Women's Autonomy in Ghana: Does Religion Matter?

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Abstract

This paper examines the role of religion in women's autonomy in Ghana. The study uses data from the 2008 Ghana Demographic and Health Survey, with an analytic sample of 1,424 women married to men of the same religious affiliation. The results indicate that the effect of religion on women's autonomy is non-existent. The results show that, Muslim women are as autonomous as Christian women once region and other socio-demographic factors are controlled. Contrary to expectation, women in northern Ghana, who are disadvantaged in terms of education, economic status among others, appear to be more autonomous in some domains of household decision-making than women in southern Ghana, a setting which is more developed and expected to be egalitarian. Majority of Ghanaian women appear to be autonomous across various domains of their lives; however, they largely participate as opposed to solely making decisions.

Keywords Religion, Region, Women's Autonomy, Christian, Muslim

Résumé

Cet article examine le rôle de la religion dans l'autonomie des femmes au Ghana. L'étude utilise les données de la démographique de Ghana 2008 et enquête sur la santé, auprès d'un échantillon analytique de 1 424 femmes mariées à des hommes de la même confession religieuse. Les résultats indiquent que l'effet de la religion sur l'autonomie des femmes est inexistante. Les résultats montrent que les femmes musulmanes sont aussi autonomes que les femmes chrétiennes une fois que la région et autres facteurs sociodémographiques sont contrôlés. Contrairement aux attentes, dans le nord du Ghana, les femmes qui sont défavorisées en matière d'éducation, statut économique parmi d'autres, semblent être plus autonome dans certains domaines de décisions du ménage que chez les femmes dans le sud du Ghana, un paramètre qui est plus développé et devrait être égalitaire. Majorité des ghanéennes semblent être autonome dans les différents domaines de leur vie ; Cependant, ils participent en grande partie par opposition à uniquement prendre des décisions.

Mots-clés: Religion, de la région, de l'autonomie des femmes, chrétiens, musulmans

Introduction

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 and Lu 2009)—has been an important factor in demography over the years, especially in sub-Saharan Africa. Better health status and wellbeing of women, children and the family have been attributed to women's autonomy. Studies conducted in the context of developing countries have documented the relative significance of women's autonomy in access to health care (Allendorf 2007), fertility related behaviours (Hindin 2000), contraceptive use (Riyami, Afifi and Mabry 2004), child mortality (Ghuman 2003), marital status (Hindin 2002), domestic violence (Cvorovic 2008), employment decision-making (Amin and Alam 2008) and maternal health care (Tawiah 2011).

Scholars and practitioners have emphasized the fact that attenuating gender inequalities in Africa is crucial for further development on the continent. However, a section of the demographic literature suggests that religion is related to women's autonomy and Islam especially has been thought to undermine women's autonomy in household decision-making.

Literature review and theoretical frame work

In the literature, two hypotheses explain the relationship between religion and women's autonomy. The first argues that in Islamic settings, women occupy a separate and distinct position that effectively denies them education and autonomy (Caldwell 1986; Cvorovic 2008). Muslim women's lack of autonomy is thought to be the central factor underlying poor demographic outcomes (e.g., high fertility) experienced by Islamic societies (Amin and Alam 2008; Caldwell 1986; Heaton 2011).

The second posits that, there are some evidence suggesting wide variations in the ways which gender and behavioural norms are manifested across a range of Islamic countries (Johnson-Hanks 2006; Obermeyer 1992). Studies have demonstrated that the dominant influence of behaviour and cultural norms are imprinted by regionally prescribed social systems, and once region and other factors are controlled, Muslim women exert as much autonomy as do non-Muslim women, wherever they reside (Amin and Alam 2008; Dyson and Moore 1983; Ghuman 2003; Jejeebhoy and Sathar 2001; Johnson-Hanks 2006; Morgan et al. 2002).

Evidence that Islam undermines women's autonomy is empirically unresolved and remains an open empirical question. Theories put forward to explain this phenomenon have focused on South Asia (Jones 2006; Koenig et al. 2003; Morgan et al. 2002), which are often characterised by traditional systems that already undermine women's autonomy.

