of sons	1.44	1.51	1.73	1.70	1.51	1.90
<i>Categorical variables</i>						
Education						
No education	16.04	34.03	62.57	55.35	75.98	95.45
Primary	22.09	26.04	23.14	24.33	12.79	4.55
Secondary+	61.87	39.94	14.28	20.32	11.24	0.00
Place of residence						
Rural	50.22	35.76	75.55	85.27	62.61	100.00
Urban	49.78	64.24	24.45	14.73	37.39	0.00
Economic status						
Earn wages	86.43	66.13	100.00	82.51	54.51	68.30
Does not earn wages	13.57	33.87	0.00	17.49	45.49	31.70
Marriage type						
Monogamous	91.61	84.03	48.28	90.42	59.89	56.68
Polygynous	8.39	15.97	51.72	9.58	40.11	43.32
Lineage						
Matrilineal	66.53	13.34	14.28	3.95	0.56	5.11
Patrilineal	33.47	86.66	85.72	96.05	99.44	94.89
<i>Decision-making agency items</i>						
Women should participate in:						
Major HH purchases	65.33	50.91	100.00	49.19	51.08	55.26
Daily HH purchases	79.74	68.03	100.00	82.11	69.07	82.42
Own health care	70.30	60.95	100.00	70.89	60.50	83.42
Freedom of movement	84.48	75.00	90.69	83.19	78.87	91.48
Number of children to have	83.42	75.90	76.86	76.26	68.30	62.20
<i>Summary measure of women's autonomy</i>						
Women's autonomy						
Autonomous	95.62	87.81	100.00	98.39	95.60	99.84
Percent	88.54	10.50	0.95	24.04	56.73	19.23
Total (Weighted)	1067	127	11	80	189	64

Source of data: GDHS, 2008

4.3.1 Religion, Regional Context and the Indicators of Women's Autonomy

Table 4.6 shows the odds ratios and confidence intervals of logistic regression models examining the influence of religion on the indicators of women's autonomy (daily household purchases, major household purchases, own health care, visiting family or relatives and number of children to have) of household decision-making. These models assess the influence of religion on each of the indicators of women's autonomy when regional context and other socio-demographic

¹⁰ Note: Figures for the continuous variables are means and figures for the categorical variables are percentages

characteristics are controlled (among only women who profess the same religion as their husbands). In all the models, the goodness-of-fit tests (Hosmer-Lemeshow goodness-of-fit test and *linktest*) show that the models fit the data well (Table 4.6).

While women in Muslim unions are not significantly different from women in Christian unions, women in Traditionalist/Spiritualist unions compared to women in Christian unions are more likely to participate in household decision-making. Women in Muslim unions compared to women in Christian unions are only significantly less likely to participate in decision-making pertaining to daily household purchases (OR, 0.69- significant at $p < 0.1$). Women in Traditionalist/Spiritualist union compared to women in Christian union are significantly more likely to be autonomous in all the dimensions except in daily household purchases and number of children to have. The results show that the odds of women in Muslim unions being autonomous with regard to decision-making concerning daily household purchases is 31% lower (significant at $p < 0.1$) compared to women in Christian unions. The odds of women in Traditionalist/Spiritualist union participating in decision-making concerning major household purchases is 84% (significant at $p < 0.1$) higher compared to their Christian counterparts. The odds of women in Traditionalist/Spiritualist unions seeking health care and freedom of movement are 287% higher and 147% higher than women in Christian unions.

It is only in two domains (daily household purchases and seeking health care) in which northern women are marginally likely to participate in decision-making compared to southern women. The odds of northern women participating in daily household purchases and seeking health care services are 47% higher for both domains compared to southern women (all significant at $p < 0.1$). Age is significantly related to women's autonomy in household decision-making across all the domains. For every unit increase in age, the odds of a woman participating in major household purchases, daily household purchases, seeking health care, freedom of movement and number of children to have increase by 4%, 4%, 2%, 2% (significant at $p < 0.1$) and 2% (significant at $p < 0.1$) respectively.

In general, the results show that autonomy increases with increasing levels of education with the exception of decision-making regarding seeking health care. The results reveal that the odds of women with primary education and secondary⁺ education compared to women with no education participating in major household purchases are 53% and 54% higher respectively. Regarding daily household purchases, the odds of women with secondary⁺ education compared to women with no education is 52% higher, although women with primary education are not significantly different from women with no education. With regard to seeking health care services,

women with primary and secondary⁺ education compared to women with no education are 44% and 35% higher respectively.

Women in urban areas are only significantly more likely (OR, 1.36 - significant at $p < 0.1$) to participate in decisions regarding seeking health care than women in rural areas. Economic status is significantly related to women's participation in three out of five dimensions of women's autonomy with the exception of major household purchases and seeking health care. The odds of women who are not earning wages participating in daily household purchases is lower by 45%, 47% in decisions about freedom of movement and 57% in number of children to have compared to women who earn wages. Polygynous women compared to monogamous women are less likely to participate in decision-making concerning major household purchases, freedom of movement and number of children to have. In addition, non-matrilineal women compared to matrilineal women are less likely to participate in decision-making concerning major household purchases (OR, 0.77 - significant at $p < 0.1$), their own health care (OR, 0.65) and number of children to have (OR, 0.68).

Note: The totals in all the models in Table 4.6 are now 1538 because the sample has now been restricted to women who are married to men with the same religious affiliation.

Table 4.6: Odds ratios of logistic regression models predicting the indicators of women's autonomy

	MHH OR	CI	DHH OR	CI	HC OR	CI	MV OR	CI	OR	NC CI
Religion ^{Christian}										
Muslim	0.93	[0.63,1.38]	0.69+	[0.45,1.04]	0.85	[0.58,1.27]	0.86	[0.52,1.42]	1.09	[0.72,1.65]
Traditionalist/Spiritualist	1.84+	[0.91,3.75]	1.74	[0.80,3.79]	3.87** *	[1.91,7.83]	2.47*]	[1.11,5.50]	0.73	[0.40,1.32]
Regional context ^{South}										
North	0.99	[0.65,1.52]	1.47+	[0.94,2.31]	1.47+	[0.97,2.23]	1.55	[0.89,2.71]	0.89	[0.58,1.36]
Age	1.04** *	[1.02,1.06]	1.04** *	[1.02,1.07]	1.02*]	[1.00,1.04]	1.02+]	[1.00,1.05]	1.02+]	[1.00,1.05]
Education ^{No education}										
Primary	1.53*	[1.06,2.21]	1.13	[0.74,1.74]	1.44+	[0.98,2.12]	0.75	[0.50,1.12]	0.78	[0.51,1.19]
Secondary ⁺	1.54*	[1.07,2.22]	1.52*]	[1.01,2.30]	1.35+]	[0.95,1.93]	1.15]	[0.74,1.79]	1.36]	[0.89,2.08]
Residence ^{Rural}										
Urban	1.14	[0.82,1.56]	1.19	[0.84,1.69]	1.36+]	[0.96,1.91]	1.19]	[0.82,1.71]	0.85]	[0.60,1.21]
Economic status ^{Earns wages}										
Does not earn wages	0.93	[0.67,1.31]	0.55**]	[0.38,0.79]	0.82]	[0.57,1.18]	0.53* *]	[0.36,0.77]	0.43** *]	[0.30,0.62]
Marriage type ^{Monogamous}										
Polygynous	0.65**	[0.47,0.90]	0.89	[0.62,1.29]	0.82]	[0.59,1.13]	0.51* *]	[0.33,0.79]	0.57**]	[0.39,0.82]
Lineage ^{Matrilineal}										
Non-matrilineal	0.77+	[0.58,1.04]	0.9	[0.64,1.26]	0.65**]	[0.49,0.86]	0.73]	[0.49,1.10]	0.68*]	[0.48,0.96]
Number of sons	0.93	[0.82,1.06]	0.97	[0.83,1.14]	1.06]	[0.93,1.20]	1.05]	[0.89,1.24]	1.00]	[0.85,1.17]

Number of daughters	0.96	[0.85,1.08]	1.03	[0.89,1.19]	0.94	[0.82,1.06]	1.06	[0.91,1.24]	0.93	[0.79,1.09]
Total (Weighted)	1538		1538		1538		1538		1538	
H-L gof statistic	0.58		0.50		0.41		0.73		0.75	
Linktest										
Hat	0.00		0.00		0.00		0.03		0.00	
Hatsq	0.55		0.35		0.16		0.55		0.91	

Exponentiated coefficients; 95% confidence intervals in brackets []; reference category in curly brackets { };

Reference category in curly brackets {

}

+ p<.1, * p<.05, ** p<.01, *** p<.001

Note: DHH - daily household purchases, MHH- major household needs, HC- own health care, MOV- visiting family or relatives and NC- number of children to have

Source of data: GDHS, 2008

4.3.2 Religion, Regional Context and Women's Autonomy

Table 4.7 show the results of the complementary log-log regression analyses predicting the influence of religion on women's autonomy (summary measure of women's autonomy) across regional context. All the analyses on Table 4.7 are among women who are married to men of the same religious affiliation. There are seven Models shown in Table 4.7. Model 1's (M1) examines only the effect of religion on women's autonomy among all women in non-mixed religious unions and across regional context (south and north). Model 2 (M2) among all women in non-mixed religious unions (M2) examines the effect of religion on women's autonomy controlling for regional context. Model 3 (M3) in Table 4.7 examines the influence of religion on women's autonomy controlling for regional context and other variables. Model 2's in the south and north examines the effect of religion on women's autonomy among women in non-mixed religious unions taking into account other variables.

From Model 1's (M1) in Table 4.7 the results show that religion is related to women's autonomy (summary measure of women's autonomy) when other variables are not controlled. The results reveal that when no other variables are controlled, women in Muslim unions (OR, 0.82, significant at $p < 0.1$) are marginally less likely to be autonomous compared to women in Christian unions. Women in Traditionalist/Spiritualist unions compared to women in Christian unions are significantly more likely to be autonomous (OR, 2.09) (M1 in Table 4.7, all women in non-mixed religious unions). When only regional context is accounted for in Model 2 (M2, all women in non-mixed religious unions), religion is still significantly related to women's autonomy as well as regional context.

When other variables are controlled, women in Traditionalist/Spiritualist unions (OR, 1.91) are still significantly more autonomous compared to women in Christian union, while women in Muslim unions are no longer significantly different from Christian women (M3 in Table 4.7, all women in non-mixed religious unions). However, across regional context, religion is not related to women's autonomy in the south and marginally related to women's autonomy in the north, which can be explained by the fact that Traditionalist women in the south were dropped from the analysis because of perfect prediction. The results show that whereas women in Muslim unions are not significantly different form women in Christian unions, women in Traditionalist/Spiritualist unions are significantly more autonomous (OR, 1.60- significant at $p < 0.1$) than women in Christian unions (Model 2 north in Table 4.7).

In addition, Model 3 (M3) in Table 4.7 show that the odds of northern women compared to southern women being autonomous is 74% higher. Age is marginally associated with women's autonomy, showing that for every unit increase in age, a woman's autonomy increase by 1% (OR,

1.01) among all women in non-mixed religious unions, in the south by 2% (OR, 1.02), however, it is not related to women's autonomy in the north. Education and place of residence are not significantly related to women's autonomy in any comparison. However, earning wages is strongly related to women's autonomy among all women in non-mixed religious unions and in the south but marginally significant in the north. The odds of women who are not earning wages compared to women who are earning wages being autonomous are 27% lower among all women in non-mixed religious unions (M3 in Table 4.7, women in non-mixed religious unions), 29% lower in the south (M2) and 23% lower (significant at $p < 0.1$) in the north (M2). Women's autonomy is associated with marriage type, as the odds of women in polygynous unions being autonomous is 25% lower compared to women in monogamous unions among all women in non-mixed religious unions (M3 in Table 4.7). Non-matrilineal women are less (OR, 0.80) likely to be autonomous compared to matrilineal women among all women in non-mixed religious unions compared to matrilineal women (M3 in Table 4.7). Moreover, the odds of non-matrilineal women being autonomous are 18% lower in comparison with matrilineal women in the south (M3 in Table 4.7). Number of sons and number of daughters are not significantly related to women's autonomy.

Note: In Table 4.7, the totals for south and north dropped from 1205 to 1193 and 333 to 325 respectively because some of the cases were dropped due to perfect prediction.

Table 4.7: Odds ratios of complementary log-log regression predicting women's autonomy¹¹

	All women (in non-mixed religious unions)						Southern women			North women		
	M1		M2		M3		M1	M2	CI	M1	M2	CI
	OR	CI	OR	CI	OR	CI	OR	OR	CI	OR	OR	CI
Religion ^{Christian}												
Muslim	0.82+	[0.65,1.02]	0.69**	[0.52,0.91]	0.85	[0.64,1.11]	0.67*	0.84	[0.60,1.17]	0.76	0.84	[0.59,1.19]
Traditionalist/Spiritualist	2.09***	[1.51,2.88]	1.62*	[1.10,2.40]	1.91**	[1.18,3.11]	—	—		1.57*	1.60+	[0.95,2.68]
Regional context ^{South}												
North			1.42*	[1.05,1.91]	1.74***	[1.28,2.37]						
Age					1.01+	[1.00,1.03]		1.02+	[1.00,1.03]		1.01	[0.98,1.03]
Education ^{No education}												
Primary					0.87	[0.67,1.13]		0.86	[0.64,1.18]		1.03	[0.68,1.57]
Secondary ⁺					1.19	[0.91,1.56]		1.21	[0.90,1.64]		0.93	[0.52,1.67]
Residence ^{Rural}												
Urban					1.03	[0.85,1.24]		1.01	[0.82,1.25]		1.04	[0.65,1.67]
Economic status ^{Earn wages}												
Does not earn wages					0.73***	[0.61,0.87]		0.71**	[0.58,0.88]		0.77+	[0.59,1.01]
Marriage type ^{Monogamous}												
Polygynous					0.75*	[0.59,0.95]		0.68**	[0.51,0.91]		0.92	[0.60,1.40]
Lineage ^{Matrilineal}												
Non-matrilineal					0.80*	[0.66,0.97]		0.82*	[0.67,0.99]		—	
Number of sons					0.97	[0.87,1.07]		0.95	[0.84,1.08]		1.00	[0.89,1.13]
Number of daughters					1.02	[0.94,1.10]		1.01	[0.92,1.10]		1.11+	[0.99,1.24]
Total (Weighted)	1538		1538		1538		1193	1193		325	325	
Linktest												
Hat	0.61		0.27		0.00		0.02	0.05		0.81	0.19	
Hatsq	1.00		0.69		0.14		-	0.40		1.00	0.48	

Exponentiated coefficients; 95% confidence intervals in brackets []; reference category in curly bracket { }

+ p<.1, * p<.05, ** p<.01, *** p<.001

“— “ dropped because of perfect prediction

Source of data: GDHS, 2008

¹¹ Confidence Intervals are not shown for Model 1's in each category because of space

4.4 Conclusion

This chapter sought to explore predictors of women's autonomy and the influence of religion on women's autonomy in Ghana. The findings revealed that Ghanaian women are generally autonomous (94.84%). In terms of major household purchases (60%), daily household purchases (78%), decisions over their own health care (68%), freedom of movement (83%) and decisions on number of children to have (79%), high proportions of women participated in each of the indicators of women's autonomy in household decision-making. These quantitative findings corroborated with findings from the qualitative results that showed that women generally participated in household decision-making. The results also showed that different sets of factors influence women's autonomy across various domains of household decision-making in Ghana. Nevertheless, variables such as age, education, economic status were strongly related to various indicators of women's autonomy. These variables were all significantly related to four out of five domains of household decision-making. In addition, lineage type and marriage type were also important predictors of women's autonomy in three out of five domains of household decision-making. Regarding women's autonomy in Ghana, the findings of this study showed that the socio-economic factors (e.g., age, education and economic status) that conferred status on women were very important in predicting women's autonomy. Other studies also show that factors such as age, education and economic status are very important in enhancing women's autonomy (Acharya et al., 2010; Jejeebhoy & Sathar, 2001). Education and economic status are a reflection of modernisation/development that is supposed to have an impact on gender empowerment. In general, religious affiliation, regional context, age, education, economic status, marriage type and lineage are very important in influencing women's autonomy.

Among all women in the study sample (section 4.2), religious affiliation was significant in predicting women's autonomy (Table 4.4). Christian women were not significantly different from Muslim women, even across regional context (south and north). However, Traditionalist/Spiritualist¹² women compared to Christian women were significantly more autonomous (OR, 1.91). While religion does not make a difference in the south¹³, it was important in women's autonomy in the north, where Traditionalist/Spiritualist women were marginally more autonomous (OR, 1.60, significant at $p < 0.1$) than Christian women.

Given that, the influence of religious affiliation on women's autonomy could be obscured by the fact that they were in a mixed religious unions, the data was restricted to women

¹² The consistent autonomy of Traditional/Spiritualist women should be interpreted with caution considering the fact that the number was very small

¹³ This can perhaps be explained by the fact that Traditionalist/Spiritualist women were dropped in the analysis because of perfect prediction

who were affiliated to the same religion as their partners (section 4.3). This is particularly important because the dynamics of household decision-making might be different in the two scenarios. The results still showed that women's autonomy is associated with Traditionalist/Spiritualist women (OR, 1.91) compared to Christian women. However, Muslim women were not significantly different from Christian women. Within regional context, Muslim women were still not significantly different from Christian women (Table 4.7).

Regarding the indicators of women's autonomy, it is worth noting that Muslim women compared to Christian women were only significantly less likely to be autonomous in decision-making with respect to daily household purchases (Table 4.3), however, the effect waned when the effect of religion was examined among women married to men of the same religious affiliation (Table 4.6). Nonetheless, Traditionalist/Spiritualist women compared to Christian women were significantly more likely to be autonomous in decision-making regarding major household purchases, daily household purchases and seeking health care. The finding of Traditionalist/Spiritualist women being more autonomous is not supported by a related study in Ghana, which found that Traditionalists/Spiritualist women were not significantly different from the other religious groups with respect to decision-making on engaging in sexual intercourse and condom use (Darteh et al., 2014).

In the literature, attention has been on the situation of Muslim women. In the Ghanaian context, there is evidence that Traditionalist/Spiritualist women are at an advantage regarding the measures considered in this study. However, there is no difference between Christian and Muslim women with respect to women's autonomy. In addition, Darteh et al. (2014), in assessing reproductive health decision-making among Ghanaian women, found that there was no significant difference between Muslim and Christian women regarding decision-making on engaging in sexual intercourse and condom use. Other studies have also found that Muslim women are as autonomous as Christian women, once regional context and socio-demographic characteristics are taken into account (Amin & Alam, 2008; Jejeebhoy & Sathar, 2001).

Perhaps the reasons for the lack of difference between Christian and Muslim women with regard to autonomy in household decision-making is better explained through McQuillan's proposition of the relationship between religion and demographic behaviour. McQuillan (2004) argues that, for religion to influence demographic behaviour, three conditions are necessary. First, the religion in question must articulate behavioural norms that have linkages to the outcome. Second, the religious group must possess the means to communicate its teachings to its members and to enforce compliance and third, the religious groups are more likely to influence the demographic behaviours of their followers when members feel a strong sense of attachment to the religious community.

Indeed, in the Ghanaian context, religious groups have scriptural guidelines on gender relations. However, because Ghana is not under any religious laws, it makes it difficult, if not impossible to enforce compliance of religious doctrines. Certainly, religious groups have laws or constitutions that guide their activities, but this will not suffice in enforcing religious doctrines to the latter, especially when the broad civil constitution is advocating freedom of worship and human rights. With regard to the third proposition, Ghanaians are highly religious and have a strong attachment to their religious community. However, in a dynamic religious environment, it is probable that religious leaders in Ghana adapt their teaching towards prevailing norms and the constitutional provisions. Thus, religious doctrines are not enforced to the latter.

In addition, there is evidence of the effect of regional context on women's autonomy. The southern context of Ghana is relatively more developed and expected to be egalitarian and the northern context disadvantaged socio-economically (such as education and economic status) (Savannah Accelerated Development Act 805, 2010). Nevertheless, women in the northern context were more autonomous in household decision-making compared to their counterparts in the southern context (Tables 4.3, 4.4, 4.6, 4.7). The autonomy of northern women can plausibly be explained by the traditional norms and values, which are associated with male-female role ascriptions where men are the "breadwinners" and women "nurturers of children". This male-female role ascription can create an environment of non-interference, men may not interfere in women's spheres until the actions or activities of women contradict their responsibilities in the household. Hence, women in such situations get the opportunity to make household decisions by themselves (or participate). Perhaps, these traditional norms and values have waned faster in the south because of the influences of modernisation in the form of Western lifestyles and education than in the northern context. These explanations may also apply to the Traditionalist/Spiritualist women's advantage in household decision-making. In supporting this explanation, Darteh et al. (2014) found that in general, women in the three northern regions (northern, upper east and upper west regions) were more likely to participate in reproductive decision-making than women in Greater Accra region.

The results showed that as women grow older they are more likely to be autonomous. Age is one of the factors that were most consistently related to women's autonomy. This finding can be attributed to the fact that in the Ghanaian context, as women grow older they amass social advantage such as respect for their views (see e.g., Boateng & Flanagan, 2008; Darteh et al., 2014). Thus, as a result of this increase in social advantage, as women grow older they become more involved in household decision-making (also see Gupta & Yesudian, 2006).

Education is a gender-socialising subsystem that greatly influences gender attitudes and behaviour (Bussey & Bandura, 1999). Education puts women in a better position to access social

and economic resources because higher education, for instance, goes hand in hand with enlightenment. Because education is likely to enhance the status of women, it helps them develop greater confidence to participate in household decision-making through effective spousal communication (Chapagain, 2006). Thus, the expectation is that education will be positively related to women's autonomy. This study revealed that women's autonomy is strongly associated with secondary⁺ education, which indeed is one of the most consistent finding across the various indicators of women's autonomy. The findings of this study fall in line with studies in Ghana and other developing countries that show that educated women have a say in household decision-making than women with no education, especially higher levels of education (Acharya et al., 2010; Riyami et al., 2004). While among all women and women in the south, level education was strongly related to women's autonomy, education was not significant in the northern context. In fact, factors such as religion and age, economic status are the important factors that predict women's autonomy in that context (Table 4.4).

Participating in wage labour makes women self-reliant, which can influence women's decision-making power in the household. Hence, it is not surprising that economic status is very important with respect to women's autonomy. In addition, it was consistently related to women's autonomy in household decision-making. Women who were earning wages were more likely to be autonomous compared to women who were not earning wages among all women and across regional context. Similar to the findings of this study, other studies show that women in paid employment have a higher say in household decision-making than those who are not in wage earning labour (e.g., Acharya et al., 2010; Arku & Arku, 2009). In Ghana, Arku and Arku (2009) found that when women have access to financial assistance, it has the potential to change women's control over decision-making and resource allocations, thus, changing the gender power dynamics in household decision-making.

Women in monogamous unions were more likely to be autonomous compared to women in polygynous unions. In the northern context, even though marriage type is not significant, monogamous women were still more likely to be autonomous compared to women in polygynous unions. Perhaps the argument that polygyny in itself is a product of social inequality between sexes explains the consistent polygynous women's disadvantage in household decision-making compared to monogamous women (Agadjanian & Ezeh, 2000). Matrilineal women were more autonomous than non-matrilineal women. The matrilineal advantage can be attributed to the power culturally bestowed unto matrilineal women, which serve as a check on, or buffer for, gendered power in household decision-making in Ghana. Other studies in Ghana also show that lineage plays a very important role in shaping women's decision-making authority and in some cases it is

even more important than other individual-level characteristics as determinants of household decision-making authority (Boateng & Flanagan, 2008; Takyi & Dodoo, 2005).

Although the number of sons and number of daughters were not significantly related to women's autonomy in general (summary measure of women's autonomy); number of sons was significantly related to women's participation in major household purchases and number of daughters was related to women's autonomy in number of children to have. In both cases, women's autonomy decreased as number of sons and number of daughters increased. Similar to the findings of Delbiso (2013), this study also demonstrated that having fewer children is positively associated with their participation in household decision-making. A plausible explanation for this finding is that women with fewer children can easily terminate unsatisfactory relationships compared to women with larger number of children, which helps them to exercise more freedom within relationships.

CHAPTER 5: IDENTIFYING SUBGROUPS OF WOMEN BASED ON THEIR HOUSEHOLD DECISION-MAKING PATTERNS

5.1 Introduction

The previous analytical chapter (chapter 4) examined predictors of women's autonomy. It provided an understanding of the factors related to women's autonomy in household decision-making. In the present chapter, the Latent Class Analysis (LCA) approach is utilised, a statistical method for sorting cases into subgroups using multivariate categorical data. Latent Class Analysis is a person-centred approach, that identifies different and distinct patterns of behaviour within the broader population (Connell, Gilreath, & Hansen, 2009; Lanza & Rhoades, 2013). This chapter examines the underlying household decision-making pattern typologies that characterise (distinguish women into discrete subgroups) women into subgroups. The Latent Class Analysis is used to identify subgroups of women based on their participation in the five domains of household decision-making and predict class membership using the Latent Multinomial logistic regression model. This technique provides an alternative approach to the traditional approaches of examining women's autonomy in household decision-making.

5.2 Variables Selected for LCA

To identify and describe subgroups of women based on their participation in household decision-making, five observed (measured) indicators of women's autonomy in household decision-making are used. These indicators are women's participation in major household purchases, daily household purchases, and their own health care, freedom of physical movement and number of children to have. Through these observed indicators, pattern typologies that distinguish women into different discrete unobserved¹⁴ subgroups or classes of women's autonomy in household decision-making were identified. Table 5.1 shows the indicators for the Latent Class Analysis model and how they were coded for the analysis, as well as their labels.

¹⁴ The discrete subgroups are unobserved because they are not measured; they are derived from observed (measured) variables using the LCA technique.

Table 5. 1: Variables selected for the LCA modelling¹⁵

Variable in model	Code	Label
<i>Indicators of latent class</i>		
Major HH purchases	1	Participates
	2	Do not participate
Daily HH purchases	1	Participates
	2	Do not participate
Seeking health care	1	Participates
	2	Do not participate
Visiting family and relatives	1	Participates
	2	Do not participate
Number of children to have	1	Participates
	2	Do not participate

Source of data: GDHS, 2008

Predictor variables selected for associations with classes derived: The Latent Class Analysis model is usually not able to handle many independent variables. Hence, measures have to be taken to select the most important variables to examine their associations with the identified subgroups or classes. For the purpose of the present study, the variables—age, education, place of residence, economic status, marriage type and lineage—selected to see how the classes differ by other factors (i.e. the class associations), were based on two criteria. The first criterion was based on the literature (Boateng & Flanagan, 2008; Hindin, 2000; Jejeebhoy & Sathar, 2001; Takyi & Doodoo, 2005). The second criterion was empirically derived from chapter 4. Table 5.2 presents the predictor variables selected for associations with subgroups or classes derived.

Table 5. 2: Predictor variables selected for associations with classes derived

Variable in model	Code	Label
<i>Categorical covariates</i>		
Regional context	0	South
	1	North
Education	0	No education
	1	Primary
	2	Secondary ⁺
Economic status	0	Earning wages
	1	Not earning wages
Marriage type	0	Monogamy
	1	Polygyny
Lineage	0	Matrilineal
	1	Non-matrilineal
<i>Continuous covariate</i>		
Age		

Source of data: GDHS, 2008

¹⁵ Note: The coding scheme used in this chapter is different from the coding scheme used in chapter 4.

5.3 Model Selection

To determine the number of subgroups or classes of women based on their household decision-making patterns, Latent Class Analysis is conducted using the indicators of women’s autonomy in household decision-making (variables on Table 5.1) for a range of latent subgroup or classes (Table 5.3). This is done by fitting a simpler LCA model (2-class) followed by sequentially increasing the number of classes to a maximum number of classes of five. Each model has its corresponding fit statistics. Hence, to determine the number of classes that is appropriate, the G squared (G^2) statistic and the corresponding degrees of freedom are considered where necessary. In addition, the information criteria—AIC, BIC, CAIC, and aBIC—are also utilised in the selection of the appropriate model for the present study from the set of models (Lanza et al., 2007). All models are estimated using maximum likelihood and several starting values to avoid the issue of local maxima¹⁶ and to ensure all values converged to identical solutions.

Table 5.3 shows the different classes of models and their corresponding fit statistics. From Table 5.3, the drop in G^2 relative to the drop in degrees of freedom is substantial with each additional class up to the five-class model. This shows that for every additional class, the model gets better. However, the AIC and BIC values shown in Table 5.3 shows that statistically, the four-class model is the best among these models. Nonetheless, in selecting the final model in Latent Class Analysis, how well a solution (number of class model) can be interpreted is a very important consideration. That is, whether the latent subgroups or classes in a solution showed logical patterns and whether they are distinct from the other subgroups and can readily be labelled (Lanza et al., 2007; Lanza & Rhoades, 2013)¹⁷. For example, if a two-class solution is selected, can each of the two classes be easily labelled? Even though the four-class model is statistically the best model, the patterns of the solution could not be readily labelled. Hence, the three-class solution is chosen as the final model because, 1) statistically it was a better model than the two and five class models and 2) for ease of class interpretability and theoretical considerations (also see Monga et al., 2007). The rest of the analyses are therefore based on the three-class LCA model.

Table 5. 3: Indicators of fit for models with two through five latent classes

Number of classes	Df	G^2	AIC	BIC	CAIC	aBIC
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¹⁶ See LCA under section 3.3.4.2 under the subheading Latent Class Analysis (LCA) for detailed explanation.

¹⁷ Table 5.4 shows the pattern for a three-class solution.

2	20	188.9	210.9	271.8	282.8	236.8
3	14	74.7	108.7	202.8	219.8	148.8
4	8	12.6	58.6	185.9	208.9	112.9
5	2	6.8	64.8	225.4	254.4	133.2

Source of data: GDHS, 2008

Note: df – degrees of freedom; G^2 – Gamma squared; AIC – Akaike Information Criterion; CAIC – Consistent Akaike Information Criterion; BIC – Bayesian Information Criterion; aBIC – Adjusted Bayesian Information Criterion

5.4 Latent Class Probabilities and Item Response Probabilities

Table 5.4 presents estimated results of marginal and conditional probabilities from the Latent Class Analysis model for the three classes or subgroups. The marginal probabilities for the classes show the proportion of women classified into each class or subgroup. Thus, the marginal probability for Class 1 is 0.08, meaning that the women classified into Class 1 group accounted for eight percent of the sample. The corresponding figures for Classes 2 and 3 are 40% and 52% respectively.

The conditional probabilities show the probability of participation for each of the indicators of women’s autonomy across the classes (Table 5.4). In other words, Table 5.4 shows the patterns of participation in each of the indicators of women’s autonomy for each of the subgroups of women’s autonomy. The conditional probability for participation for each of the indicators of women’s autonomy in household decision-making is very low in Class 1 and very high in Class 3. In Class 1, the conditional probability for participating in major household purchases is 0.01 and 0.05 in daily household purchases. Further, the conditional probability for participating in seeking health care is 0.08, 0.11 in visiting family and relatives and 0.21 in number of children to have in Class 1. Based on the pattern of low level of participation in Class 1, it is labelled as women with “Poor” level of autonomy class. Class 2 is labelled as women who have “Average” level of autonomy because the probability of participating in decision-making concerning visiting family and relatives is 0.75 and 0.72 in number of children to have. Additionally, in Class 2, the probability of participating in decision-making regarding women’s participation in daily household purchases is 0.64, 0.42 in seeking health care and 0.30 in major household decision-making. Class 3 is labelled as women with “High” level of autonomy class because of the high level of participation in the various domains of household decision-making. The probability of participating in major household purchases is 0.87, 0.99 in daily household purchases, 0.94 in seeking health care, 0.97 visiting family and relatives and 0.93 in number children to have.

Table 5. 4: Latent class marginal and conditional probabilities for women’s autonomy in various dimensions

	Class 1-P	Class 2-A	Class 3-H
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Marginal probability	0.08	0.40	0.52
Conditional probability			
Major HH purchases	0.01	0.30	0.87
Daily HH purchases	0.05	0.64	0.99
Seeking health care	0.08	0.42	0.94
Visiting family and relatives	0.11	0.75	0.97
Number of children	0.21	0.72	0.93
Total (Weighted)	267	789	762

Source of data: GDHS, 2008

5.5 Latent Class Membership Prediction

Table 5.5 shows the results of the three-class membership prediction from the LCA model. On Table 5.5, the odds ratios and confidence intervals for the results of the latent multinomial logit model estimated from the Latent Class Analysis model are presented. It is important to note that if the 95% confidence interval for an odds ratio does not include the value 1.0, the covariate is significantly associated with an increase or decrease in odds of membership in a specific latent class relative to a reference latent class corresponding to a different level on the covariate (Lanza & Rhoades, 2013). The “Poor” level of autonomy class is treated as the reference group.

The results show that after accounting for the effects of the other variables in the model, regional context is significantly related to class membership. The results reveal that the odds of women in the northern context compared to women in the Southern context belonging to the “Average” level of autonomy class are 353% higher (CI = 2.23, 9.21) compared to being in the “Poor” level of autonomy class. However, women in the northern regional context compared to women in the southern regional context being in the “High” level of autonomy class compared to being in the “Poor” level of autonomy class is not significantly different, but shows a similar pattern.

Being in the “Average” level of autonomy class and in the “High” level of autonomy class are associated with older women. The results show that a unit increase in age, increase the odds of being in the “Average” and “High” levels of autonomy classes compared to being in the “Poor” level of autonomy by 4% (CI = 1.01, 1.07) and 7% (CI = 1.04, 1.09) respectively. As far as education goes, women with primary education compared to women with no education are not significantly different from each other. On the other hand, the odds of women with secondary+ education being in the “High” level of autonomy class compared to women with no education are 185% times higher (CI = 1.50, 5.40) compared to being in the “Poor” level of autonomy class.

Economic status is significantly related to class membership. The odds of being in the “Average” level of autonomy class relative to being in the “Poor” level of autonomy class are 68% (CI = 0.18, 0.59) lower for women who are not earning wages compared to those who are earning

wages. In addition, the odds of being in the “High” level of autonomy class relative to being in the “Poor” level of autonomy class are 69% (CI = 0.16, 0.60) lower for women who are not earning wages compared to women who are earning wages.

Marriage type is also significantly related to class membership. Polygynous women are not significantly different from monogamous women with respect to being in the “Average” level of autonomy class. However, the odds of being in the “High” level of autonomy class compared to being in the “Poor” level of autonomy class are 51% (CI = 0.30, 0.81) lower for women in polygynous unions compared to women in monogamous unions. Even though matrilineal women are more likely to be in the “Average” and “High” level of autonomy classes compared to non-matrilineal women, the differences are not significant statistically.

Table 5. 5: Results of latent multinomial logit model

	Class 1-P		Class 2-A		Class 3-H	
	OR	CI	OR	CI	OR	CI
Regional context ^{South}						
North	—	—	4.53	[2.23,9.21]	1.68	[0.65,4.32]
Age	—	—	1.04	[1.01,1.07]	1.07	[1.04,1.09]
Education ^{No education}						
Primary	—	—	1.00	[0.52,1.92]	1.53	[0.80,2.95]
Secondary ⁺	—	—	1.64	[0.84,3.22]	2.85	[1.50,5.40]
Economic status ^{Earns wages}						
Does not earn wages	—	—	0.32	[0.18,0.59]	0.31	[0.16,0.60]
Marriage type ^{Monogamous}						
Polygynous	—	—	0.62	[0.37,1.05]	0.49	[0.30,0.81]
Lineage ^{Matrilineal}						
Non-matrilineal	—	—	0.72	[0.38,1.34]	0.63	[0.36,1.10]
Total (Weighted)	267		789		762	

Exponentiated coefficients; 95% confidence intervals in []; reference category in curly brackets { }

“—” Dependent variable reference group

Source of data: GDHS, 2008

5.6 Class membership

Statistical techniques to examine class membership: Once the latent classes are identified, the chi-square test is used to determine the association between the identified classes with other

variables (variables selected to test association). The latent class membership used in the cross tabulations are exported from the LCA modelling to examine its association with the covariates (Table 5.6). In addition, One-Way Analysis of Variance procedure is used to determine whether there are any significant differences in the continuous variable (age) across the three classes. Class differences are described by comparing observed individual characteristics by classes or subgroups. Southern women dominated in all the Classes compared to their northern counterparts. The proportion of southern women is highest (85.28%) in the “High” level of autonomy class.

Education significantly varied by class. The proportion of women with no education is 40.26% in the “Average autonomy class (Class 2). With regard to the proportion of women with secondary⁺, it is the highest (55.81%) among the “High” (Class 3) level of autonomy class followed by the “Average” level of autonomy class (40.13%). While about 87% of women in the “High” level of autonomy class earn wages, 81% of women in the “Average” class earn wages and 63% of women in the “Poor” level of autonomy class earn wages.

Monogamous women dominated in all the Classes compared to their polygynous counterparts. The proportion of women in monogamous union is highest (87.42%) in the “High” level of autonomy class and about the same proportions for the “Poor” (80.21%) and “Average” (80.37%) levels of autonomy classes. The proportion of matrilineal women is highest (54.58%) in the “High” level of autonomy class and lowest (36.95%) in the “Poor” level of autonomy class. Average age of the “High” level of autonomy class (mean = 33.72, SD = 7.71) is higher than in the other two classes, followed by the mean age of “Average” level of autonomy class (mean = 32.58, SD = 7.76) and the “Poor” level of autonomy class (mean = 29.65, SD = 7.77).

Table 5. 6: Observed individual characteristics by latent class

	Class 1-P	Class 2-A	Class 3-H	Total
Regional context				85.88***
South	82.84	66.47	85.28	76.76
North	17.16	33.53	14.72	23.24

Education				<i>65.28***</i>
No education	38.58	40.26	23.86	33.14
Primary	27.02	19.61	22.33	21.84
Secondary+	34.40	40.13	53.81	45.03
Economic status				<i>74.90***</i>
Earning wages	62.67	81.32	86.53	80.77
Do not earning wages	37.33	18.68	13.47	19.23
Marriage type				<i>16.50***</i>
Monogamy	80.21	80.37	87.42	83.30
Polygyny	19.79	19.63	12.58	16.70
Lineage				<i>45.32***</i>
Matrilineal	36.95	39.68	54.58	45.53
Non-matrilineal	63.10	60.32	45.42	54.47
Mean age	29.65	32.58	33.72	32.63
Std. Dev.	7.77	7.76	7.71	7.85
<i>F</i> -statistic				<i>1.39⁺</i>
Total (Weighted)	267	789	762	1817

+ $p < .1$, * $p < .05$, ** $p < .01$, *** $p < .001$

Values in italics are Chi-square

Note: Chi-square values in italics

5.7 Conclusion

This chapter used Latent Class Analysis to examine subgroups of women derived from their participation in the domains of household decision-making considered in this study. By using LCA, a categorisation of women based on their participation in the five indicators of women's autonomy was identified in order to describe and analyse women's autonomy subgroups or classes. A three-class solution was reflective of the different subgroups of Ghanaian women based on their household decision-making patterns.