To evaluate the extent to which this model (a model that see an insidious relationship between Islam and women's autonomy) is universal and relevant, the model is explored in a different context. Ghana is predominantly Christian with sizable Muslim minority (about 18%) majorly in north (Ghana Statistical Service 2012). Ghana is characterised by civil laws, mixed lineage systems under patriarchal structures, with broad regional differences especially between the north and the south. Subcultures in Ghana are also quite different from what has been observed in South Asian countries. For example, in most South Asian countries culturally defined gender roles (e.g. women restricted to the domestic sphere) have been considered the reason for women's labour force behaviour and their restricted access to education. It is one of the most important demonstration of women being excluded from public spheres and restricted to domestic functions (Amin and Alam 2008; Sathar and Kazi 2000).

On the other hand, West African women's customary independence, in spite of the patriarchal ideology, has been considered the outcome of their relative independent economic activities (Hollos 1991). Matrilineal cultures also confer greater levels of independence on women than do patrilineal societies, perhaps making gender relations and decision-making more egalitarian (Dodoo 1998; Takyi and Dodoo 2005), which could have a spill over effect. In addition, the structural transformation has dramatically changed the traditional situation in which the man was always looked up to as the head of household and the breadwinner for the family, creating more freedom for women to decide things on their own (Brown 1994).

Traditional ideals about gender roles have many roots in religion, which influences family values and patterns (Denton 2004). Both Christianity and Islam have elaborate moral codes (e.g., in the Bible, Ephesians 5:22 and in the Quran, Sura 4, Verse 34) that are meant to guide gender relations among partners (McQuillan 2004). Thus, Christians and Muslims negotiate their identities in light of cultural prescriptions concerning appropriate gender relations (Bartkowski and Read 2003).

The present study

In Ghana, culture and religion are intertwined, and cultural practices (e.g., bride wealth payment) have been demonstrated to influence women's autonomy (Frost and Dodoo 2010; Horne, Dodoo and Dodoo 2013). Thus, it is important to explore the relationship between religion and women's autonomy, especially when in Ghana, the recourse to religion in explaining social behaviour is becoming rife (see e.g., Gyimah, Takyi and Tenkorang 2008; Yirenkyi 2000). In addition, the inferior decision-making power of women in traditional Ghanaian society is argued to be reinforced by the socialization process, various social practices, and religious beliefs (Brown 1994). However, there is very little empirical evidence on the relationship between religion and women's autonomy in household decision-making in Ghana.

Thus, this paper compares the lives of Christian and Muslim women across two settings, northern and southern Ghana. It examines whether differences in women's autonomy in household decision-making are attributable to religion and whether different sets of factors influence women's autonomy in the two settings.

Methodology

The ten regions of Ghana are categorised into two settings for the purposes of this study. However, this division falls in line with the distinct socio-cultural features and the development pattern of the country. The Northern sector, which comprises of Northern, Upper East and Upper West regions, is the least

developed part of the country. The Southern sector of the country is the most developed and comprises of Greater Accra, Ashanti, Brong-Ahafo, Western, Eastern, Central and Volta regions (also see Gyimah 2007). That said, there have been attempts to bridge the gap between the north and the south. For example, the government of Ghana established the Savannah Accelerated Development Authority (SADA), an independent agency for coordinating a comprehensive development agenda for the northern savannah ecological zone in Ghana (largely the three northern regions).

Religion in Ghana

The arrival of the colonialists (including Christian missionaries) on the coast of Ghana laid the foundation for development and Christianity in southern Ghana. The missionaries established schools and today almost all major secondary schools, especially exclusively boys and girls schools, are mission or church related institutions. On the other hand, the spread of Islam into Ghana was mainly the result of the commercial activities of North African Muslims through the northern territories (Oheneba-Sakyi and Takyi 2006; Takyi and Addai 2002). Just like the Christian missionaries, the Muslims established schools mainly for Islamic teaching; however, some of them incorporated formal education as years went by (Oheneba-Sakyi and Takyi 2006). Islam, compared to Christianity, is not well represented across the country. The routes through which the two religions made their way into the country may also help explain the geography of religion in Ghana. In addition, the time lag between the time the northern sector and the southern sector encountered formal education may help explain the north-south education and development gap.