The results revealed that with respect to women's autonomy in household decision-making, Ghanaian women could broadly be categorised into three groups; "Poor", "Average" and "High" level of autonomy groups. It is not surprising that the largest proportion (52%) of Ghanaian women were classified in the "High" level of autonomy class and less than one in ten (8%) in the "Poor" level of autonomy class. Previous research found that West African women are generally independent in spite of the patriarchal system. This high level of independence of west African women has been attributed to their relative independent economic activities (Hollo, 1991).

The characteristics and factors related to women's autonomy in household decision-making was in agreement with some of the important characteristics and factors associated with women's autonomy in the literature (Acharya et al., 2010; Jejeebhoy & Sathar, 2001). The "High" level of autonomy class is mainly characterised by relatively older women, the highest proportion of women with secondary⁺ level of education, the highest proportion of women who earn wages, the highest proportion of women in monogamous unions, the highest proportion of matrilineal

women and the highest proportion in southern Ghana. Controlling for other factors, the most important factors that determine membership in the “High” level of autonomy class were age, education, economic status and marriage type.

However, regional setting and lineage were not important determinants of membership in the “High” level of autonomy class. The results showed that the odds of belonging to the “High” level of autonomy class relative to being in the “Poor” level of autonomy class was significantly higher for older women, women with secondary⁺ education, women who were earning wages and women in monogamous unions. In previous studies, utilising different approaches show that age (Darteh et al., 2014), education (Acharya et al., 2010; Boateng & Flanagan, 2008), wages or income (Arku & Arku, 2009), and monogamy (Agadjanian & Ezeh, 2000) are important predictors of women’s autonomy.

Regarding the “Average” level of autonomy class, it was largely characterised by relatively older women, but a year younger than the “High” level of autonomy class, an appreciable proportion of women with no education (40.26%) and secondary⁺ education (40.13%). In addition, the “Average” level of autonomy class is defined by a high proportion of women who earn wages, women in monogamous unions, but not as high as Class 3 (“High” level of autonomy class), non-matrilineal women and women in southern Ghana, with the highest proportion of women in the northern context. Holding other variables constant, the most important factors that determined membership in the “Average” level of autonomy class were regional context, age and economic status.

However, education, marriage type and lineage were not important determinant of membership in the “Average” level of autonomy class. The odds of belonging to the “Average” level of autonomy class relative to being in the “Poor” level of autonomy class was significantly higher for women in the northern context, positively associated with age and women who were earning wages. Regarding the “Poor” level of autonomy class, which was the reference group for the model, it was largely characterised by relatively younger women, not as old as women in other classes (about 3 years younger) and women with no education (38.58%). In addition, the “Poor” level of autonomy class was characterised by a higher proportion of women who earned wages but with the highest proportion who were not earning wages across classes, women in monogamous unions, but not as high as the other classes, non-matrilineal women and in southern Ghana.

CHAPTER 6: PREDICTORS OF MEN'S ATTITUDES TOWARDS WOMEN'S AUTONOMY

6.1 Introduction

This chapter examines the socio-demographic predictors of men's attitudes towards women's autonomy and the influence of religion on men's attitudes towards women's autonomy in Ghana. The analyses for this chapter are in two parts. In the first part, frequencies and means are used to describe the socio-demographic characteristics of men and the indicators of men's attitudes towards women's autonomy—daily household needs; major household purchases; visiting family or relatives and number of children to have. This is followed by assessing the bivariate relationships between the variables used in the analyses of the chapter using bivariate correlations. Third, the logistic regression model is used to examine the net effects of the predictor variables on each of the indicators of men's attitudes towards women's autonomy. The logistic regression model is used because each of the indicators of men's attitudes towards women's autonomy in household decision-making is a dummy variable; 0 = should not participate and 1 = should participate. In addition, the complementary log-log regression model is used to examine the net effects of the predictor variables on men's attitudes towards women's autonomy (summary measure of men's attitudes towards women's autonomy). The complementary log-log regression model is appropriate in this context because the dependent measure is highly disproportionate (men's attitudes towards women's autonomy; should not be autonomous (0) = 5.17% and should be autonomous (1) = 94.83%). The analysis in the first part of this chapter is among all men in the study sample (section 6.2).

In the second part of the analysis in this chapter, the relationships between religion and men's attitudes towards women's autonomy in household decision-making are assessed across regional context. To do this, the data is limited to men who are affiliated to the same religion as their partners to examine the effect of religion on men's attitudes towards women's autonomy in household decision-making across regional context (section 6.3). The exploration begins with using frequencies and means to assess the socio-demographic characteristics of men by religion and regional context. This is followed by assessing the influence of religion and regional context controlling for socio-demographic characteristics on the indicators of men's attitudes towards women's autonomy in household decision-making using the binary logistic regression technique. Lastly, taking other variables into account, the influence of religion on men's attitudes towards women's autonomy (summary measure of men's attitudes towards women's autonomy) across regional context is assessed. This is done using the complementary log-log regression model

(men's attitudes towards women autonomy in household decision-making; should not be autonomous (0) = 5.19% and should be autonomous (1) = 94.81%)¹⁸.

6.2 Characteristics of Men in the Sample and Men's attitudes towards Women's Autonomy

As indicated in chapter 4, the sample on which the present study is based is 1,873 couples (total number of couples interviewed was 1,883 couples). However, when the data is weighted the total sample comes up to 1,817. Seventy seven percent (77%) of the sample of men are in the south and 23% in the north. The mean age of men in the study sample is 39.23 years (SD = 9.02), ranging from 18 to 59 years and it is the same across regional context (Table 6.1). The average number of sons and daughters are about the same among these men (daughters, mean = 1.92 and sons, mean = 1.97). Approximately seven in ten (66.31%) of men in the sample are Christian and close to one-fifth (19.29%) are Muslim. Eight percent (8.44%) are affiliated to the Traditionalist/Spiritualist faith and six percent (5.96%) reported that they had no religious affiliation. Eighty percent (80%) of men in the south are Christian and the highest (22%) proportion of men in the north is Muslim. More than one-fifth (23.73%) of men in the sample have never attended school and about one in ten (11.98%) have attained primary education and 64.30% of the men have attained secondary⁺ education. By regional context, men who have never attended school is highest in the north (63%) compared to the south (12%). More than half (58.66%) of the men live in rural areas and almost nine in ten (86.61%) of them are earning wages. Majority (85.77%) of men are in monogamous unions and 44% of the men are matrilineal.

Men generally indicated that women should be autonomous (94.83%). Across regional context, 96.76% of southern men and 91.22% of northern men indicated that women should be autonomous. Concerning the indicators of men's attitudes towards women's autonomy in household decision-making, about half (49.32%) of the men indicated that women should participate in decision-making pertaining to major household purchases. This is higher in the south (50%) than in the north (46%). A little more than seven in ten (73.73%) indicated that women should participate in decision-making regarding daily household purchases. Men in the north (79%) are more accepting of women participating in decision-making regarding daily household purchases than men in the south (72%). Almost seven in ten men indicated that women should participate in decision-making regarding freedom of movement (68.61%), which is higher among southern men (69%) compared to northern men (66%). Seven in ten men indicated that women

¹⁸ Note: The proportions for the categories of men's attitudes towards women's autonomy reduced in the second part of the analysis because the sample was restricted to only men who were affiliated to the same religion as their partners.

should participate in decision-making regarding number of children to have (70.74%). By regional context, it is higher in the south (71%) than in the north (69%).

The qualitative results are consistent with the quantitative findings that Ghanaian men generally have favourable attitudes towards women’s participation in household decision-making. Men generally indicated that their partners participate in household decision-making, indicating that, that was the best way to make prudent decisions.

- Participant:** Household decision-making? The two of us decide.
- Interviewer:** Why?
- Participant:** We normally come with our different views and opinions, then we brainstorm, discuss it and come up with one idea, one that will benefit the family. (Accra, Christian man)

- Interviewer:** So normally, who does it [make decisions].
- Participant:** I think it is fifty fifty.
- Interviewer:** Why is it fifty fifty?
- Participant:** Because she will bring her own idea and I will bring my own idea. Sometimes even if I bring the idea and she has a better idea, we take it. (Tamale, Muslim man)

Men also expressed the same sentiments about women’s health-seeking behaviour, indicating that they (men) usually had to force women (i.e. making the decision for women) to seek health care for themselves. Not only did men sometimes have to compel women to seek health care, they also had to ensure that they take their medication.

- I most often tell her to go to the hospital but sometimes, she tells me it is nothing serious and that she will be okay. (Accra, Traditional man)

- When she is sick, most at times, I have to force her to get up and I will take her to the hospital and when we go and they give her drugs [medication], I will insists on her taking the drugs till she is fine again. (Tamale, Traditionalist man)

- I initiate it [seeking health care] because she would not even want to go to the hospital. (Accra, Muslim man)

Some men even indicated that it is normal for women not to take their own health seriously. In such cases, men have to find ways of convincing their partners to seek health care. By nature, women need some level of care no matter their age. So sometimes even when she is not feeling well, you need to speak to her several times before she goes to the hospital and sometimes you will be on her until you quarrel. Meanwhile she is the one who is not feeling well. She is not the only one, its normal of most women. So you have to find a way out to make sure she does it. (Tamale, Muslim man)

Table 6. 1: Descriptive statistics of socio-demographic characteristics of men

Southern context	Northern context	Total
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Variables	Number (Min-Max)	% or M (SD)	Number (Min-Max)	% or M (SD)	Number (Min-Max)	% or M (SD)
<i>Continuous variables</i>						
Age	(20-59)	39.17 (8.90)	(18-59)	39.44 (9.42)	(18-59)	39.23 (9.02)
Number of daughters	(0-10)	1.86 (1.66)	(0-11)	2.32 (1.87)	(0-13)	1.92 (1.73)
Number of sons	(0-11)	1.79 (1.61)	(0-13)	2.36 (2.01)	(0-11)	1.97 (1.72)
<i>Categorical variables</i>						
Religion						
Christian (Ref.)	1,111	79.62	94	22.33	1,205	66.31
Muslim	156	11.16	195	46.16	351	19.29
Traditionalist/Spiritualist	33	2.40	120	28.4	153	8.44
No religion	95	6.82	13	3.10	108	5.96
Education						
No education (Ref.)	165	11.84	266	62.98	431	23.73
Primary	167	11.98	51	11.97	218	11.98
Secondary+	1063	76.18	106	25.05	1168	64.3
Place of residence						
Rural (Ref.)	731	52.4	335	79.33	1,066	58.66
Urban	664	47.6	87	20.67	751	41.34
Economic status						
Earn wages (Ref.)	1,280	91.75	294	69.63	1,574	86.61
Does not earn wages	115	8.25	128	30.37	243	13.39
Marriage type						
Monogamous (Ref.)	1,268	90.91	291	68.8	1,559	85.77
Polygynous	127	9.09	132	31.2	259	14.23
Lineage						
Matrilineal (Ref.)	792	56.78	8	1.84	800	44.01
Patrilineal	603	43.22	415	98.16	1017	55.99
<i>Household decision-making items</i>						
Women should participate in decisions on:						
Major HH purchases	701	50.29	195	46.1	896	49.32
Daily HH purchases	1005	72.08	335	79.19	1340	73.73
Own health care	na	na	na	na	na	na
Freedom of movement	968	69.40	279	65.99	1,247	68.61
Number of children to have	995	71.30	291	68.88	1,285	70.74
<i>Summary measure of men's attitudes towards women's autonomy</i>						
Men's attitudes towards women's autonomy						
Should not participate	57	4.08	37	8.78	94	5.17
Should participate	1,338	95.92	385	91.22	1723	94.83
Total (Weighted)	1,395	76.76	422	23.24	1,817	100.00

Source of data: GDHS, 2008

6.2.1 Bivariate Correlation

Results of bivariate correlations between the measures utilised in the analysis of this chapter are presented in Table 6.2. All the indicators of men's attitudes towards women's autonomy in household decision-making are coded into; zero (0) shows women should not participate, whilst one (1) shows women should participate in household decision-making. For men's attitudes towards women's autonomy in household decision-making, zero (0) shows women should not be autonomous and one (1) shows women should be autonomous in household decision-making. Hence, positive correlations shows men are indicating that women should participate or be autonomous in household decision-making and the vice versa.

With respect to men's attitudes towards women's autonomy, the correlation coefficients between religion and men's attitudes towards women's autonomy shows that Muslim (-0.06) and Traditionalist/Spiritualist (-0.07) men are associated with unfavourable attitudes towards women's autonomy relative to Christian men (omitted category). The correlation coefficient for northern men (-0.09) shows that northern men are associated with unfavourable attitudes towards women's autonomy compared to southern men (omitted category). The results show that every unit increase in age is associated with men's unfavourable attitudes towards women's autonomy (-0.01). While primary education (-0.01) is associated with unfavourable attitudes, secondary⁺ level of education (0.08) is associated with favourable attitudes.

With regard to the indicators of men's attitudes towards women's autonomy, Muslim, Traditionalist/Spiritualist and men with no religion all show inconsistent and weak correlations with the indicators of men's attitudes towards women's autonomy in household decision-making. With respect to regional context, the correlations between the northern context and major household purchases (-0.04), freedom of movement (-0.03) and number of children to have (-0.02) are negative, showing northern men are associated with unfavourable attitudes towards women's autonomy in those domains. However, the northern context has a positive correlation with daily household purchases (0.07), showing northern men's association with favourable attitudes towards women's participation in daily household purchases. Age has a positive correlation with all the dimensions of men's attitudes towards women's autonomy indicators with the exception of decisions on number of children to have (-0.02). A unit increase in age is associated with favourable attitudes towards women's participation in major household purchases (0.05), daily household purchases (0.04) and freedom of movement (0.03). In the case of education, primary education is negatively correlated with all the measures of men's attitudes towards women's autonomy, while secondary⁺ education has a positive correlation with all the dimensions with the exception of daily household purchases. Urban men are associated with favourable attitudes towards women's participation in all the indicators of women's autonomy. Men who are not earning wages, polygynous men and non-matrilineal men are all associated with less favourable attitudes in all the measures of men's attitudes towards women's autonomy. Additionally, the strength of all the correlations are within acceptable limits (all below the cut-off point of 0.8), which suggest that there are no problems of multicollinearity.

Table 6. 2: Bivariate correlation: men¹⁹

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1: Men's att. Wom. Aut.	1																	
2: Major HH purchases	.23*	1																
3: Daily HH purchases	-.14	.30*	1															
4: Freedom of Movement	.35*	.21*	.24*	1														
5: No. of children to have	.36*	.22*	.22*	.35*	1													
6: Muslim	-.06	.00	.00	-.05*	-.07*	1												
7: Trad./Spiritualist	-.07	-.06*	.01	.01	-.02	-.15*	1											
8: No religion	.03	.02	-.02	-.03	-.03	-.12*	-.08*	1										
9: North	-.09	-.04	.07*	-.03	-.02	.37*	.39*	-.07*	1									
10: Age	-.01	.05*	.04	.034	-.02	-.01	.05*	.00	.01	1								
11: Number of sons	-.08	-.02	-.06*	-.04	-.07*	.03	.14*	.07*	.12*	.47*	1							
12: Number of daughter	-.05	-.05	-.00	-.03	-.05*	.05*	.14*	.03	.13*	.48*	.28*	1						
13: Primary education	-.01	-.04	-.07*	-.03	-.08*	.02	.02	.08*	-.00	-.08*	.04	.01	1					
14: Secondary+	.08*	.06*	-.00	.04	.08*	-.23*	-.32*	-.08*	-.45*	.02	-.15*	-.14*	-.49*	1				
15: Urban	.05*	.03	.03	.05*	.01	.07*	-.22*	-.11*	-.23*	.03	-.19*	-.16*	-.12*	.30*	1			
16: Not earning wages	-.04	-.02	-.04	-.07*	-.04	.12*	.20*	-.03	.27*	-.00	.11*	.07*	.09*	-.23*	-.12	1		
17: Polygynous	-.08	-.04	-.07*	-.04	-.07*	.17*	.19*	.09*	.27*	.16*	.36*	.38*	.05*	-.22*	-.18	.15*	1	
18: Patrilineal	-.03	-.01	.032	-.00	-.04	.36*	.22*	.02	.47*	.01	.10*	.05*	.06*	-.37*	-.13	.23*	0.20*	1

*Significant at p< .05 level

Source of data: GDHS, 2008

¹⁹ For the reference groups of the categorical variables (religion, regional context, education, residence, economic status, marriage type and lineage), see Table 6.1.

6.2.2 Predictors of the Indicators of Men's Attitudes towards Women's Autonomy

Odds ratios and confidence intervals of logistic regression models predicting the indicators of men's attitudes towards women's autonomy are presented in Table 6.3. These Models show the predictors of men's attitudes towards women's autonomy in four dimensions (major household purchases, daily household purchases, freedom of movement and number of children). All the models in Table 6.3 fit the data well looking at the goodness of fit tests (Hosmer-Lemeshow goodness of fit test and the linktest).

Religion is shown to be a significant predictor of men's attitudes towards women's participation in decision-making on the number of children to have and freedom of movement. The results show that Traditionalist/Spiritualist men and men with no religion are not significantly different from Christian men in all the indicators of men's attitudes towards women's autonomy. However, Muslim men compared to Christian men are significantly less likely to have favourable attitudes towards women's participation in decision-making on their freedom of movement (OR, 0.71 - significant at $p < 0.1$) and the number of children to have (OR, 0.65). Regional context is only significantly related to men's attitudes towards women's participation in daily household purchases. The odds of northern men having favourable attitudes towards women's participation in decision-making on daily household purchases are 81% higher compared to southern men.

Age is significantly related to all the indicators of men's attitudes towards women's autonomy with the exception of decisions regarding number of children to have. From Table 6.3, a unit increase in age of a man increases the odds of a man having favourable attitudes towards women's participation in decisions regarding major household purchases by 2%, in daily household purchases by 2% and having freedom of movement by 2%. The relationship between education and the indicators of men's attitudes towards women's autonomy are weak. Residing in a rural or an urban area does not significantly influence a man's attitude towards women's participation in household decision-making. Men who are not involved in wage earning labour are less likely (OR, 0.70) to have favourable attitudes towards women's participation in decision-making concerning their freedom of movement. Polygynous men are significantly less likely to have favourable attitudes towards women's participation in decision-making on daily household purchases compared to monogamous men (OR, 0.63). Matrilineal men are not significantly different from non-matrilineal men in any indicator of men's attitudes towards women's autonomy in household decision-making.

Table 6. 3: Odds ratios of the predictors of the indicators of men's attitudes towards women's autonomy

	MHH		DHH		MOV		NC	
	OR	CI	OR	CI	OR	CI	OR	CI
Religion ^{Christian}								
Muslim	1.06	[0.76,1.48]	0.80	[0.55,1.15]	0.71+	[0.50,1.02]	0.65*	[0.46,0.92]
Traditionalist/Spiritualist	0.75	[0.45,1.27]	0.90	[0.52,1.55]	1.14	[0.73,1.80]	0.81	[0.50,1.31]
No religion	1.21	[0.80,1.85]	0.96	[0.58,1.58]	0.75	[0.46,1.24]	0.81	[0.49,1.34]
Region ^{South}								
North	0.97	[0.66,1.42]	1.81**	[1.16,2.82]	0.98	[0.68,1.42]	1.27	[0.87,1.85]
Age	1.02**	[1.01,1.04]	1.02*	[1.00,1.04]	1.02*	[1.00,1.04]	1.00	[0.99,1.02]
Education ^{No education}								
Primary	0.90	[0.61,1.32]	0.65*	[0.44,0.97]	0.95	[0.65,1.39]	0.70+	[0.48,1.04]
Secondary ⁺	1.11	[0.78,1.58]	0.82	[0.57,1.18]	0.99	[0.69,1.41]	1.14	[0.79,1.66]
Residence ^{Rural}								
Urban	0.96	[0.72,1.28]	1.15	[0.86,1.53]	1.16	[0.88,1.55]	0.93	[0.70,1.23]
Economic status ^{Earn wages}								
Does not earn wages	1.03	[0.71,1.51]	0.73	[0.48,1.12]	0.70*	[0.49,1.00]	0.93	[0.63,1.37]
Marriage type ^{Monogamous}								
Polygynous	0.99	[0.69,1.42]	0.63*	[0.42,0.95]	1.04	[0.70,1.54]	0.89	[0.59,1.35]
Lineage ^{Matrilineal}								
Non-matrilineal	1.06	[0.79,1.41]	1.13	[0.83,1.53]	1.21	[0.90,1.63]	0.98	[0.74,1.31]
Number of sons	0.94	[0.87,1.02]	0.90*	[0.82,0.99]	0.92+	[0.84,1.00]	0.92+	[0.84,1.01]
Number of daughters	0.90*	[0.82,0.99]	1.00	[0.90,1.11]	0.94	[0.86,1.03]	0.95	[0.86,1.05]
Total (Weighted)	1817		1817		1817		1817	
H-L GOF test	0.67		0.51		0.56		0.97	
Linktest								
Hat	0.00		0.17		0.15		0.17	
Hatsq	0.44		0.68		0.92		0.87	

Exponentiated coefficients; 95% confidence intervals in brackets []; reference category in curly brackets { }

+ p<.1, * p<.05, ** p<.01, *** p<.001

Note: DHH - daily household purchases, MHH- major household needs, HC- own health care, MOV- visiting family or relatives and NC- number of children to have

Source of data: GDHS, 2008

6.2.3 Predictors of Men's Attitudes towards Women's Autonomy

Results of complementary log-log regression models are presented in Table 6.4. The Models are examining the influence of religion and regional context on men's attitudes towards women's autonomy (summary measure of men's attitudes towards women's autonomy). The first Models (M1's) in Table 6.4 examine only the effect of religion on men's attitudes towards women's autonomy. Model 2 (M2) among all men examines the effects of religion and regional context on men's attitudes towards women's autonomy. Model 3 (M3) among all men examines the predictors of men's attitudes towards women's autonomy taking into account socio-demographic characteristics. Model 2's across regional context, examines the predictors of men's attitudes towards women's autonomy in the southern and northern context. The goodness of fit test (Linktest) shows that all the models fit the data well.

The results in Model 1 (M1) in Table 6.4 indicate that religion is significantly related to men's attitudes towards women's autonomy only when no other variables are controlled. Across regional context, however, religion is not significantly related to men's attitudes towards women's autonomy when no other variables are accounted for. The results in Model 1 (M1) in Table 6.4 among all men show that when no other variables are controlled, Muslim men (OR, 0.78) and Traditionalist/Spiritualist men (OR, 0.70) are significantly less likely to have favourable attitudes towards women's autonomy compared to Christian men. When regional context is controlled for (M2, among all men), the effect of religion is almost explained away. Regional context does not also show to be significantly related to men's attitudes towards women's autonomy. In Model 3 (M3, among all men), where the effect of socio-demographic characteristics are controlled, the effect of religion and regional context are both not significant. Additionally, the effect of religion on men's attitudes towards women's autonomy is still not significant across regional context when other variable were accounted for.

In general, men's socio-demographic characteristics are not significantly related with their attitudes towards women's autonomy with the exception of the number of sons. The number of sons a man has is marginally related to men's attitudes towards women's autonomy and highly related to men's attitudes towards women's autonomy in the northern context. The results show that for each additional son, the odds of men having favourable attitudes towards women's autonomy decrease by 6% (significant at $p < 0.1$) among all men and by 14% in the northern context.

Note: The total for north decreased from 422 to 409 because some of the cases were dropped because of perfect prediction.

Table 6. 4: Odds ratios of complementary log-log regression predicting men's attitudes towards women's autonomy²⁰

	All men					Southern men			Northern men		
	M1	M2	M3		M1	M2		M1	M2		
	OR		OR	CI	OR	OR	CI	OR	OR	CI	
Religion {Christian}											
Muslim	0.78**	0.84+	[0.69,1.02]	0.83	[0.67,1.04]	0.86	0.83	[0.63,1.09]	0.82	0.89	[0.60,1.32]
Trad./Spirit.	0.70**	0.77+	[0.58,1.02]	0.83	[0.61,1.12]	0.77	0.74	[0.41,1.31]	0.77	0.92	[0.62,1.35]
No religion	1.09	1.09	[0.75,1.60]	1.15	[0.77,1.71]	1.04	1.07	[0.71,1.61]	—	—	
Regional context {South}											
North		0.87	[0.72,1.05]	0.92	[0.74,1.14]						
Age				1.01	[0.99,1.02]		1.00	[0.99,1.01]		1.01	[0.99,1.03]
Education {No education}											
Primary				1.06	[0.81,1.39]		0.99	[0.71,1.38]		1.18	[0.68,2.03]
Secondary+				1.11	[0.88,1.41]		1.10	[0.81,1.49]		1.05	[0.70,1.55]
Residence {Rural}											
Urban				1.05	[0.90,1.24]		1.07	[0.89,1.27]		1.13	[0.79,1.61]
Economic status {Earn wages}											
Does not earn wages				1.02	[0.80,1.29]		1.23	[0.88,1.72]		0.90	[0.63,1.27]
Marriage type {Monogamous}											
Polygynous				0.92	[0.74,1.14]		1.05	[0.77,1.42]		1.00	[0.71,1.41]
Lineage {Matrilineal}											
Patrilineal				1.11	[0.93,1.34]		1.09	[0.90,1.32]		0.90	[0.65,1.24]
Number of sons				0.94+	[0.89,1.00]		0.98	[0.91,1.05]		0.86*	[0.77,0.97]
Number of daughters				0.99	[0.94,1.04]		1.02	[0.96,1.08]		0.92	[0.81,1.03]
Total (Weighted)	1817	1817		1817		1395	1395		409	409	
Linktest											
hat	0.88	0.61		0.083		0.97	0.979		0.96	0.437	
hatsq	1.00	0.76		0.218		1.00	0.854		1.00	0.908	

Exponentiated coefficients; 95% confidence intervals in brackets []; reference category in curly brackets { }

+ p<.1, * p<.05, ** p<.01, *** p<.001; “—“ dropped because of perfect prediction

²⁰ Confidence Intervals are not shown for the first Model in each category because of space.

Source of data: GDHS, 2008

6.3 Characteristics of Men by Religion and Regional Context

This section examines the influence of religion on men's attitudes towards women's autonomy across regional context. Hence, only men who profess the same religion as their partners are considered because the relationship between religion and household decision-making dynamics can be influenced by the differences in religious affiliation among partners. From Table 6.5, 89%, 11% and one percent of men in the south are in Christian, Muslim and Traditionalist/Spiritualist unions respectively. In the north, 24%, 57% and 19% of men are in Christian, Muslim and Traditionalist/Spiritualist unions respectively. There is a minimal regional and religious difference in the average age of men in the sample. With the exception of southern men in Muslim unions (mean age, 40.39 years) and northern men in Traditionalist/Spiritualist (mean age, 41.36 years) unions, the average age of men across regional settings is 39 years (Table 6.5).

Men in non-mixed religious unions in the south are more educated (secondary⁺ education: Christians – 82.37%, Muslims – 57.83% and Traditionalist/Spiritualist – 70.73%) compared to their counterparts in the north (secondary⁺ education: Christians – 52.58%, Muslims – 27.11% and Traditionalist/Spiritualist – 1.70%). Higher proportions of men in Muslim unions across regional context live in urban areas (south, 64% and north, 37%) than their counterparts. Proportions of men in non-mixed religious unions earning wages are high in all comparisons. In the south a high proportion of men in Christian unions are involved in wage earning labour (south, 93%) compared to their counterparts. In the north however, 82% of Traditionalist/Spiritualist were involved in wage earning labour. Non-matrilineal lineage is the most dominant lineage type across regional context (south: Muslims – 90% and Traditionalist/Spiritualist – 86% and north: Christians – 97%, Muslims – 100% and Traditionalist/Spiritualist – 92%). However, matrilineal lineage is predominant in the south among men in Christian unions (66%). Monogamy is the most predominant marriage type across all comparisons. However, polygyny is common among men in Muslim and Traditionalist/Spiritualist unions (south: Muslims – 12% and Traditionalist/Spiritualist – 45% and north: Muslims – 38% and Traditionalist/Spiritualist – 43%) within regional context.

In the south, the highest proportion of men who indicate that women should be autonomous are those in Traditionalist/Spiritualist unions (100%), followed by those in Christian unions (96%). In the north, the highest proportion of men who indicate that women should be autonomous are those in Christian unions (94%) and lowest were those in Traditionalist/Spiritualist unions (84%). While the proportion of men in Traditionalist/Spiritualist unions (53%) indicated that women should participate in decision-making on major household purchases in the south, in the north, men in Muslim unions is the highest (54%). Across regional

context, a high proportion of men in Christian unions indicated that women should participate in decision-making on their movement (70%) in the north, in the south the highest is among men in Traditionalist/Spiritualist (73%) unions. The proportion of men in Muslim unions indicating women should participate in decision-making regarding the number of children to have is the lowest across regional context (south, 61% and north, 65%).

Table 6. 5: Characteristics of men by religion and regional setting²¹

Variables	Southern context			Northern context		
	Christian	Muslim	Trad./Spirit.	Christian	Muslim	Trad./Spirit.
<i>Continuous variables</i>						
Age	39.14	40.39	39.01	38.80	38.70	41.36
Number of daughters	1.72	1.97	3.25	1.72	2.39	2.90
Number of sons	1.74	1.88	2.73	1.98	2.21	3.10
<i>Categorical variables</i>						
Education						
No education	8.74	25.83	13.80	28.41	64.14	90.97
Primary	8.89	16.34	15.47	19.00	8.75	7.33
Secondary ⁺	82.37	57.83	70.73	52.58	27.11	1.70
Place of residence						
Rural	50.22	35.76	75.55	85.27	62.61	100.00
Urban	49.78	64.24	24.45	14.73	37.39	0.00
Economic status						
Earn wages	93.37	91.26	27.7	72.63	66.46	82.52
Does not earn wages	6.63	8.74	72.3	27.37	33.54	17.48
Marriage type						
Monogamous	93.71	88.38	55.04	89.63	10.37	57.47
Polygynous	6.29	11.62	44.96	10.37	38.02	42.53
Lineage						
Matrilineal	65.5	9.97	14.28	2.58	0.00	7.66
Non-matrilineal	34.5	90.03	85.72	97.42	100.00	92.34
<i>Decision-making items</i>						
Women should participate in:						
Major HH purchases	52.04	41.94	53.43	38.80	54.40	36.03
Daily HH purchases	74.32	67.77	71.81	78.18	79.64	80.52
Own health care	na	na	na	na	na	na
Freedom of movement	70.88	64.02	73.99	70.05	61.28	67.50
No. of children to have	74.08	61.13	81.13	72.93	65.31	67.27
<i>Summary measure of men's attitudes towards women's autonomy</i>						
Men's attitudes towards women's autonomy						
Should be autonomous	96.28	94.67	100.00	94.08	90.14	84.30
Percent	88.54	10.50	0.95	24.04	56.73	19.23
Total (Weighted)	1067	127	11	80	189	64

Source of data: GDHS, 2008

na - not applicable for men

²¹ Note: Figures for the continuous variables are means and figures for the categorical variables are percentages.

6.3.1 Religion, Regional Context and Indicators of Men's Attitudes towards Women's Autonomy

Table 6.6 presents odds ratios and confidence intervals for the results of logistic regression analyses examining the effects of predictors on the indicators—daily household needs, major household purchases, visiting family or relatives and number of children to have—of men's attitudes towards women's autonomy in household decision-making. This is examined among men who profess the same religion as their partners. The logit model is used to examine whether religion has an influence on men's attitudes towards women's autonomy in these domains when regional context and other variables are accounted for. The goodness-of-fit tests (Hosmer-Lemeshow goodness of fit test and linktest) show that the models fit the data well.

Men in Muslim unions are significantly less likely to indicate that women should participate in decision-making in freedom of movement and number of children to have compared to men in Christian unions. However, men in Traditionalist/Spiritualist unions are not significantly different from men in Christian unions in any comparison. The results show that the odds of having favourable attitudes towards women's participation in decision-making in freedom of movement and number of children to have are 32% lower (significant at $p < 0.1$) and 33% lower for men in Muslim unions compared to men in Christian unions.

The relationship between regional context and the indicators of men's attitudes towards women's autonomy is very weak. Only in one domain (daily household purchases) are northern men significantly more likely to have favourable attitudes towards women's participation compared to southern men (OR, 1.62 - significant at $p < 0.1$). Age is related to men's attitudes towards women's autonomy in major household purchases, daily household purchases and freedom of movement. For a unit increase in age, the odds of men having favourable attitudes towards women's participation increases—major household purchases (OR, 1.02), daily household purchases (OR, 1.02 - significant at $p < 0.1$) and freedom of movement (OR, 1.62).

Education and place of residence are not significantly related to any of the indicators of men's attitudes towards women's autonomy in household decision-making. Economic status is significantly related to men's attitudes towards women's autonomy only in freedom of movement. The odds of men who are not involved in wage earning labour having favourable attitudes towards women's participation in freedom of movement is 30% lower (significant at $p < 0.1$) compared to men who are involved in wage earning labour. Polygynous men compared to monogamous men are less likely (OR, 0.60 - significant at $p < 0.1$) to have favourable attitudes towards women's participation in decision-making in daily household purchases. Non-matrilineal men are more likely (OR, 1.38- significant at $p < 0.1$) to have favourable attitudes towards women's participation

in decision-making on daily household purchases compared to matrilineal men. For each additional son, the odds of men having favourable attitudes towards women's autonomy with respect to women's freedom of movement decrease by 10%. On the other hand, for each additional daughter, the odds of men having favourable attitudes towards women's autonomy in major household purchases and freedom of movement decrease by 11% and 8% (significant at $p < 0.1$) respectively.

Table 6. 6: Odds ratios of logistic regression models predicting the indicators of men's attitudes towards women's autonomy in various domains

	MHH		DHH		MV		NC	
	OR	CI	OR	CI	OR	CI	OR	CI
Religion ^{Christian}								
Muslim	0.98	[0.68,1.42]	0.74	[0.49,1.13]	0.68+	[0.45,1.01]	0.67*	[0.45,1.00]
Traditionalist/Spiritualist	0.72	[0.33,1.54]	0.97	[0.44,2.18]	1.08	[0.57,2.03]	0.98	[0.51,1.89]
Regional setting ^{South}								
North	0.99	[0.66,1.48]	1.62+	[0.98,2.66]	1.02	[0.68,1.52]	1.14	[0.73,1.77]
Age	1.02*	[1.01,1.04]	1.02+	[1.00,1.04]	1.02*	[1.01,1.04]	1.00	[0.98,1.02]
Education ^{No education}								
Primary	0.94	[0.60,1.48]	0.72	[0.45,1.17]	1.10	[0.71,1.70]	0.74	[0.47,1.17]
Secondary ⁺	1.07	[0.73,1.59]	0.90	[0.59,1.36]	1.09	[0.73,1.63]	1.28	[0.84,1.95]
Residence ^{Rural}								
Urban	1.03	[0.76,1.39]	1.06	[0.77,1.45]	1.15	[0.85,1.56]	0.92	[0.67,1.24]
Economic status ^{Earns wages}								
Does not earn wages	1.08	[0.73,1.60]	0.84	[0.51,1.38]	0.70+	[0.46,1.06]	0.90	[0.58,1.37]
Marriage type ^{Monogamous}								
Polygynous	0.92	[0.60,1.40]	0.60+	[0.36,1.01]	1.06	[0.68,1.65]	0.82	[0.51,1.31]
Lineage ^{Matrilineal}								
Non-matrilineal	1.06	[0.79,1.43]	1.38+	[0.96,1.97]	1.26	[0.92,1.74]	1.08	[0.79,1.48]
Number of sons	0.96	[0.88,1.05]	0.91	[0.82,1.02]	0.90*	[0.82,0.99]	0.96	[0.87,1.06]
Number of daughters	0.89*	[0.81,0.99]	1.00	[0.89,1.12]	0.92+	[0.84,1.01]	0.93	[0.83,1.04]
Total (Weighted)	1538		1538		1538		1538	
H-L GOF test	0.30		0.19		0.50		0.13	
Linktest								
Hat	0.00		0.96		0.33		0.63	
Hatsq	0.25		0.30		0.59		0.52	

Exponentiated coefficients; 95% confidence intervals in brackets []; reference category in curly brackets { }

+ p<.1, * p<.05, ** p<.01, *** p<.001

Note: DHH - daily household purchases, MHH- major household needs, HC- own health care, MOV- visiting family or relatives and NC- number of children to have

Source of data: GDHS, 2008

6.3.2 Religion, Regional Context and Men's attitudes towards Women's Autonomy

Table 6.7 show the results of complementary log-log regression analyses predicting the influence of religion on men's attitudes towards women's autonomy (summary measure of men's attitudes towards women's autonomy) across regional context in household decision-making. Seven models are presented in Table 6.7. The first Models (M1) examines only the effect of religion on men's attitudes towards women's autonomy among all men in non-mixed religious unions and across regional context. Model 2 (M2, among all men in non-mixed religious unions) examines the effect of religion and regional context on men's attitudes towards women's autonomy. Model three (M3) assesses the effect of religion and regional context on men's attitudes towards women's autonomy taking into account the effects of other socio-demographic variables. Across regional context, Models 2 (M2 under south and north) investigates the effect of religion on men's attitudes towards women's autonomy.

The results show that religion is significantly related to men's attitudes towards women's autonomy when other variables are not controlled. Men in Muslim unions (OR, 0.78) and men in Traditionalist/Spiritualist unions (OR, 0.62) are significantly less likely to have favourable attitudes towards women's autonomy compared to men in Christian unions (M1 in Table 6.7, all men in non-mixed religious unions). When the effect of regional context is taken into account, the effect of religion is waned and regional context becomes significant (M2 in Table 6.7, all men in non-mixed religious unions). Across regional context, the effect of religion on men's attitudes towards women's autonomy is not significant in the south but marginally significant in the north (M1 in Table 6.7, south and north). This perhaps is the result of the fact that Traditionalist/Spiritualist women are dropped from the model because of perfect prediction.