Ghana, as indicated earlier, is predominantly Christian (71.2%) with a sizable Muslim minority (about 18%). The Northern sector has close to a third (30.0%) of its population being Christian and about half (48.2%) being Muslim. On the other hand, the Southern sector has eight in ten (79.7%) of its population being Christian and about one in ten (11.3%) being Muslim (Ghana Statistical Service 2012).

Data and measurement

The present study uses data from the 2008 Ghana Demographic and Health Survey (GDHS), a nationally representative sample survey. Respondents for this study are women aged 15–49 years, currently married or living together with a partner. The analytic sample of 1424 with 1.1 percent deleted missing data is restricted to women who reported being either Christian or Muslim and married to men of the same religious affiliation. To ensure representativeness across the country, and correct for non-response; the data is weighted taking into consideration the complex survey design, using the 'svyset' command in stata.

This study adopts the definition of women's autonomy in household decision-making by (Jejeebhoy and Sathar 2001) "the control women have over their own lives—the extent to which they have an equal voice with their husbands in matters affecting themselves and their families, control over material and other resources, access to knowledge and information, the authority to make independent decisions, freedom from constraints on physical mobility, and the ability to forge equitable power relationships within families".

The literature suggest several separate but interdependent components of women's autonomy (Jejeebhoy and Sathar 2001). However, this paper considers four domains of women's autonomy; 1) their say in economic decisions, 2) their say in their own health care, 3) their say in freedom of physical movement and 4) their say in number of children to have. While this may not be exhaustive, these measures are quite representative of various aspects of women's autonomy that women confront daily in Ghana.

Economic decision-making is measured through a three-point scale, constructed by summing up responses to two questions on economic decision-making within the household. A woman was asked who usually makes decisions about; 1) making major household purchases and 2) purchases for daily household needs. The economic decision-making index sums up these two questions, assigning a score of 0 if the decision is taken completely by someone else, 1 if the woman participates in the decision or makes the decision. Since each of the two questions for economic decision-making ranges from 0 to 1, the index ranges from 0 to 2, where 0 means that a woman does not participates in any of the two economic decision-making domains, 1 means that a woman participates in one of the two economic decision-making domains and 2 means that a woman participates in both economic decision-making domains.

The following are all coded in the same way: *Decision on own health*, a woman was asked who usually makes decisions about health care for yourself. *Freedom of physical movement*, a woman was asked who usually makes decisions about visits you make to family or relatives. *Decision on number of children*, a woman was asked who makes decisions about how many children to have. Each of these indices is generated by assigning 0 if the decision is taken completely by someone else, 1 if she

participates in the decision or makes the decision. Each of these three indexes ranges from 0 to 1.

The aggregate autonomy index is created by summing up the values for each of the four scales: economic decision-making – 0 to 2; decision-making on own health care – 0 to 1; decision-making on freedom of physical movement – 0 to 1 and decision-making on number of children to have – 0 to 1. Summing all four scales results in a scale with a minimum of 0 and a maximum of 5. The aggregate women's autonomy index ranges from 0 to 5. However, because the "items" are not on the same scale, the scale is standardised so that the scale and its reliability are based on the sum of standardized variables. Thus, the items in the scale are standardized to have a mean of 0 and a variance of 1 before summing (Scale reliability coefficient: 0.7006).

Independent and control variables

The key independent variable in this study is religion (Christian and Muslim). The control variables are region (north and south), age (continuous), education (no education, primary and, JHS/JSS+ and above), type of place of residence (rural and urban), economic status (earning wages or not), marriage type (polygyny and monogamy), lineage (matrilineal and patrilineal), number of sons (continuous) and number of daughters (continuous).

Methods of analysis

Exploratory data analysis is conducted on all the variables of interest using frequencies and means. In the bivariate analysis, cross tabulations are used to determine the associations between the outcome variables (each domain of women's autonomy) and the independent variables. The logistic regression technique is used to evaluate the independent contribution of each predictor variable in explaining the variation within each domain of women's autonomy, controlling for the effects of other predictors. In addition, the Ordinary Least Square regression technique is also used to evaluate the independent contribution of each predictor variable in explaining the variation in women's autonomy in household decision-making at the aggregate level, controlling for the effects of other predictors.

Findings

Socio-demographic characteristics of women and their partners

Table 1 shows the socio-demographic characteristics of women in northern and southern Ghana. Southern women (Christian, 33.0 percent and Muslim, 32.5 percent) are about two years older than their northern counterparts (Christian, 31.3 percent and Muslim, 31.4 percent). Generally, of the Christian and Muslim women in both settings, there are more Muslims compared to Christians in urban areas. However, a higher proportion of Christian women are involved in wage earning economic activities than Muslim women in both settings. Polygyny is pronounced in northern Ghana and especially among Muslims. Similarly, patrilineal is highest in northern Ghana. The average number of sons and daughters do not vary much across religion and region.

A general overview of the Christian-Muslim comparison and the north-south comparison shows that while Muslim women are more disadvantaged in the correlates of modernisation such as engaging in wage labour compared to Christian women. Similarly, northern women are more disadvantaged in terms of these correlates of modernization compared to southern women.

TABLE 1 Socio-demographic characteristics of women by religion and region

	Northern Ghana		Southern Ghana	
	Christian	Muslim	Christian	Muslim
Mean age of women (women aged 15-49)	31.3	31.4	33.0	32.5
Percent in urban areas	14.9	37.32	46.7	64.2
Percent earned wages in the last 12 months	82.3	54.5	86.5	66.1
Percent in polygynous unions	10.5	37.8	6.2	11.6
Percent patrilineal	97.0	99.4	33.6	86.7
Number of sons	1.7	1.5	1.5	1.4
Number of daughters	1.5	1.6	1.6	1.4

Source: GDHS 2008 dataset

Levels and patterns of education

A large proportion of women, especially in northern Ghana have never attended school (Table 2). Muslim women are disadvantaged in terms of education in both settings. Generally, women in southern Ghana are more likely to be educated than women in northern Ghana. While on average, southern Christian and Muslim women have 7 and 5 years of education respectively, northern Christian and Muslim women have 3 and 2 years of education respectively. As expected, the partners of women are generally more educated.

From comparing educational levels and patterns between Christians and Muslims in northern and southern Ghana, it is evident that Muslim women compared to Christian women are disadvantaged in both settings. In addition, while it is evident that southern women (Christian and Muslim) are considerably better educated than northern women (Christian and Muslim), it is also evident that Muslim women in the south are more likely to be educated than both Christian and Muslim women in the north. The highest educational disparities between women and their partners are among Christians in both settings and lowest among Muslims in the north. Interestingly, a higher proportion of northern women, especially Muslim women (58%) have the same level of education as their partners.

TABLE 2 Levels and patterns of educational attainment by religion and region

	Northern		Southern	
	Christian	**Muslim**	**Christian**	**Muslim**
Women with no education (%)	54.9	76.3	16.1	34.0
Primary	24.6	12.9	22.1	26.0
JHS/JSS+	20.5	10.8	61.7	39.6
Mean number of years of schooling				
All women	3.2	1.5	7.0	5.0
women with some education	7.2	6.5	8.4	7.6
Disparity in education (%)				
Wife more educated	15.4	10.2	17.3	25.6
Same level of education	22.0	58.2	22.6	23.8
Husband more educated	62.6	31.7	60.1	50.6
Weighted total	79	187	1061	127
Percent	5.5	12.9	73.0	8.7

Source: GDHS 2008 dataset

Women's autonomy in various domains of household decision-making

Table 3 shows the distributions for all the four autonomy measures by religion and region. Generally, a high proportion of women are autonomous (either participates or makes the decision). Less than a fifth (between 13-16 percent) across religion and region are the main decision makers on major household purchases. However, quite a high proportion (between 33 – 51 percent) of women makes decisions on daily household purchases across religion and region. There is a pattern to women's autonomy in household economic decision-making. They are far more likely to have the major say involving decisions that are perceived as routine in the family economy, such as those relating to purchases for daily use, than in decisions that involve major household purchases. Christian women exhibit more economic decision-making authority than Muslim women within and across settings and southern women on the other hand also exhibit more decision-making authority in household economic purchases than northern women.