When other variables are controlled, religion and regional context both lose their statistical significance. In addition, religion is not significantly related to men's attitudes towards women's autonomy in both regional contexts (Table 6.7). Among all men in non-mixed religious unions, after controlling for other variables, only number of sons and daughters are significantly related to men's attitudes towards women's autonomy. The results show that for every additional son the odds of men having favourable attitudes towards women's autonomy decreases by 6% (significant at $p < 0.1$) among all men in non-mixed religious unions (M3 in Table 6.7). In addition, while number of sons and daughters are not related to men's attitudes towards women's autonomy in the south, every additional son and daughter decreases the odds of men having favourable attitude towards women's autonomy by 12% and 11% respectively in the north (M2 in Table 6.7, north).

Note: The total for south dropped from 1,205 to 1,193 on Table 6.7 because some of the cases were dropped because of perfect prediction.

Table 6. 7: Odds ratios of complementary log-log regressions predicting men's attitudes towards women's autonomy

	All men (in non-mixed religious unions)					Southern men			Northern men		
	M1		M2		M3	M1		M2	M1		M2
	OR	OR	CI	OR	CI	OR	OR	CI	OR	OR	CI
Religion ^{Christian}											
Muslim	0.78**	0.88	[0.71,1.10]	0.91	[0.71,1.16]	0.86	0.86	[0.63,1.17]	0.82	0.90	[0.59,1.39]
Traditionalist/Spiritualist	0.62***	0.75+	[0.54,1.05]	0.86	[0.60,1.23]	—	—		0.66+	0.77	[0.45,1.31]
Regional context ^{South}											
North		0.80*	[0.64,0.99]	0.89	[0.70,1.13]						
Age				1.00	[0.99,1.02]		1.00	[0.99,1.01]		1.01	[0.99,1.04]
Education ^{No education}											
Primary				1.17	[0.84,1.62]		1.22	[0.80,1.86]		1.02	[0.55,1.89]
Secondary ⁺				1.14	[0.88,1.48]		1.20	[0.86,1.68]		0.92	[0.59,1.45]
Residence ^{Rural}											
Urban				1.08	[0.90,1.28]		1.10	[0.91,1.33]		1.14	[0.78,1.66]
Economic status ^{Earns wages}											
Does not earn wages				0.95	[0.72,1.25]		1.20	[0.81,1.77]		0.75	[0.50,1.14]
Marriage type ^{Monogamous}											
Polygynous				0.87	[0.69,1.11]		1.00	[0.71,1.41]		0.92	[0.65,1.31]
Lineage ^{Matrilineal}											
Non-matrilineal				1.08	[0.89,1.32]		1.08	[0.88,1.33]		0.88	[0.62,1.26]
Number of sons				0.94+	[0.88,1.01]		0.96	[0.89,1.04]		0.88*	[0.78,1.00]
Number of daughters				0.98	[0.93,1.04]		1.01	[0.95,1.08]		0.89+	[0.78,1.02]
Total (Weighted)	1,538	1,538		1,538		1,193	1,193		333	333	
Linktest											
Hat	0.79	0.37		0.05		0.42	0.63		0.85	0.27	
Hatsq	1.00	0.53		0.17		-	0.51		1.00	0.69	

Exponentiated coefficients; 95% confidence intervals in brackets []; reference category in curly brackets { }

+ p<.1, * p<.05, ** p<.01, *** p<.001; “—” dropped because of perfect prediction

Source of data: GDHS, 2008

6.4 Conclusion

This chapter sought to examine the predictors of men's attitudes towards women's autonomy and the influence of religion on men's attitudes towards women's autonomy in household decision-making. Findings from both the quantitative and qualitative data showed that in the Ghanaian context, men generally had favourable attitudes towards women's autonomy in household decision-making. Generally, 94.83% men had favourable attitudes towards women's autonomy in household decision-making. Across regional context, the proportion of men with favourable attitudes towards women's autonomy was higher in the southern context (95.92%) than among men in the northern context (91.22%). The proportion of men who indicated that women should participate in decision-making regarding daily household purchases was 74%. Sixty nine percent (69%) of men indicated that women should participate in decisions regarding women visiting friends and their relatives and 70% of men indicated that women should participate in decisions on the number of children to have. In addition, close to half (49%) of men indicated that women should participate in decision-making concerning major household purchases.

In this chapter, it was found that among all men in union, religion was not a significant predictor of men's attitudes towards women's autonomy in household decision-making when regional context and other variables were taken into account (M3 in Table 6.4). In addition, it was not significantly related to men's attitudes towards women's autonomy in the southern or northern context (M2-south and M2-north in Table 6.4). This study has demonstrated that the effect of religion on men's attitudes towards women's autonomy in Ghana is non-existent, even across regional context. The reasons why religion might not influence behaviour in the Ghanaian context has already been discussed in chapter 4.

With respect to the indicators of men's attitudes towards women's autonomy in household decision-making, Muslim men were significantly less likely to have favourable attitudes towards women's autonomy in household decision-making pertaining to freedom of movement (significant at $p < 0.1$) and the number of children to have (Table 6.3). When the data was limited to only men who profess the same religion as their partners, religion was still not significantly related to men's attitudes towards women's autonomy as well as across regional context (Table 6.7). However, men in Muslim unions were still marginally less likely to indicate that women should participate in household decision-making concerning their freedom of movement (significant at $p < 0.1$). Further, men in Muslim unions were also still significantly less likely to have favourable attitudes towards women's participation in household decision-making regarding number of children to have (Table 6.6). Perhaps, this could be explained by the Qur'anic prescription in Sura 4, Verse 34; "Men are overseers over women because Allah has given the one more strength than the other, and because men are required to spend their wealth for the

maintenance of women” (Qur’an, 2007). Because Muslim men are supposed to work and provide economic sustenance for the household and women, on the other hand, are supposed to take care of the home. Thus, men will perhaps have less favourable attitudes towards women’s freedom of movement. In line with this same explanation, because women are supposed to take care of the home and by extension children, men might have less favourable attitudes towards women’s participation in decisions concerning the number of children to have.

With respect to men in the regional context, northern men compared to southern men were more likely to have favourable attitudes towards women’s participation in decision-making pertaining to daily household purchases. A plausible explanation of this finding is the traditional norms and values, which prescribe strict separation of gender roles, which perhaps has waned in southern Ghana because it is relatively more modernised. Hence, because of this somewhat strict gender role prescription in the north, men would perhaps rather not want to exert so much influence in roles traditionally assigned to women such as day-to-day household management/keeping (Table 6.3 and Table 5.6).

While the effect of age was significant across three out of the four domains of men’s attitudes towards women’s autonomy, it does not matter in men’s attitudes towards women’s autonomy (summary measure of men’s attitudes towards women’s autonomy). Perhaps, as Takyi & Mann (2006) have sought to explain that men develop “liberal” attitudes as they grow older. They found that younger men in Ghana felt that wife beating was justifiable more than older men (Takyi & Mann, 2006). Another study in Addis Ababa, Ethiopia demonstrated that younger men were more likely to dominate decisions compared to older men (Delbiso, 2013). Largely, this can be explained by ageing effect, where, as men grow older, their stance on hegemonic masculinities becomes more favourable (Kimmel, 2000).

Men who were not earning wages and those in polygynous unions were less likely to favour women’s participation in decision-making regarding freedom of movement and daily household purchases respectively. However, they were not significantly related to men’s attitudes towards women’s autonomy (summary index of men’s attitudes towards women’s autonomy) among all men or across regional context. The broader institution of polygyny which some argue is in itself a product of social inequality (Agadjanian & Ezeh, 2000), to some extent creates a platform where men strive to maintain their authority through dominating household decision-making.

It is only number of sons that marginally distinguish men regarding their attitudes towards women’s autonomy in general. The influence of number of sons is particularly significant in the northern regional context. The results showed that men’s favourable attitudes towards women’s autonomy were associated with less number of sons. With respect to the various domains

of decision-making, as the number of sons' increase, men were less likely to indicate that women should participate in decision-making in all the domains except in decision-making pertaining to major household purchases (Table 6.3). In addition, as the number of daughters increase, men were less likely to indicate that women should participate in major household decision-making.

Studies have also found that men who have fewer children allow their wives to participate in decision-making (Delbiso, 2013). It is possible that men with fewer children will involve women in decision-making because in the Ghanaian context, children bind relationships and in some cases, male children are most desired (Tabong & Adongo, 2013). Men, knowing that women with fewer children can easily terminate unsatisfactory relationships will rather display favourable attitudes towards them.

CHAPTER 7: DYNAMICS OF HOUSEHOLD DECISION-MAKING ACROSS RELIGION AND REGIONAL CONTEXT

7.1 Introduction

Chapter four examined women's autonomy in household decision-making, chapter five examined subgroups of women based on their participation in household decision-making and chapter six examined men's attitudes towards women's autonomy in household decision-making. The present chapter utilises qualitative data to explore dynamics of women's autonomy in household decision-making across religion and regional context. The qualitative data was collected in two towns (Accra and Tamale). Accra represented a predominantly Christian setting in the southern context and Tamale represented a predominantly Muslim setting in the northern context. Utilising the thematic approach of qualitative data analysis, the following themes were identified; religion, culture and household decision-making, socialisation in household decision-making, authority in household decision-making, reasons why men have authority in household decision-making and attitudes towards the status quo in household decision-making. In addition, the chapter explores women in the household decision-making process, tactics women adopt in household decision-making and tactics to maintain the status quo in household decision-making.

7.2 Religion, Culture and Household Decision-Making

Ghanaian societies are organised according to patriarchal norms and values, and these norms and values overlap with norms and values of major religious traditions (such as Christianity and Islam), which have implications for behaviour. Participants often mentioned religion and culture as the roots of the ideals in household decision-making (such as power structures and gender roles). In both cultural and religious traditions, the man is the head (in some cases thought to be superior) and the woman is the subordinate. As heads of the family, men are supposed to lead in the activities of the household including household decision-making. As some participants pointed out:

Our culture and religion both place the man as the head of the family and therefore in its dealings, the man must lead the way. It does not mean, the man is greater than the woman, it just means the man is held in high esteem than the woman. (Tamale, Muslim man)

As a woman, your duty at home is to help the man, because when God finished creating man, he said, I need to create your helper. So a woman is a helper to the man. (Accra, Christian man)

Because men are expected to be in control of household activities, men believe that whatever happens in the household is their responsibility and they would have to bear the

consequences. Some men indicated that God would hold them accountable for everything that happens in the household as one participant pointed out:

Yes, even the Bible says the man is the head of the household and the family in such things [household decision-making]. He should make the decisions because if it goes wrong he will be held responsible [by God] for it. (Accra, Christian man)

Participants across religion and context (Accra and Tamale) indicated that religious and cultural systems prescribe the place and role of men and women in households as well as in household decision-making. Both men and women are expected to abide by the prescribed gender roles. Women reiterated that men as heads of households are supposed to lead and/or be in control of household decision-making and should have the final say. Even though participants indicated that there should be discussions of household decision-making, neither men nor women explicitly suggested that there should be equality between men and women in household decision-making. There was an indication from both men and women, across religion and context (Accra and Tamale) that these power structures in households, to some extent, are necessary for the smooth running of the household and that women should defer to men in household decision-making:

In our society, men have that role of leading for women to follow. It should be like that so we know who leads the family. Both of us [men and women] cannot be the same. (Tamale, Muslim Woman)

Because he is the head and the Bible says a woman should be humble to her husband, I can't get up and make decisions when he is the head, whether it is wrong or right, no I don't have to do that. (Accra, Christian woman)

Yes, at times, there are some sayings in the Qur'an that the man is the leader of the house, so for anything we have to do in the house we have to consult the man because he is the leader in the house. Whatever he says, according to the religion, is the final say in decisions. (Tamale, Muslim woman)

For my husband and I, when we are to do something we discuss it first. But my husband leads the decision-making processes in this household. (Tamale, Traditionalist woman)

While men are tasked with the roles of leadership and provider, women are tasked with the role of support and taking care of the household:

You know, we are typical Africans, we have societal gender roles, men have their roles, and women have their roles. So if it is housekeeping it is the role of the woman. I provide the money (Tamale, Muslim man, earn wages, secondary+ education)

This section (7.2) shows that religious as well as cultural norms and values shape the power structures and gender roles in household decision-making. The next section explores socialisation in household decision-making.

7.3 Socialisation in Household Decision-Making

Norms and values of societies are transmitted from one generation to the other through socialisation. Hence, men and women learn about power structures and gender roles in household decision-making through various means of socialisation. Religion appeared as one of the channels of socialisation in household decision-making dynamics. Men and women are most often than not taken through counselling by religious leaders (very formal among Christians compared to other religions) before marriage, where among other things the power structures and gender roles in household decision-making are discussed. Moreover, household decision-making ideals are also discussed during religious sermons and in the case of Muslims, in Islamic schools. Christians especially, mentioned that programmes addressing issues concerning household decision-making were organised in their Churches as some participants indicated:

In Church, there is a whole topic on that, making decisions, coming to agreements, living in unity, harmony, and all that. And when you go through counselling they talk about it. (Accra, Christian woman)

For example, in our Church, every year, we attend women's fellowship that is where we learn many things including decision-making. (Tamale, Christian woman)

Sermons read at the Friday prayers or even Islamic preaching's, they talk more on how to handle your family in terms of household decision-making. (Tamale, Muslim man)

It is through religion and observation that I learnt about household decision-making. The religion teaches us based on the Qur'an and the Sunnah [saying and practices of the Prophet Mohammed]. (Tamale, Muslim man)

From the Arabic schools I attended, so I have been able to capture some little things [about decision-making] that I have to know as a woman and as a married woman. (Accra, Muslim woman)

Beginning from childhood, participants indicated that they pick up cues of how household decisions are made from their parents:

Every parent is more or less a role model, sometimes we do observe what our parents do [regarding decision-making] and at a certain age you can also decipher what is wrong and what is right from what they even do, so based on that you can also make some corrections with regard to yours. (Tamale, Muslim man)

In addition, the advice from other family members to both men and women when they are getting married serves as a good source of learning the dynamics of household decision-making. Thus, they both do not just learn about household decision-making through observation, they are also "taught". As some participants indicated:

Yes, there are some of the household decision-making dynamics I learnt from elders. (Tamale, Muslim man)

Ok, before I got married, some of my aunts and grandmothers sat me down about two weeks before I got married and some of them invited me over to their houses to advise

and teach me certain things. They talked about making decisions with my husband too. (Tamale, Muslim woman)

The media also appeared to be an important source through which men and women learn about household decision-making. Participants commonly mentioned that they or other people in the community also picked up cues about household decision-making dynamics from watching certain programmes on television, listening to radio programmes and reading books:

I picked up how to make household decisions with my partner from the internet and reading books. (Tamale, Muslim woman)

I also learnt from books that talks about marriage, finances, managing your finances and how to have sex with your wife. (Accra, Christian man)

How do we learn [household decision-making]? Well, I learnt it from books and religious programmes on television. (Tamale, Christian man)

We hear it [household decision-making] on the radio [when religious leaders are preaching]. (Tamale, Christian woman)

Yes, he has been tuning into Peace TV (an Islamic TV channel) and sometimes when I am free I sit to watch and listen with him ... the preaching sometimes borders on household decision-making and we listen to it and sometimes I take what they say. (Tamale, Muslim woman)

Some of the participants, especially men, indicated that they learnt household decision-making through their own experiences in marriage:

Yes, I will say some of my past experiences [about household decision-making] may have guided me, but I think I learnt on the job [marriage]. (Accra, Muslim, Man)

I learnt household decision-making through [personal] experience. (Tamale, Christian man)

Both men and women learn about household decision-making from observing how their parents made decisions in the household and in some cases through advice they got from other family members on good practices in household decision-making. Religious institutions and the media also served as sources of learning about household decision-making. The next section looks at authority in household decision-making.

7.4 Authority in Household Decision-Making

Participants across all backgrounds do not dispute men's authority in household decision-making. The power men have over their spouses in the household is equated with the combined power the woman's parents had over her before she got married. As one woman pointed out:

When you are being raised and you are going somewhere you ask permission from your parents and when you get married the man becomes your father and mother. (Tamale, Christian woman)

The authority of men in household decision-making was attributed to cultural practices such as bride wealth payment as one woman mentioned:

Yes, you know the men, because they have paid our bride wealth and they are the heads of the household, they have to make decisions. (Tamale, Christian woman)

Some men indicated that in cases where they feel strongly that the decision at hand will help the family, the woman's opinion does not matter. Some men believed that it is in the nature of women to drag the process of decision-making. Thus, it is better not to involve them when necessary. This was apparent in the submission of some of the men. Some participants mentioned that:

Probably there will be a decision that the two of us will have to make together but I feel that I have to take a concrete decision on this but she has a different opinion and I feel it will help the family. With that one, sometimes I do not need her opinion or anything; I just go ahead. (Tamale, Christian man)

Per their nature [women] if you involve them in some decisions you might end up not taking the decision. (Tamale, Muslim man)

Men usually make some exceptions where women can go ahead with decision-making without their permission; men make exceptions in emergencies such as when they cannot be reached for ratification of decisions. Nevertheless, they expect to be duly informed afterwards as indicated by one participant:

When it is an emergency, especially when I am not around in the house and something needs her attention she can attend to that one and then when I come back she will then tell me that during your absence this was what happened, this and that and that, and this is the way I responded to it. Then I look at it, where there is something wrong, I address it but if what she did is okay then I accept it. (Tamale, Christian man)

The level of authority of men in household decision-making became clear when some men in the Tamale actually put percentages to how much decision-making power a man and a woman should have. Generally, men indicated that they hold (or should hold) about 70% of household decision-making power and women should hold 30%. Some participants indicated that:

Your [the man] contribution [in household decision-making] is up to 70% out of 100%. The woman will also contribute 30%, making it 100% [laughs] (Tamale, Christian man).

I said she has power [in household decision-making] but it is not up to 40%, if she can have power, it can be up to 31% but not 40%, are you getting me. Don't talk about 50% at all, not up to 40% you can give her up to 31%. (Tamale, Christian man)

Input [in household decision-making] to me, maybe she should take may be 30% then I will take 70%. Because there are always expenses for me to take care of. (Tamale, Muslim man)

It is worth noting that wives of men from whom the excerpts above were taken were all working, earning wages and had secondary or higher levels of education. However, what could not be ascertained in the data was their relative contribution to the household budget, which could affect power dynamics in household decision-making.