TABLE 3 Women's autonomy in various domains religion and region

	Northern		Southern	
	Christian	**Muslim**	**Christian**	**Muslim**
Economic decisions -major HH purchases				
Participates	36.7	34.2	51.7	35.4
Main decision maker	13.0	16.4	13.9	15.6
Autonomous	49.7	50.6	65.6	51.0
Index (0-2)	0.6	0.7	0.8	0.7
Economic decisions -daily HH purchases				
Participates in decisions	31.7	35.1	42.3	33.1
Main decision maker	51.3	33.7	37.6	34.9
Autonomous	83.0	68.8	79.9	68.0
Index (0-2)	1.3	1.0	1.2	1.0
Decision on own health care				
Participates in decision	54.0	38.1	50.0	36.7
Main decision maker	17.6	22.0	20.2	24.3
Autonomous	71.6	60.1	70.2	61.0
Index (0-2)	0.9	0.8	0.9	0.9
Decision on mobility				
Participates in decision	53.8	45.8	72.9	60.8
Main decision maker	29.2	33.3	11.6	14.2
Autonomous	83.0	79.1	84.5	75.0
Index (0-2)	1.1	1.1	1.0	0.9
Decision making on number of children				
Participates in decision	61.6	54.8	74.4	60.7
Main decision maker	14.4	13.2	9.1	15.2
Autonomous	76.0	68.0	83.5	75.9
Index (0-2)	0.9	0.8	0.9	0.9
Aggregated index (0-5)	3.6	3.3	3.8	3.3
Weighted total	79	187	1061	127
Percent	5.5	12.9	73.0	8.7

Source: GDHS 2008 dataset

A high proportion of women participated (between 36 – 54 percent) in decisions on their own health care rather than being the main (between 17 – 24 percent) decision makers. While Christian women are more likely to participate in decisions concerning their health care compared to Muslim women, Muslim women compared to Christian women are more likely to be the main decision makers within and across settings. Women generally have some degree of authority on their mobility. However, their decision-making authority is limited to participation rather than being the main decision makers when visiting relatives or friends. Christian women are more likely to participate in decisions regarding freedom of movement compared to Muslims. On the other hand, Muslims are more likely to be the main decision makers with respect to freedom of movement compared to Christian women.

A large proportion of women participate (between 55 – 74 percent) in decision-making in the number of desired children. That said, in general

more women participate in the decision about the number of desired children than they do in any other domain. Muslim women are less autonomous in this regard within and across settings. In addition, southern women are more autonomous with respect to decision on the number of children than northern women.

In general, the results show that women are, to some extent, autonomous in decision-making (either participate or make decisions). On a 5-point scale, the lowest score is 3.3, which is above average and the highest is 3.8 out of 5. There is evidence of a marginal religious divide with Muslim women being less autonomous within and across settings. The results also suggest very marginal regional difference with southern women being more autonomous in terms of decision-making in general.

The influence of religion in various domains of women's autonomy in household decision-making

Table 4 shows the results of logistic regression analysis, predicting women's autonomy in various domains. Here each index is dummy coded (0 indicating no autonomy, 1 otherwise). The results show an almost non-existent effect of religion on women's autonomy. In addition, it shows that different sets of factors influence each domain of women's autonomy.

Religion is significant in predicting only women's autonomy in economic decision-making. The results indicate that Muslim women are less likely to be autonomous when compared to Christian women. The odds of Muslim women compared to Christian women being autonomous in economic decision-making are 35 percent lower ($p < 0.1$). Southern women experience greater constraint in economic decision-making and in their own health care compared to northern women. The results show that the odds of northern women being autonomous in aggregate economic decision and own health care is 80 percent and 58 percent higher respectively when compared to southern women.

TABLE 4 Logistic regression models predicting women's autonomy in various domains

	Major HH purchases	Daily HH purchases	Agg. economic	Own health care	Freedom of movement	Number of children
Religion {Christian}						
Muslim	0.88	0.67+	0.65+	0.83	0.87	1.05
Region {South}						
North	1.11	1.61*	1.80*	1.58*	1.58	0.91
Age	1.05***	1.04***	1.06***	1.03*	1.02	1.02
Education {No education}						
Primary	1.53*	1.12	1.24	1.46+	0.75	0.80
JHS/JSS+	1.55*	1.51+	1.61*	1.34	1.12	1.37
Residence {Rural}						
Urban	1.13	1.17	1.10	1.36+	1.21	0.85
Economic status {Earns wages}						
Does not earn wages	0.90	0.56**	0.53**	0.81	0.50***	0.50***
Marriage type {Monogamous}						
Polygynous	0.65*	0.84	0.66*	0.77	0.50**	0.51***
Lineage {Matrilineal}						
Patrilineal	0.75+	0.84	0.79	0.65**	0.72	0.67*
Number of sons	0.92	0.97	0.95	1.07	1.06	1.03
Number of daughters	0.94	1.01	0.99	0.93	1.08	0.95