In addition, a woman from Tamale who had tertiary education also indicated that women have about 40% of power in household decision-making, which for her was fair:

For this part of our country, a woman has 40% say in decision-making whilst men have a 60% say in decision-making and I think it is cool. (Tamale, Muslim, Woman, Tertiary education)

Men usually try to provide explanations for restricting women in certain domains of decision-making. For example, on women visiting their family, men will sometimes restrict women not because they do not want them to go but because they do not have money to give to their in-laws, which if not done, undermines the integrity of the man as one woman narrated:

When I am to visit my parents, there are times he tells me not to go and when things are good then he will let me go but at other times too after telling me not to go, he would organise himself and take me along with him for us to visit them. Because for Dagombas [a tribe in northern Ghana], you know you do not have to visit your in-laws empty-handed. So there are times if he says don't go, it could be because he has nothing to give to you to send to them on his behalf and so you have to wait until he gets for you to go. (Tamale, Traditionalist woman)

Generally, there appeared to be a consensus that women control household decision-making regarding the kitchen. It is even regarded as inappropriate if the husband cook. A woman whose husband cooks while she is around is considered a bad person. Further, this scenario can attract criticism from the man's relatives, friends and the community at large as indicated by some participants:

With the food aspect, a man cannot say he is going to the kitchen to cook because when someone comes to the house and sees the husband cooking whiles you the woman you have crossed your legs, it shows that you are not a good woman. So with home management, cleaning and other things, I need to make sure that everything is in order before my husband comes home, you may not know, he might be coming with a visitor. So those decisions are not for a man to take it's the woman. (Accra, Christian woman)

Yeah for me, when it comes to kitchen issues, I just do not go there. I leave it to her; she has to make those decisions. When it comes to that aspect, she does everything. (Tamale, Christian man)

However, it appeared men still influence decisions regarding the kitchen. For instance, there are cases where the man will tell the woman, “today I want to eat this” and it is usually not contested. This issue came out in the data. Some women even indicated that you have to cook what your husband wants to eat. This is what some men had to say regarding these issues:

For example, if my wife is going to prepare food she calls me if am in the office, to say, darling what do you want to eat this evening or what do you want us to eat this evening, you know it is like we are discussing and I will tell her, prepare whatever you want to prepare. (Accra, Christian man)

If I am going out, I will also just tell her that, today I prefer to eat this and I go. (Tamale, Christian man)

It appeared, especially among women in Tamale that, earning wages was an important factor that enhances women’s influence in household decision-making. Women who were not earning wages in most cases indicated that they were not able to make decisions because they cannot finance them:

I would have wished that they [children] attend a private school, but because I do not have money to pay the school fees, I am not able to make that decision or let them attend a school that I want because I do not have the money. My husband pays the school fees. So he decides on which school the children should attend. (Tamale, Christian woman)

He had the final say [on a decision they discussed], I did not have my way through because I am not working, he is the only one working for now. If I don’t succumb to what he says, what can I do? (Tamale, Muslim woman)

In terms of household decision-making, some things dictate household decision-making. If one is not wealthy, you are not part of decision-making but if you have money, you are consulted on any decision to be made in the household. If you consider age, one can be older than someone but in terms of finance, she is higher than you in that regard, it makes a difference in household decision-making. (Tamale, Traditionalist woman)

The data shows that men hold the authority in household decision-making and neither men nor women contest the authority of men in household decision-making. Men’s authority was attributed to religious and cultural prescriptions. The next section explores the reasons why men hold the authority in household decision-making.

7.5 Reasons why Men have Authority in Household Decision-Making

Generally, men as providers, underrating women’s intelligence in household decision-making and men not wanting to show signs of weakness are justifications for men’s authority in household

decision-making. Men justified their authority in household decision-making based on the ‘male as provider’ role in the household, indicating that they provide the economic resources to achieving or attaining the decisions that are to be made in the household:

I always finance our major household purchases. On health care, I finance it even though she initiates. (Tamale, Muslim man)

This is so because I am the breadwinner, I provide the money; it is my pocket that cries. (Tamale, Muslim man)

The husband’s duty is to go and search [for money] and bring it home. You [woman] just stay home and take care of the house. As for the woman’s duty, it is just to take care of the home. (Accra, Christian man)

The problem is that you the man, you are the one providing the food, so it is your pocket, your pocket you watch, so you do whatever. (Tamale, Christian man)

Generally, the partners of these men who indicated in the excerpts above that they provide the economic resources for the household were in most cases also engaged in wage earning labour.

Some women also indicated that, it is justified for men to have authority in household decision-making since they provide the economic resources. It is worth noting that both women who were earning wages as well as those who were not earning wages indicated that it is justified for men to have the authority in household decision-making because they provide economic resources. Some women mentioned that:

He should be making the decisions because majority of the money comes from him. (Tamale, Muslim woman, tertiary education, earn wages)

He makes decisions, because he is the one who will bring out the money. (Tamale, Christian woman, tertiary education, earn wages)

When it comes to building of a house a man has to take such decisions, the woman can raise that idea because the man will provide the money. I do not have the right to say that am building a house, I will only bring my idea and he will have the final decision. (Accra, Christian woman, Middle/JHS, does not earn wages)

I think it is mostly my husband because the money will come from him; most of it will come from him. (Accra, Christian woman, tertiary education, earn wages)

One Muslim woman in Tamale indicated that even when she uses her money in household related expenditures, her partner in some cases make it a point to reimburse her because the partner believes it is his responsibility to take care of the family:

Well, in this house as I have mentioned, when it comes to food, he provides, I only use my money when he does not have money and when he gets money, he pays me back so it means he is the one who provides. (Tamale, Muslim woman)

Some Muslim and Traditionalist men in Tamale also tend to underrate the intelligence of women in household decision-making. For example, one Traditionalist man in Tamale indicated that, “women are all the same ... women have no young or old”. Suggesting that, women, whether young or old have the same level of intellect. Indeed, that may be the thinking of men, especially among men in Tamale as elaborated by one man, “what I am about to tell you, not many people will tell you about it. Most men in *Dagbang* [jurisdiction of *Dagombas*, a tribe in northern region of Ghana] think that women have no intellect” (Tamale, Muslim man, tertiary level of education, earning wages). The idea of undermining the intellect of women was elaborated by one man in Tamale:

Our elders [older people in society or generations before the present generations] say a woman’s thinking is like that of a child so not all their decisions are good because they can think about something which will lead them [women] to a bad outcome and they might not know that. (Tamale Traditionalist man, senior secondary level of education)

One woman also admitted that men had more intellect, for that matter women should listen or defer to their partners when it comes to household decision-making:

The reason why a woman should listen to the man is that he is the head, even if you are taller than him, he has wisdom. In everything, you need to let him know and make him understand, maybe he has advice to give to that will help you. (Accra, Christian woman, junior secondary school level of education)

On the contrary, a traditionalist woman from Tamale indicated that men undermine the intellect of women regarding household decision-making in their societies. However, she felt that women are better placed, just as men, and in some cases better than some men, to make household decisions. Suggesting that men should consult women in decision-making since joint decision-making is the best way to make decisions. She noted that:

A lot of you [referring to the male interviewer] do not know that the ideas of a woman can also help save a situation even more than some men. Some women’s ideas can be better than that of men. Therefore, men should know that when a woman is consulted on certain decisions it would help the course of that decision. (Tamale, Traditionalist woman, no education)

Some men, especially in Tamale, where women’s intellect is mostly underrated, also acknowledge the fact that women are very important in household decision-making, proceeding to indicate that women have divine talent and usually take their time to make decisions. Some men suggested that it is good to go with the advice of women in household decision-making:

What I am about to tell you, not many people are aware of it, most men in ‘Dagbang’ [jurisdiction of *Dagombas*, a tribe in northern Ghana] think that women have no intellect, but actually, women are very important in deciding issues within the family. Allah [God] has given them some kind of foresight that some men do not have and when they advise a man against something and he ignores it, it will turn against him.

It has happened to many but if you work with it then something good comes out of it. So in this household, it is my wife I decide issues with regarding our daily lives. (Tamale, Muslim man)

But believe me, women are faster than men, when we are taking decisions, if it is about business, I will rush to make the decision, but she will take her time and look at the risk involve. One man told me that if you want to be rich, you let your wife control your finances and you will be rich. (Tamale, Christian man)

They [women] reason a lot, they reason very broad, but guys [men] no, we, we make decision and we just think positive, ooohh it will work but ladies will look at the risk involved. (Tamale, Christian Man)

Further, it was found that men did not want to be seen to be weak in decision-making and in some cases, become reluctant to consider the contribution of their partners in household decision-making. Thus, even if they were wrong or realise their partner's suggestion regarding a particular decision was the right one, they do not want their partners to know they were wrong or they implemented the suggestion of their partners and pretend as if it was their original idea. Indeed, both men and women mentioned this in the in-depth interviews and it was something that also cut across religion and context:

But most at times you go and realise there is something you didn't take a second look at, then you quickly come back and use the ladies idea but you won't let her know and go by it ... I came back but I wouldn't tell her I came back to take her plan. So I will say I did ... So most at times as I said you go and then you realise no, I should have checked some things, come back and pick hers but you wouldn't tell her. (Tamale, Christian man)

Sometimes men have some kind of pride or some kind of ego in them, they do not want to take women's suggestions. ... Because they feel like they are the heads of the family, but then their ego will not allow you the wife to make decisions ... You can make a decision with him and sometimes he will not consider your contribution because of pride, because he is the head. (Tamale, Muslim woman)

Sometimes there is something to be done and I tell my husband let's do it like this he will say no! I think we should do it this way and I will say, ok you are the man of the house let us do it as you want. (Accra, Christian woman)

Participants, especially men provided reasons for men's authority in household decision-making. 'Man as provider' in the household, underrating women's intelligence and men not wanting to be seen or perceived as weak in decision-making were the reasons for men's authority in household decision-making. The next section explores attitudes toward the status quo in household decision-making.

7.6 Attitudes towards the Status Quo in Household Decision-Making

Men generally want to maintain the status quo of being in control of household decision-making. From the in-depth interviews, men indicated that women should not be allowed to make decisions

their way, regardless of their position or status in society. Some men justified maintaining the status quo in household decision-making with cultural and religious prescriptions on household decision-making. To enforce the status quo in household decision-making, men often demanded that women should ask permission from them before making decisions, indicating that if you give women the opportunity to make decisions, they will control you, the man:

If you leave her to her fate like that, it is not good [regarding decision-making]. She cannot be on her own; you have to be restricting her movement, behaviour and attitude. What she used to do at her home, she no longer has to be doing that in anyway. For me I think a man should have more power in decision-making than a woman in marriage if not, she will override him and would not listen to him, she will do things that will be unimaginable. Do not let her be in charge of decisions, if not she will control you like a dog. Restrict her even if she is the one providing for the whole family. After marrying her, you become like a parent having to take care of her as if she was your child. So the man should be the decision maker in the household. If she will not abide by your decisions in the household, she should go and marry someone else. Give her your rules, if she will not follow, then you should not accept. Women's issues in the household can be handled by her but not too much freedom. (Tamale, Traditionalist man, no education)

A woman has power in decision-making but she has to consult the husband, even if you are a minister and you are a woman, before you go out to say something you have to consult your husband in the house. A woman cannot just go and stand out there and be talking without consulting the man. Even in the Bible, it is only that I cannot give you the exact quotation, but it is in the Bible that the woman has to consult the husband. So, for me, I believe strongly that before a woman takes a decision she has to consult a man or her husband. (Accra, Christian man, tertiary level of education)

Some women indicated that it was inappropriate for a woman to make decisions without their partners' consent. Women generally mentioned that a woman is supposed to serve the man because he is the head of the household. There was also the conscious effort by women to distinguish between serving and worshipping, arguing that serving the man was not worshipping him:

There are certain things that the woman is supposed to do for the man, like serving him as a servant, I can't say it is worship but you are serving him because he is the head of the family (Tamale, Christian woman)

Women do not appear to contest the power structure or the gender roles in household decision-making. From the data, it appears that women are content with the status quo concerning the power dynamics in the household decision-making since they are sanctioned by religion as one woman noted:

The religion always says a woman is supposed to submit herself to her husband so whatever the man says, even though this may go against your wish, you have to abide by them because of the religion. (Tamale, Muslim woman)

Some women also indicated that being a good subordinate and undertaking your roles diligently comes with blessings:

You have to serve your husband because he is the head of the household otherwise you will not get blessings from God. (Accra, Muslim woman)

Some of them [women] do not respect their husbands and when he says anything, they do not take it. Such a woman can use the man like a child. But all these things do not help because you have to be humble to your husband in order that you can get anything from heaven. (Accra, Muslim woman)

While men want to maintain the status quo in household decision-making, women do not appear to contest the power structures in household decision-making as shown in this section. The next section explores the process of household decision-making.

7.7 Women in Household Decision-Making Process

For the purposes of this study, the process of household decision-making is divided into three stages, initiation, discussion and final decision-making stage. This section explores the role of women in the household decision-making process

Initiating Household Decision-Making

In this study, five domains of household decision-making were of interest (decision-making in daily household needs, major household needs, women's own health care, women visiting family or relatives and number of children to have). However, in the course of the discussions, other decision-making domains such as choosing the school a child will attend and contraceptive use also came up.

In the data it appeared that women mostly initiate household decisions because they are the 'managers' of the household and these decisions considered in the present study are directly related to them. As one woman noted:

Interviewer: In your house who often brings up discussions on decision-making?

Participant: Me (woman)

Interviewer: Why is that so?

Participant: Because it is not the concern of the man, so I will have to bring up issues in the household so that we can make decisions on them (Accra, Christian woman)

Discussing Household Decision-Making

Besides generally initiating household decision-making, women are mostly involved in the household decision-making process. It was common for both men and women across religion and context (Accra and Tamale) to indicate that they usually discuss household decisions with their partners. In some cases, children were also involved in discussions about household decision-making when it was related to them:

In this house, I will say it is the two of us ... Like I said, the two of us, we are together and one person cannot decide that maybe I want to buy this and you go on to buy it. It may happen that, to you it is important that you have to buy it but when you come together and analyse it, it may happen that it is important but not for now, so when

the two of us come together we think about it, see how important it is before we buy it. (Tamale, Christian woman)

Both of us, we make household decisions together. For example, for major purchases, we make a list and based on the list, we discuss and go ahead. (Tamale, Muslim woman)

Sometimes when I see that there is the need for me to do something, I discuss it not with my partner alone even with the children. (Tamale, Christian man)

Household decision-making, both of us discuss and agree on these things. (Accra, Christian man)

In this household, we discuss everything together. (Accra, Christian woman)

Participants generally indicated that it is better to discuss decisions with your partner for various reasons. However, as one woman put it “it is not every decision that the two of us need to discuss, we discuss decisions when it is necessary.” It was common for participants to mention that it is better to discuss decision-making because individuals have varying views on issues, which is important in making good decisions. Some participants used sayings such as ‘two heads are better’ and ‘for the sake of peace’ to buttress their point:

So even if she is the one coming out with the decision she must seek at least your opinion, because there is this saying that two good heads are better than one. (Tamale, Muslim man)

I believe that in making household decisions it should be collective, not necessarily by a man or the head. (Accra, Christian man)

You know we don’t reason in the same way, we all think differently, one person’s thinking cannot work, we all think about things and then bring it out and then you will sit together and discuss it ... we were two separate people but because of marriage we are now one. So if you make decisions and he also makes decisions it will not be productive. We have children, if they see that the man takes decisions and the woman takes decisions will they become responsible people. So we make decisions together. (Tamale, Christian woman)

If you do it in such a way that he does not like it, he will not be happy with you. So if you want peace to prevail it is good you discuss with him, then the two of you will come to a conclusion. (Tamale, Christian Woman)

Final decision-making

Getting to a final decision in household decision-making is not always straightforward. It can be a protracted and sometimes a reiterative process. It is worth also noting that it is not all decisions that are concluded. Even though women play a role in initiating and discussing household decision-making, men still hold the final say in household decision-making as some of the participants indicated:

For instance, this boy's school, I wanted him to start school this January but he said we should leave it till September so that he will be exactly two years then we will let him go. But I was saying that he is the kind that is fast and talks "small small". He had the final say, mine did not hold. (Tamale, Muslim woman)

The man is the head of the family, as long as you say "A", that should be it. Though your wife might not like it, she has to compromise so that you will move together. (Accra, Christian man)

Women play a key role in the process of household decision-making but men hold the final authority. However, women, in most cases use various tactics to get decisions in their favour as will be shown in the next section.

7.8 Tactics Women Adopt in Household Decision-Making

When women feel strongly about a decision that is not going the way they expect, they adopt various tactics to get the decision in their favour. Some women will normally try to explain their position or plead to get their partners to change their position on that decision. As one woman explains:

If you are supposed to go somewhere and he does not give you permission, you cannot go. Even if you have to plead with him, you have to. Or you can explain to him why you have to go and if he wants, he will tell you not to go. That is how it is. (Tamale, Christian woman)

Among women who were earning wages, when their partners fail to agree with them on a particular decision or if they know their partners will not agree if they discuss it with them, they sometimes take the decision without informing their partners. These women suggested that sometimes making decisions without their partners' consent is the best thing to do, just as the men said about women in household decision-making as pointed out by some participants:

Sometimes when you make a decision without your husband's knowledge, it helps: (Accra, woman, earn wages)

You do it together or you just go, hide and do your own thing because you want two children. (Tamale, woman, earn wages)

He said it was not important ... a pressing issue okay, so I had to do it behind his back, I bought it with my own money. (Accra, woman, earn wages)

However, men are aware that women are capable of taking decisions without their consent as elaborated in this excerpt:

Sometimes you know these women they agree they want two [children] and by the time you realise another one is here and you wonder where it is coming from (Tamale, man)

Women indicated that even if their partners became aware that they took a decision without their consent, they had ways of cooling their temper. They would either apologise or find a way of making them laugh, and that will be it:

If I decide to take [enrol] a child to school without his consent, he will say he has no hands in it. And he will talk talk talk, then I will apologise and that is all. He will not be happy and there will be nothing. And when he decides not to talk to me, I will find a way of getting him to laugh. When he does, that is all and it is ok. There are no sanctions later. (Tamale, Muslim woman)

Some women, especially Christian women in Accra, appeared to be more assertive in household decision-making, with some indicating that they argue with their husbands when there was the need to do so:

For my husband and I, we argue about issues but because of our Christian faith, we have agreed not to argue or do so when the children are around. (Accra, Christian woman, age 40, primary education)

In some cases, women cajole men to make decisions in their favour. Women indicated that they knew what to say or do to their partners to convince them to make decisions in their favour. Men are also aware that women have deceptive ways of making them accept what they (women) want in household decision-making. Some participants indicated that men tend to change their position in decision-making when women pamper them like touching them and saying nice things like darling, sweetheart among others. These techniques were more common among younger couples and especially Christians in Accra:

We have our ways and means as women, okay, you know what to say, like pampering him to convince him to buy into a decision and sometimes even make it look like it is his decision. As women, we do that. (Accra, Christian woman)

In decision-making, like pampering you, using her hands to rub your head saying you are my darling, you are this, then in the course of that, you may try to please her and say okay you can do it, it is fine. (Accra, Christian man)

Another strategy that women use is ‘nagging’. Women keep talking or complaining about the decision that they feel is not going their way. Essentially, they keep talking about it until the partner gives in to their demands:

The process, well it was a statement that came up, she called me and told me that this is what is happening, she feels we should change the school, the school fees is high “blah blah blah” [signifying she kept talking about it] and kept saying at every given opportunity. So I asked her to go ahead. (Tamale, Christian man)

When women are not able to convince their partners to accept their opinion in a particular decision, they involve ‘significant others’ like relatives to help sway the decision in their

favour. This strategy appears to be popular among women, especially Muslims and Traditionalists in Tamale:

There are also issues I sometimes have to consult his younger brother first who will in turn speak to him on my behalf. (Tamale, Traditionalist woman)

She confides in my daughter who introduced her to me for marriage, so anytime she consults her she speaks to me and we resolve it. So that is what happens. (Tamale, Muslim man)

Whereas women have tactics to sway decisions in their favour, from the data, it appeared that there are strategies to maintain the status in household decision-making as discussed in the next section.