	Major HH purchases	Daily HH purchases	Agg. economic	Own health care	Freedom of movement	Number of children
Weighted total	1454	1454	1454	1454	1454	1454
H-L GOF statistic	0.72	0.67	0.38	0.26	0.44	0.56

Exponentiated coefficients; Reference category in curly brackets { }

+ p<.1, * p<.05, ** p<.01, *** p<.001 Source: GDHS 2008 dataset

Age is significant in predicting women's autonomy in economic decision-making and women's own health care (Table 4). The results show that women's autonomy in economic decision-making and health care are associated with older women. An additional year of age of a woman increases her odds of being autonomous in economic decision-making and own health care by 6 and 3 percent respectively. Autonomy increases with increase in education. While women with primary education compared to women with no education are not different in economic decision-making, women with JHS/JSS+ compared to women with no education are more autonomous in economic decision-making.

Women who do not earn wages are less likely to be autonomous in economic decision-making (OR = 0.53, $p < 0.01$), mobility (OR = 0.50, $p < 0.001$) and number of children (OR = 0.50, $p < 0.001$) compared to women who earn wages. Women in polygynous unions compared to women in monogamous unions are more likely to be autonomous in economic decision-making, mobility and number of children to have. Patrilineal women compared to matrilineal women are more likely to be autonomous in decision-making on major household purchases ($p < 0.1$), own health care and number of children to have. Whereas the effect of religion on women's autonomy is almost non-existent across the various domains of household decision-making, there appears to be a regional effect in some domains of women's autonomy. The results also show that different sets of factors influence women's autonomy in different domains of decision-making.

The influence of religion on women's autonomy in household decision-making

Table 5 shows the results of Ordinary Least Square (OLS) regression analysis predicting women's autonomy (using the aggregate index of women's autonomy as the dependent variable). The results indicate that after controlling for region and other socio-demographic factors, religion is not significant in predicting women's autonomy. Region is also not significant in predicting women's autonomy. The traditional factors (age, education, economic status, marriage type, and lineage) that confer status appear to be strongly related to women's autonomy in household decision-making.

Because the autonomy score is standardized, an additional year of age is associated with an increase in women's autonomy by 1.01 standard deviation units at the aggregate level. While women with primary level education are not significantly different from women with no education, women with JHS/JSS+ education are more likely to be autonomous in household decision-making than women with no education. Women who are not earning wages are, by 0.21 standard deviation units, less likely to be autonomous compared to women who are earning wages. Women in polygynous unions are less likely to be autonomous compared to women in monogamous unions and, as expected, patrilineal women are less likely to be autonomous compared to matrilineal women.

TABLE 5 OLS coefficients of the influence of socio-demographic characteristics on women's autonomy

	Aggregate	Aggregate [a]	North	South
Religion {Christian}				
Muslim	-0.08	-0.07	-0.01	-0.08
Region {South}				
North	0.10	0.12		
Religion*Region	0.04			
Age	0.01***	0.01***	0.00	0.01***
Education {No education}				
Primary	0.03	0.03	0.18+	0.01
JHS/JSS+	0.13*	0.13*	-0.01	0.14+
Residence {Rural}				
Urban	0.05	0.05	0.13	0.03
Economic status {Earns wages}				
Does not earn wages	-0.22**	-0.21**	-0.26**	-0.19*
Marriage type {Monogamous}				
Polygynous	-0.22**	-0.22**	-0.26**	-0.20*
Lineage {Matrilineal}				
Patrilineal	-0.14**	-0.14**	-0.07	-0.13**
Number of sons	0.01	0.01	0.13***	-0.02
Number of daughters	-0.01	-0.01	-0.02	0.00
Constant	-0.31**	-0.31**	-0.21	-0.34*
Weighted total	1454	1454	266	1188
R-squared	0.09	0.09	0.14	0.08