7.9 Strategies to Maintain the Status quo in Household Decision-Making

Both men and women generally agree that it is justified to sanction a woman for making a decision without the partner's consent. In fact, both men and women across religion and context (Accra and Tamale) generally indicated that physical abuse (beating) was not an acceptable form of punishment for women's decision-making without their partner's consent. However, one Muslim man in Tamale indicated that some men beat their partners for making decisions without their consent:

Some husbands beat their wives for making decisions without consulting them, yeah. Sometimes they abuse them and all that. (Tamale, Christian man)

In the interviews, there were two cases where physical abuse (beating) was mentioned as punishment for a woman making a decision without the partner's consent. One was a Muslim man in Accra who indicated that it was acceptable, according to his religion, to beat your partner for repeatedly taking decisions that the man did not approve:

Participant: When she wants to make any decision, I can say that I do not like the thing you're doing. So if she doesn't want to listen to me, for that one I can in our religion give her punishment, I can beat her ... okay, for the first time you can warn her. If she does it the second time, that one you can beat her because she is your wife, yes. You should give her a slap.

Interviewer: Why should you beat her the second time?

Participant: Because I warned her and she did not listen to me and she is doing something without my permission I can beat her. (Accra, Muslim man)

A Muslim woman in Tamale also indicated that her partner sometimes beat her up when she made decisions without his consent:

Interviewer: Are there any likely sanctions that your partner metes out to you when you make a decision without his consent?

Participant: Yes, there are sanctions he metes out to me. Sometimes he beats me up for making decisions without his consent or he will warn me seriously that I should not do that again. (Tamale, Muslim woman)

Besides these cases, participants across religion and context (Accra and Tamale) were against any form of physical punishment (beating) when women make decisions without their partner's consent:

But no beating (Accra, Christian woman)

But not beating her, it is not the best, the only thing you can do is sanction her by not talking to her, refusing her food, all that Islam says but beating her will not solve the problem, it will rather worsen it. Beating as a sanction is not the best. (Tamale, Muslim woman)

When it happens she does something without informing me, I will just call her and caution her not to do that again. I will not beat her for anything. She has given birth to four children now and I have never raised a finger against her, I do not think that is the way. (Tamale, Traditionalist man)

As for beating a woman or punishing her in any way is not the way adjudged by Allah [God]. We can always dialogue and discuss issues without beating her. It is all because of anger that people sometimes do it and if you are a good man, it is good you even ask for forgiveness from her if you have done that. (Tamale, Muslim man)

From the data, participants indicated that men usually do not talk to their partners as a sign of protest when the woman takes a decision without their consent. This is usually done over a period, which can last from a day up to a month until the woman apologises or shows signs of remorse:

He would not talk to me for a while, he will just be quiet, and he might not say anything to me for weeks and months. (Tamale, Muslim woman)

For me, normally what I do is that I do not mind you. I just ignore you for some time, you understand. (Accra, Muslim man)

My husband, he will just look at you with his eyes and say nothing and just wait for the chance to say I told you so. If it works out fine but he is actually really waiting to say I told you so. (Accra, Christian woman)

In other cases, men register their displeasure by censuring their partners not to repeat that again. After censuring women, men sometimes involve significant others like their pastors to advice the women to ensure that they do not make decisions without their consent:

As for punishments, there are a lot e.g., you can sit her down and warn her not to do that again. You can also involve an elder that she respects to talk to her. (Accra, Christian man)

If it is a decision I would have preferred to be consulted on, maybe a rebuke ... I mean, just a protest, something that will just let her know that I am really not happy with such a decision. (Accra, Muslim man)

By all means, he is human he will speak out. In most cases if something like that happens he would not register his displeasure to me, he will go straight to my pastor and tell him. (Accra, Christian woman)

Men especially indicated that when their partners make decisions without their consent and it goes wrong they punish them by making them bear the consequences of the decision they took. This, according to men, will make women learn from their mistakes, however, some men suggested that, they might help save the situation at some point if need be as noted by some participants:

Like I said, if it goes wrong, then you [woman] fix it. But I wouldn't just stay away, I will be on guard but you need to feel it. He who feels it knows it more. So let's say if you are going to buy a car and you decide not to tell me, all of a sudden you want to surprise me with a rotten car, the next day the battery is off, then you come to me that I should buy you a battery, no! Suffer and get the battery. (Tamale, Christian man)

Yeah, with decisions without my consent, if she is facing problems from that decision, I would let her suffer a little from the repercussions of the decision before I will help her overcome it or find a solution. (Tamale, Muslim man)

Another form of punishment that was mentioned by participants was the man refusing to eat food prepared by the woman. This, according to some participants, can be done for about three days, indicating that not eating the food prepared by the woman is a big punishment and women usually have sleepless nights because of that as indicated by some participants:

He will just tell you not to repeat it again and when you repeat it again, he will not eat. (Tamale, Christian woman)

He will not eat at home for some time and when it happens I will apologise, like in this case, after we discussed it, that was all, it ended there. (Tamale, Muslim woman)

Yes, it depends on the issue, there are times you will punish her by not eating her food for 3 days. That one is a big punishment, because when a woman cooks and the husband does not eat she will not sleep well. (Tamale, Christian man)

Muslim men, especially, also refrain from making love to their partners as punishment for making decisions without their consent. In most cases, men will deliberately not sleep on the same bed with their partners. This is usually done to get women to show some sense of remorse and apologise for what they have done.

Yes, for the major decisions, religion does not prescribe harsh punishment but one could avoid her at night [avoid having sex] to serve as a punishment for her. For instance, when she is on the bed, you stay on the floor and vice versa. Religion prescribes that we do it mildly so that when it gets out of hand then we bring in third parties. (Tamale, Muslim man)

You are advised to first of all, tell her and if she does not change or show remorse, then you avoid her in bed. They fear it more than any other thing in the world. You know, it is Allah [God] who created us and He knows what will affect them more than any other thing. So when you avoid her in bed for two to three days and she comes to your bed and gets no attention, it will prompt her to ask you what her offence is and then you tell her for life to go on. (Tamale, Muslim man)

In Tamale, some men will stop giving out money for cooking and, in situations where they have children; men indicated that they would take care of only the children. Further, some men indicated that when a woman takes a decision without their consent, they make sure the woman does not leave the house for a while as punishment ('quarantine').

Denying her money for cooking and taking care of your children alone and leaving her to her fate. (Tamale, Traditionalist man)

Sometimes I will intensify restrictions, I will maybe quarantine her for some time and not make her go out. (Tamale, Muslim man)

Another form of sanction that men meted out to women when they make decisions without their consent was that they could divorce them or separate for a while. However, this was reserved for extreme cases. Women mentioned that it was not easy to get married, thus, it was better to hold onto your current marriage. As noted by some participants:

Divorce, that is what I said, it depends on the decision you make without his concern. Let me put it this way, I am with him he is my husband, then I become pregnant, he knows I am pregnant and I go ahead and abort it and he is not even aware that I have done that, what do you think will happen? So it depends on the decision you make. (Tamale, Christian woman)

The severe sanction will be, go back to your parents. (Tamale, Muslim woman)

Yes, there are sanctions. For instance, he can ask you to leave his home; and now it is not easy to get married, if God gives you one [a husband], you have to hold on to him. He can go and bring another woman who will obey him. (Accra, Christian woman)

But in cases where a woman is 'stubborn' and refuses to apologise for her behaviour, I believe it will be appropriate to send her back to her parents until further notice. But this should be done without packing her belongings out of her matrimonial home because that might escalate the misunderstanding. (Accra, Traditionalist man)

7.9.1 Fear of making decisions

Indeed, because of the consequence of women making decisions without their partners' consent, which is usually sanctions, some women entertain fears when they are going to make certain decisions without their partners consent.

Interviewer: you want to make a decision and you are scared, or you cannot do it, you want to, you want to decide things on your own but you cannot, certain times he will say do this but you will see that It is not right

Participant: [laughs] ... yeah, that one "dier" [emphasising it happens], yeah

Interviewer: so are there some like that?

Participant: yeah

Interviewer: so there are some that you want to?

Participant: yeah

Interviewer: so what kind of decisions are they, that you will like to make but you cannot make? Decisions that you want to take on your own but because of certain things you cannot

Participant: yeah like going out and things like that, you know, when you marry you will be restricted from doing certain things. (Tamale, Christian woman)

I don't feel like that, because there are decisions you will take on your own. If anything happens at the end, your husband will blame you, he will say, see what you have done, you did not tell me. I always want to avoid being blamed. So I don't do that. (Tamale, Christian woman)

It might be out of fear. (Accra, Christian man)

Indeed, there are various socially acceptable punishments for women making decisions without their partners consent.

7.10 Conclusion

This chapter sought to explore dynamics of household decision-making across religion and context (Accra and Tamale) in Ghana, utilising qualitative data. Employing the thematic analysis approach, the findings from the in-depth interviews were organised into nine themes: religion, culture and household decision-making, socialisation in household decision-making, authority in household decision-making, reasons why men have authority in household decision-making and attitudes towards the status quo in household decision-making. The chapter further explored women in the household decision-making process, tactics women adopt in household decision-making and strategies to maintain the status quo in household decision-making.

The results showed that culture and religion shape household decision-making dynamics. These two forces complemented each other and served as bases for the justification of the existing power structures and gender roles in household decision-making. All the religious traditions have similar if not the same ideals with regard to household decision-making dynamics, which are consistent with traditional patriarchal ideals of household decision-making. In essence, religion reinforces the inequality in traditional patriarchal ideals of household decision-making, as also noted by Rakoczy (2004). It was common for participants, both men and women across religious affiliation to refer to religion and cultural norms and values when discussing the power structures or gender roles in household decision-making. Other scholars have also noted the inseparability of religion and cultural practices in the mundane lives of most Ghanaians, which perhaps explain participants reference to religious and cultural norms and values when discussing women's autonomy in household decision-making (Doctor et al., 2009; Quashigah, 1999).

Consistent with the theory of gender socialisation (Bussey & Bandura, 1999), both men and women are socialised to understand their position and roles in household decision-making through various sources and anything to the contrary is unacceptable. Men and women do not just observe and internalise these norms and values regarding gender relations in households from their

parents and other people in the society, they are also ‘taught’ through the advice and counselling they go through before marriage. Men and women are also expected by society to enact these gender relations and roles throughout their lives. Men and women rationalise the power structures and gender roles in household decision-making. They both argue that it is necessary for the smooth running of the household. This line of reasoning speaks to how through socialisation, society has influenced people not to challenge the existing gender power relations in household decision-making. In a study in Ghana, which explored gender socialisation and young adolescents’ attitudes to sexual and reproductive issues, found that young people do not only observe and learn about household decision-making from various sources, but they were also taught (Ampofo, 2001). In line with this process of socialisation, in the present study, both male and female participants mentioned learning household decision-making from parents, friends, media, from their own experiences and religious institutions.

Generally, households or families are not homogenous. However, regardless of background, participants favoured joint discussions, but men hold the final authority in household decision-making. The present study provided some evidence of very subtle differences across religious groups and context. Christian women across context (Tamale and Accra) appeared to be more ‘assertive’ as they sometimes argue with their partners about household decision-making compared to Muslims and Traditionalists women. This finding is similar to the finding of Johnson-Hanks (2006) among the Mossis in Burkina Faso, who observed subtle religious differences. For instance, the study found that Christian women reported more conversation, collaboration, and agreement with their husbands than Muslim women did. In the present study, participants in Accra expressed more joint decision-making in the household and agreement than women in Tamale did.

Across religion and context (Accra and Tamale), men hold authority in household decision-making and from the data there was evidence to suggest that men want to maintain the status quo. Men justify the need to maintain the status quo in household decision-making, indicating that they ‘marry the women’ (also see Frost & Doodoo, 2010), provide for the upkeep of the household and in the case of some men, they thought that women do not have the intellect to take control of household decision-making. Men insist on leading and being in control in household decision-making. Thus, men demand that women ask permission or defer to them in household decision-making. Men justified their position using religious and cultural prescriptions. These findings are similar to the findings of Frost and Doodoo (2010), who explored adolescent boys’ gendered expectations for bride wealth and marriage among the Akwapim of southern Ghana. The study found that adolescent boys anticipate control over and obedience from their partners.

Women, in the data appeared not to be contesting the power structures and gender roles in household decision-making. In some cases, women indicated that the status quo in household decision-making was fair. In the United States of America, Bartkowski and Read (2003) also found that largely Evangelical and Muslim women embraced the idea of wifely submission. In short, it appears that men and women accept the status quo in household decision-making as given. Feminist ideologies insist on changing the existing gender relations and women's subordination, which is argued to be unacceptable (Hirsch & Keller, 2015). In this study however, women appeared not to contest their subordinate position and justify it using cultural and religious prescriptions that, a committed wife (subordinate) will get blessings from God and also go to heaven. This could be explained by the fact that Ghanaians have strong attachment to their religions, hence, contesting the status quo in household decision-making, prescribed by religion may be unacceptable to them (Gallup International, 2012). This situation begs the question of whether women want equality with men in household decision-making. As the general feminist literature suggest that gender inequalities need to be changed because they view prevailing gender relations, especially women's subordination to men as unacceptable.

Despite the subordinate position of women in household decision-making, they appear to have a great deal of influence in the household decision-making process. It was observed that women usually initiate household decision-making and play influential roles in the decision-making process. In situations where they are not able to get decisions to turn in their favour, women use various tactics such as subtle defiance, cajoling men, 'nagging' and involving 'significant others' when they have a strong feeling about a particular decision. Silberschmidt (1992) also observed that Kisii women in Kenya, despite being subjected to a number of oppressive mechanisms legitimised by the patriarchal system, Kisii women were active in their societies, had influence and authority notwithstanding their social circumstance.

Participants generally indicated that it is justified to sanction a woman for making decisions without the partner's consent proffering sanctions such as rebuking, not talking to the woman, denial of sex and not eating food cooked by the woman. The most pronounced differences between Christians and Muslims was in the use of physical abuse as a sanction for women making decisions without their partners consent. While it was generally indicated that physical abuse was an unacceptable sanction for women making decisions without their partner's consent, there was an attempt by a Muslim man in Accra to religiously justify physical abuse as a sanction in such circumstances. Indeed, another Muslim woman in the Tamale also indicated that her husband sometimes beat her for making decisions without his consent. A study in the Sandzak region in Serbia found that Muslim men were more likely to beat their wives compared to Christian men (Cvorovic, 2008). However, other Muslim men, who spoke against beating a woman for making

a decision without the partner's consent, indicated that it was highly unacceptable according to Islam to beat your partner. Perhaps, some Muslim men spoke against beating as a sanction when women make household decisions without their partners consent because it was common among their peers. Plausibly, these men enforce their position in household decision-making using physical violence against women. In another study, exploring the impact of family planning on gender relations in northern Ghana, it was found that because of the anxiety of men to maintain their authority in reproductive decision-making, men sometimes use violence to enforce their desires (Bawah et al., 1999). Because of physical violence, it was not surprising to see that some women entertained fears in making decisions without their partners consent.

CHAPTER 8: SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

8.1 Introduction

The present study set out to investigate religion, regional context and women's autonomy in household decision-making in Ghana. The general theoretical literature on the relationship between religion and women's autonomy in household decision-making is still a grey area of research in sub-Saharan Africa, with several unanswered questions in the discourse. Specifically, the objectives of this research were to:

- a) Investigate the predictors of women's autonomy and the influence of religion and regional context on women's autonomy
- b) Identify and describe the different subgroups of women based on their participation in household decision-making
- c) Investigate the predictors of men's attitudes towards women's autonomy and the influence of religion and regional context on men's attitudes towards women's autonomy
- d) Explore dynamics of household decision-making across religion and regional context

The study employed a sequential mixed-method approach, utilising quantitative data from the 2008 Ghana Demographic and Health Survey dataset and qualitative data collected from Ghana in 2014/2015. It utilised quantitative and qualitative methods to accomplish its objectives. Key findings from the study, theoretical implications, conclusion, policy implications and recommendations for further research are outlined below.

8.2 Summary of Findings

This section synthesises the empirical findings to address the four set of objectives of the study.

(a) Examine the predictors of women's autonomy and the influence of religion and regional context on women's autonomy

Ghanaian women generally participate in household decision-making regarding daily household needs, major household purchases, women's own health care, visiting family or relatives and the number of children to have. More than nine in ten (95%) Ghanaian women are

autonomous in household decision-making. With respect to each indicator of women's autonomy in household decision-making, the proportion of women participating was ranging from 60.08% (major household purchases) to 82.82% (freedom of movement). Similar findings were observed in the qualitative data, which also showed that Ghanaian women generally participate in household decision-making as women indicated that they usually make household decisions with their partners. The study showed that there was a significant relationship between religion and women's autonomy in household decision-making. While women affiliated to the Traditionalist/Spiritualist faith were more autonomous than Christian women, Muslim women were as autonomous as Christian women, once regional context and other variables were controlled. Further, the study found that women in southern Ghana were less likely to be autonomous compared to their northern counterparts. Across regional context, Muslim women were not significantly different from Christian women. However, Traditionalist/Spiritualist women were more likely to be autonomous compared to Christian women in the northern context, while Traditionalist/Spiritualist women were dropped in the southern context model because of perfect prediction. Generally, women's autonomy in household decision-making was associated with age, showing that for every additional year of age, women were more likely to be autonomous. Women with secondary⁺ level of education and women who were engaged in wage earning labour were also associated with women's autonomy in household decision-making.

(b) Identify and describe the different subgroups of women based on their participation in household decision-making

The study showed that using Latent Class Analysis, Ghanaian women could be categorised into three subgroups based on their household decision-making patterns, namely, "Poor"; "Average" and "High" levels of autonomy groups. While 52% of Ghanaian women were classified in the "High" level of autonomy class, 40% were classified into the "Average" level of autonomy class and 8% were classified into the "Poor" level of autonomy class. Membership in the "High" level of autonomy class compared to membership in the "Poor" level of autonomy class was selective of older women, Secondary⁺ education, earning wages and being in polygynous marital unions. On the other hand, Membership in the "Average" level of autonomy class compared to membership in the "Poor" level of autonomy class was selective of women resident in the north, older women and women in the labour force.

(c) Examine the predictors of men's attitudes towards women's autonomy and the influence of religion and regional context on men's attitudes towards women's autonomy

Generally, men are in favour of women participating in household decision-making regarding daily household purchases, major household purchases, visiting family or relatives and deciding on the number of children to have. This was found in both the quantitative and qualitative data. Ninety five percent (94.83%) of men had favourable attitudes towards women's autonomy in household decision-making. A high proportion of men indicated that women should participate in each indicator of household decision-making with the exception of major household purchases, ranging from 49.32% (major household purchases) to 73.73% (daily household purchases). There was no statistically significant relationship between religion and men's attitudes towards women's autonomy in household decision-making. Across regional context, religion was still not significantly related to men's attitudes towards women's autonomy in household decision-making. Moreover, there was no statistically significant difference between regional context and men's attitudes towards women's autonomy in household decision-making. The results showed some level of homogeneity among Ghanaian men with regard to attitudes towards women's autonomy.

(d) Explore dynamics of household decision-making across religion and regional context

The findings of the present study demonstrate the importance of cultural and religious ideals in household decision-making. The results showed that religion reinforced the long-standing patriarchal norms and values of household decision-making. Both men and women learn household decision-making norms and values from their families, the media and from religious institutions. According to these norms and beliefs, men are heads of households and are supposed to lead and be in control of household decision-making. Men insist and justify the status quo (power structure and gender roles) in household decision-making using cultural and religious prescriptions that the man is the head of the household and the fact that they are the providers for the household. Among some men, women do not have the intellect of making decisions on their own.

Men use various sanctions such as physical abuse and refusal to eat to reinforce the status quo when they feel there is the need. The results show that, while men insist on maintaining the status quo in household decision-making, women as subordinates in household decision-making do not contest the power structures (men as heads and women as subordinates) of household decision-making and suggest that they need to be submissive and defer to their husbands in household decision-making as prescribed by culture and religion. The study found that women

play an influential role in the household decision-making process. When women feel strongly about a decision they use techniques such as “taking decisions without the partners consent”, “cajoling”, “nagging” and involving “significant” others to get decisions in their favour.

8.3 Theoretical Implications

This study employed two competing pathways (particularised theological pathway and the selectivity hypothesis) to explain religion, regional context on women’s autonomy in household decision-making as well as men’s attitudes towards women’s autonomy. These two hypotheses have also been used in Ghana to study religion and behaviour in the Ghanaian context (Gyimah, 2007; Gyimah et al., 2006). The results of this study showed that while autonomy is associated with Traditionalist/Spiritualist²² women compared to Christian women, Muslim women were not significantly different from Christian women. Hence, in the context of household decision-making, this study lends credence to the particularised theology pathway, which suggests that the teachings, beliefs and values of various religious groups by themselves may influence behaviour.

Additionally, in the literature, the autonomy of Muslim women relative to other dominant religious groups such as Christianity and Hinduism has been very important, through which two hypotheses (“fateful triangle” and “regional social system”) were used to explain the position of Muslim women. This study has shown that in Ghana, Muslim women are as autonomous as Christian women are, once regional context and other socio-demographic characteristics are controlled. Thus, the findings of this study falls in line with the “regional social system’s argument as opposed to the “fateful triangle”, which suggest that religious differences between Muslim women and women of other religious faiths are explained by regional context and other socio-demographic characteristics. The findings of this study corresponds with other studies from elsewhere (also see Amin & Alam, 2008; Ghuman, 2003; Jejeebhoy & Sathar, 2001) and contradicts others (Cvorovic, 2008; Foroutan, 2008).

With respect to men’s attitudes towards women’s autonomy in household decision-making, the present study found that religion was not significantly related to men’s attitudes towards women’s autonomy in Ghana, when regional context and other variables were controlled for. In addition, religion was not a significant predictor of men’s attitudes towards women’s autonomy across regional context. Thus, the data support the selectivity thesis and to some extent consistent with the findings of Gyimah (2007), who found that religious differences in child survival could be attributed to other factors and not religious affiliation (Gyimah et al., 2006).

²² This result should be taken with caution since the number of Traditionalist/Spiritualist women is too small.

This study used the theory of gender socialisation to explain gender socialisation in household decision-making (Bussey & Bandura, 1999; Coltrane & Adams, 2008). Consistent with the social cognitive theory, the present study found that, men and women from childhood learn about household decision-making through observation (from sources such as family members, friends and media) to shape their perspective of gender power structures and gender roles in household decision-making. In addition, at the point of marriage, men and women are “taught” about household decision-making. Through socialisation, both men and women come to accept the status quo in household decision-making and know that it is socially acceptable to conform to the existing norms and values on the status quo of household decision-making. These findings are consistent with findings in Ghana that gender socialisation start at early ages, where both girls and boys adopt gender appropriate preferences, skills, attributes and personality traits (Ampofo, 2001; Frost & Dodoo, 2010).

The study drew on the legitimation structure of structuration theory to assess how men and women as agents, on one hand, and structures (religion and regional context), on the other, interact to influence women’s autonomy in household decision-making through attitudes of men and women (Giddens, 1984). The legitimation structure suggests that societal structures produce moral order through societal norms, values and standards. Interaction between agents and the structure shape social norms and values, and are juxtaposed against the moral rules of the structure. Hence, whether or not an action is considered legitimate in the social order is structured by this dimension of legitimation (Lamsal, 2012). The present study found that religious and cultural (structures) institutions define appropriate gender power structures and gender roles in household decision-making across regional context. These norms and values shape appropriate attitudes towards women’s autonomy in household decision-making, which then influence women’s autonomy in household decision-making. In line with structuration theory, people are knowledgeable about religious and cultural norms and values regarding gender power structures and gender roles. According to structuration theory, agents are empowered and constrained by the structures that they created. In the present study, both men and women do not contest the existing status quo in household decision-making indicating that it is prescribed by both religion and culture. Indeed, men and women understand the importance and implications of the power structures in the household as they suggest that anything contrary to the existing status quo is unacceptable and that it is necessary to know who leads in household decision-making. The study also found that when necessary, it was justified to sanction women who made decisions without their partners consent. In addition, there were societally acceptable sanctions such as rebuking, not having sex with the woman and not eating food prepared by the woman when they make decisions without their partners consent.

8.4 Policy Implications

The findings of this study have implications for policies that aim at enhancing women's autonomy in household decision-making. In particular, the findings that age, education and wage earning labour and to some extent monogamy enhance women's autonomy in household decision-making generally. This suggest that strategies to enhance women's autonomy in household decision-making need to put more emphasis on educating women, especially beyond elementary level of education, creating job opportunities for women that will help them earn wages (also see Kabeer, 2005), educate women to delay marriage as well as encourage monogamous unions. In addition, the study showed that different set of factors influence women's autonomy in the northern and southern context. Hence, policies to enhance women's autonomy should be context specific.

This study also found that women and men do not contest the status quo in household decision-making and justify the existing gender power relations using religious and cultural prescriptions. Considering the fact that women and men are attached to their religious and cultural norms and values, it is important that policy makers use very tactful means to address the imbalances in household decision-making.

The study demonstrated the importance of religious institutions in socialisation and reinforcing power structures and gender roles in household decision-making. Hence, including religious leaders in efforts to rectify gender power relations in household decision-making through educating them to challenge the existing orthodoxies will be worthwhile. Further, the findings of this study showed that Ghanaian women could be categorised into three subgroups based on their pattern of participation in household decision-making; "Poor", "Average" and "High" level autonomy classes. Hence, this study provides the backdrop for programmes to be tailored towards the different subgroups of women in support of enhancing women's autonomy in household decision-making.

8.5 Recommendation for Future Research

The present study found that regional context was an important factor that influences women in household decision-making in Ghana. The study found that women in the southern context, comparatively more socio-economically developed and therefore expected to have an egalitarian society, are less autonomous in household decision-making compared to their northern counterparts. In addition, this study found that women affiliated to Traditional/Spiritualist religion were consistently more autonomous than their Christian and Muslim counterparts²³. Perhaps

²³ This result has to be taken with caution since the number of Traditionalist/Spiritualist women is very small.

African traditional norms and values provide a buffer in household decision-making. Hence, future studies should explore the reasons why women in the northern context are more autonomous than women in the southern context and why Traditionalist/Spiritualist women are more autonomous than their counterparts of other religious affiliation.

Additionally, future studies should explore relative contributions of partners to the household budget on women's autonomy in household decision-making, which can help capture the nuances of the importance of economic resources and women's autonomy in household decision-making.

8.6 Conclusions

Generally, Ghanaian women are autonomous in household decision-making and men also have favourable attitudes towards women's autonomy in household decision-making. Unlike some studies from parts of Southern Asia (Cvorovic, 2008), Muslim women in Ghana are as autonomous as Christian women once regional context and socio-demographic characteristics are controlled. However, Traditionalist/Spiritualist women were more autonomous than Christian and Muslim women. However, because of the small number of Traditionalist/Spiritualist women, the results should have to be interpreted with caution. The most important factors that influence women's autonomy in household decision-making in Ghana were regional context, age, education and economic status. In addition, the set of factors that influence women's autonomy vary from one regional context to the other. Contrary to the tenets of modernisation theory, women in the southern context, which is relatively more socio-economically developed and therefore expected to have egalitarian ethos, are less autonomous in household decision-making compared to their northern counterparts. Further, Ghanaian women can be categorised into three subgroups ("Poor", "Average", "High" levels of autonomy groups), based on their patterns of participation in household decision-making. Indeed, eight percent of women were classified into the "Poor" level of autonomy class, which reflects Ghanaian women's high level of participation in household decision-making. Despite the fact that Ghanaian women generally participate in household decision-making, men hold the authority in household decision-making, especially the final say and insist on maintaining the status quo. Indeed, culture and religion largely shape gender power relations in the dynamics of household decision-making and serve as the basis for justifying the status quo. Ghanaian men and women, largely do not contest the prescriptions of culture and religion on the power structure and gender roles in household decision-making. That said, women, subtly try, using various tactics to influence household decision-making. Indeed, 'men are the heads of households and expected to be in control of household decision-making; however, women are the necks, and when the neck turns the head will follow'.

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ANNEXURES

Annexure A: Ethical Approval



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South Africa 2520

Tel: (018) 299-4900
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Ethics Committee
Tel +27 18 299 4849
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ETHICS APPROVAL OF PROJECT

The North-West University Research Ethics Regulatory Committee (NWU-RERC) hereby approves your project as indicated below. This implies that the NWU-RERC grants its permission that provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title: Woman's autonomy and the attitudes of husbands in Ghana																															
Project Leader:	Prof I Kalule-Sabiti																														
Student:	K Fuseini																														
Ethics number:	<table border="1"><tr><td>N</td><td>W</td><td>U</td><td>-</td><td>0</td><td>0</td><td>2</td><td>2</td><td>0</td><td>-</td><td>1</td><td>4</td><td>-</td><td>A</td><td>9</td></tr><tr><td colspan="3">Institution</td><td colspan="5">Project Number</td><td colspan="2">Year</td><td colspan="5">Status</td></tr></table> <small>Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation</small>	N	W	U	-	0	0	2	2	0	-	1	4	-	A	9	Institution			Project Number					Year		Status				
N	W	U	-	0	0	2	2	0	-	1	4	-	A	9																	
Institution			Project Number					Year		Status																					
Approval date:	2014-07-29																														
Expiry date:	2019-07-28																														

Special conditions of the approval (if any): None

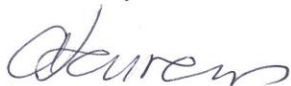
General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principle investigator) must report in the prescribed format to the NWU-RERC:
 - annually (or as otherwise requested) on the progress of the project,
 - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-RERC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-RERC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-RERC retains the right to:
 - request access to any information or data at any time during the course or after completion of the project;
 - withdraw or postpone approval if:
 - any unethical principles or practices of the project are revealed or suspected,
 - it becomes apparent that any relevant information was withheld from the NWU-RERC or that information has been false or misrepresented,
 - the required annual report and reporting of adverse events was not done timely and accurately,
 - new institutional rules, national legislation or international conventions deem it necessary.

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely



Prof Amanda Lourens
Chair NWU Research Ethics Regulatory Committee (RERC)

Please note that the title of the thesis was re-worded

Annexure B: Informed Consent

INFORMED CONSENT

Women's autonomy and the attitudes of husbands' in Ghana

Address: Population Training and Research Unit, Private bag, Mmabatho, 2735, North-West University (Mafikeng), South Africa
Principal investigator: Kamil Fuseini

My name is I am PHD student from the Population Training and Research Unit at the North-West University (Mafikeng campus), South Africa. I am conducting a research on women's autonomy and the attitudes of husbands in Ghana. The purpose of the survey is to understand the dynamics in household decision-making in Ghana. I will ask you questions about your background characteristics and household decision-making.

During the interview, I will only ask you questions about you and your household. I will not be conducting any medical exams or tests; I will only be asking questions. I do not believe that there are any risks associated with participation in this study. You are free to decide if you want to be in this research. Your participation is voluntary.

If you agree to be interviewed, the interview will last about 30 minutes. In the course of the discussion you may choose not to answer a question or even stop the interview altogether. If you choose to stop the discussion, all the responses you provide will be deleted from the study. However, if you consent to the interview, all the information that you give will remain confidential.

We will protect information about you and your taking part in this research to the best of our ability and your name will not appear in any report. However, trained research assistants may sometimes look at your research records. If you agree to the interview, I will take notes of the conversation between us on paper. I will also tape record the interview. Have I explained everything well enough to you? Do you have any questions for me?

After our interview, if you have any concerns regarding the study you may contact Kamil Fuseini [25163175@nwu.ac.za].

This research has been reviewed and approved by the North-West University Institutional Review Board (IRB). An IRB is a committee that reviews research studies in order to help protect participants.

CONSENT TO PARTICIPATE IN SURVEY

Please sign/thumb print below if you agree to participate in the study.

The above document describing the benefits, risks and procedures for the women's autonomy and the attitudes of husbands' in Ghana study has been read and explained to me. I have been given an opportunity to ask questions about the research and they have been answered to my satisfaction. I agree to participate as a volunteer.

Respondent's Signature/Thumbprint..... Date.....
Interviewer Signature..... Date.....

Annexure C: Background Characteristics

Annexure D: In-depth Interview Guide: Women

Religion

How does your religion influence your: 1) day-to-day decision-making; 2) major life decision-making

How often do you: 1) go to the Church/Mosque? 2) participate in “extracurricular” religious activities?

How does your religion influence how you make household decisions with your partner?

Probe: Do religious leaders preach about household decision-making or gender roles? What do they say?

Are there likely sanctions for people who do not abide by the teachings of your religion in this community?

If yes, how? If no, why?

Probe: How do these sanctions affect how you live your life?

Context

How do women like you in this community learn about household decision-making?

Probe: for institutions or agents

Women's autonomy

Who usually makes decisions in your household? Probe: why?

How often do you have discussions about decisions that have to be made with your partner?

Describe what happened the last time you and your partner had a discussion about a decision that needed to be made.

Probe: What was it about? Who initiated it? How was the decision made? (*the process*)

How was the final decision arrived at?

Probe for decisions on daily household purchases, major household purchases, health care for the woman, number of children to have, and visiting family or relatives

Are there decisions that you usually make and decisions that your partner usually make?

Probe: what are these decisions and why?

Do other members of your household participate in decision-making? If yes, who? What decisions? If no, why?

Attitudes towards women's autonomy

Are there decisions that you **SHOULD** make and decisions that your partner **SHOULD** make?

Probe: What decisions should you, your partner or both of you make?

Probe: Why should you, your partner or both of you make these decisions?

Probe for decisions on daily household purchases, major household purchases, health care for the woman, number of children to have, and visiting family or relatives

Are there household decisions that you **SHOULD** be making but you cannot?

Probe: which decisions are they and why can't you make those decisions?

Do you think other members of your household **SHOULD** be part of household decision-making?

Probe: Who? And Why?

Consequences of women's autonomy

Have you ever made a decision without your partner's consent? If yes? What decision was it?

Probe: What was your partner's reaction?

If no? What do you think would happen if you made a decision without your partner's consent?

Are there likely sanctions you think you can suffer for making a decision without your partner's consent?

Probe: what types of sanctions?

Do you think it is justified to sanction a woman for not asking permission before making a decision?

Probe: If no why? If yes why? What are these decisions?

What comes to your mind when they say a woman has power in household decision-making?

Annexure E: In-depth Interview Guide: Men

Religion

How does your religion influence your: 1) day-to-day decision-making; 2) major life decision-making

How often do you: 1) go to the Church/Mosque? 2) participate in “extracurricular” religious activities?

How does your religion influence how you make household decisions with your partner?

Probe: Do religious leaders preach about household decision-making or gender roles? What do they say?

Are there likely sanctions for people who do not abide by the teachings of your religion in this community?

If yes, how? If no, why?

Probe: How do these sanctions affect how you live your life?

Context

How do men like you in this community learn about household decision-making?

Probe: for institutions or agents

Women's autonomy

Who usually makes decisions in your household? Probe: why?

How often do you have discussions about decisions that have to be made with your partner?

Describe what happened the last time you and your partner had a discussion about a decision that needed to be made.

Probe: What was it about? Who initiated it? How was the decision made? (*the process*)

How was the final decision arrived at?

Probe for decisions on daily household purchases, major household purchases, health care for the woman, number of children to have, and your partner visiting her family or relatives

Are there decisions that you usually make and decisions that your partner usually make?

Probe: what are these decisions and why?

Do other members of your household participate in decision-making? If yes, who? What decisions? If no, why?

Attitudes towards women's autonomy

Are there decisions that you **SHOULD** make and decisions that your partner **SHOULD** make?

Probe: What decisions should you, your partner or both of you make?

Probe: Why should you, your partner or both of you make these decisions?

Probe for decisions on daily household purchases, major household purchases, health care for the woman, number of children to have, and you partner visiting family or relatives

Are there household decisions that your partner **SHOULD** be making but she cannot?

Probe: which decisions are they and why can't your partner make them?

Do you think other members of your household **SHOULD** be part of household decision-making?

Probe: Who? And Why?

Consequences of women's autonomy

Has your partner ever made a decision without your consent? If yes? What decisions was it?

Probe: What was your reaction?

If no? What would you do if your partner made a decision without your consent?

Are there likely sanctions you think women should suffer for making a decision without their partner's consent?

Probe: for types of sanctions

Do you think it is justified to sanction a woman for not asking permission before making a decision?

Probe: If no why? If yes why? What are these decisions?

What comes to your mind when they say a woman has power in household decision-making?

Annexure F: Paper Extracted from Thesis

Please see attachment on the next page



Academic Administration (Mafikeng Campus)

SOLEMN DECLARATION (for Masters and Doctoral Candidates)

1 Solemn declaration by student

I Kamil Fuseini declare herewith that the mini-dissertation/dissertation/thesis entitled, Religion, Regional Context And Women's Autonomy In Household Decision-Making In Ghana

which I herewith submit to the North-West University as completion/partial completion of the requirements set for the Ph.D. degree, is my own work and has not already been submitted to any other university.

I understand and accept that the copies that are submitted for examination are the property of the University.

Signature of candidate  University-number 25163175

Signed at _____ this _____ day of _____ 20__.

Declared before me on this _____ day of _____ 20__

Commissioner of Oaths: _____

2 Declaration by supervisor/promotor

The undersigned declares:

- 2.1 that the candidate attended an approved module of study for the relevant qualification and that the work for the course has been completed or that work approved by the Senate has been done
- 2.2 the candidate is hereby granted permission to submit his/her mini-dissertation/dissertation or thesis
- 2.3 that registration/change of the title has been approved;
- 2.4 that the appointment/change of examiners has been finalised and
- 2.5 that all the procedures have been followed according to the Manual for post graduate studies.
- 2.6 that the mini-dissertation/dissertation/thesis has been subjected to a plagiarism check/test and was found to be in order. A summary of the plagiarism report is herewith attached.

Signature of Supervisor: _____ Date: _____

Signature of School Director: _____ Date: _____

Signature of Dean: _____ Date: _____



NORTH-WEST UNIVERSITY
 YUNIBESITI YA BOKONE-BOPHIRIMA
 NOORDWES-UNIVERSITEIT
 MAFIKENG CAMPUS

FACULTY OF HUMAN AND SOCIAL SCIENCES

PLAGIARISM DECLARATION FORM

I, Professor Ishmael Kalule-Sabiti.....the Masters/ Doctoral Supervisor

of Kamil Fuseini.....who is the author of the

project/mini-dissertation/dissertation/thesis, entitled:

Religion, Regional Context And Women's Autonomy In Household Decision-Making In Ghana

.....

hereby declares that the aforementioned document was checked via Turn-it-in for plagiarism.

The resulting report was also checked.

SIGNATURE:

DATE:

Supervisor

SIGNATURE:

DATE: 17/02/2017.....

Student