Ref. category in curly brackets { }; + p<.1, * p<.05, ** p<.01, *** p<.001

Note: [a] includes an interaction term between religion and region

Source: GDHS 2008 dataset

Women's autonomy in household decision-making northern and southern Ghana

Within each setting (north and south), women's autonomy is explained by different sets of factors. However, religion is not significantly related to women's autonomy in both settings. Significantly related to women's autonomy in the north are education, economic status, marriage type and number of sons. In the south, the factors significantly related to women's autonomy are age, education, economic status, marriage type and lineage (Table 5). However, the economic status and marriage type are significantly related to women's autonomy in both settings.

The results show that, while women's autonomy is associated with older ages in the south, age does not matter in the north. The relationship between education and women's autonomy in the two settings is different. While women with primary education compared to women with no education are more likely to be autonomous ($p < 0.1$), women with JHS/JSS+ education are not significantly different from women with no education. The opposite is true in the south. In both settings, women who do not earn wages are less likely to be autonomous compared to women who earn wages. Women in polygynous unions are less likely to be autonomous compared to women in monogamous unions in both settings (north, $p < 0.01$ and south, $p < 0.05$). While patrilineal women are less like to be autonomous in the south compared to matrilineal women, lineage does not matter in the north. Whereas women's autonomy is associated with increasing number of sons in the north, number of sons does not matter in the south.

In general, the results show that traditional factors—age, education, economic status, lineage—that confer status are very relevant in women's autonomy rather than religion as the driving force of women's autonomy in Ghana. In addition, different sets of factors account for women's autonomy in northern and southern Ghana.

Discussion

This study sought to explore the relationship between religion and women's autonomy in Ghana. The findings show that in Ghana, a high proportion of women are autonomous (majority: participate or make the decision) in terms of economic decision-making, decisions over their own health care, freedom of physical movement and decisions on number of children to have, however, quite a reasonable proportion still do not participate at all in these decisions. In addition, women largely participate in household decision-making as opposed to being the main decision makers across all domains.

The data supports the "regional social system" argument as opposed to religion as the driving force of women's autonomy. The study shows that the relationship between religion and women's autonomy is non-existent, indicating that Muslim women are as autonomous as Christian women in Ghana, once region and other socio-demographic characteristics are controlled. The findings show the importance of the socio-cultural institutions that model gender power relations within each setting, defined here by region rather than the primacy of religion in explaining women's autonomy (Also see Amin and Alam 2008; Ghuman 2003; Jejeebhoy and Sathar 2001; Morgan et al. 2002).

The relationship between religion and women's autonomy is non-existent in Ghana perhaps as (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.

Region is not related to women's autonomy (aggregate index of women's autonomy). However, there is some evidence of a regional divide, net socio-demographic characteristics in the individual domains of women's autonomy. Women in southern Ghana, which is more developed and expected to be egalitarian, are less likely to be autonomous in household economic decision-making and decision-making concerning their own health care compared to their northern counterparts, who are disadvantaged in traditional factors that confer status (e.g. levels of education). The autonomy of northern women can perhaps be explained by the deep patriarchal and patrilineal systems, which are associated with male-female role ascriptions where men are the "breadwinners" and women "nurturers of children". Thus, men do not interfere in women's spheres until the actions or activities of women contradict their responsibilities in the household. This finding is not in isolation. In Nigeria, (Hollos 1991) found that women disadvantaged in factors such as educational attainment had considerable domestic autonomy.

Conclusion

The findings of this study show that the traditional factors that confer status are very important in women's autonomy. In addition to efforts to enhance education and economic status of women, efforts should be made towards a more comprehensive, direct, and context-specific strategies, since different sets of factors influence women's autonomy in different contexts. In addition, it is important to raise women's gender consciousness, enable women to mobilize and access community resources and public services, provide support for challenging traditional norms that underlie gender inequities, facilitate the acquisition of usable vocational and life skills, enhance women's access to and control over economic resources, and enable women to establish and realize their rights (also see Jejeebhoy and Sathar 2001).

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