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GHANA/KENYA

Gender Inequalities and Demographic Behavior

Anastasia J. Gage / Wamucii Njogu

GENDER INEQUALITIES AND DEMOGRAPHIC BEHAVIOR

GHANA/KENYA

Anastasia J. Gage / Wamucii Njogu

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Contents

Preface iv

Recent Trends and Policies 4
Demographic Trends 4
Family Planning Programs and Policies 9
Gender Issues and Population Policy 11

Gender Inequality in Families and Households: The Application of Civil Law and Customary Practice 14
Marriage 14
Divorce 22
Child Custody 23
Division of Roles and Responsibilities 24
Power in Intimate Relationships 30

Gender Inequality in Education, Employment, and Access to Resources 36
Formal and Informal Education 36
Employment 44
Access to and Control over Resources 48

Gender Inequality in Access to Health and Family Planning Services 55
Health Care Policy and Its Effect on Services 57
Abortion 59

Discussion 61

References 67

Preface

This is one of three reports on the relationship between gender equity, family structure and dynamics, and the achievement of reproductive choice prepared by the Population Council for the 1994 International Year of the Family and the 1994 International Conference on Population and Development. These reports provide critical reviews of the relationship between gender inequality and demographic behavior in three demographically significant, culturally distinct parts of the developing world: (1) Egypt, (2) India, and (3) Ghana and Kenya. Their purpose is to help governments and international agencies design and implement policies that are affirmative of women, sensitive to the family's central role in resource allocation and distribution, and effective in achieving broad-based population and development goals.

As a companion to these reports, the Population Council will issue a pamphlet in its series of Issues Papers on gender inequality and demographic change. This will provide a population policy agenda focusing on policies that support women's status and access to resources and that are likely to have desirable demographic impacts.

This series of reports has been made possible through the generous support of the United Nations Population Fund under Project INT/92/P57—The Family and Population Policy: Towards the Realization of Full Reproductive Choice.

Cynthia B. Lloyd
Project Director

Ghana and Kenya were the first countries in sub-Saharan Africa whose governments recognized the potentially detrimental effects of rapid population growth on economic development and, as a result, adopted and implemented national population policies. Also among the first countries in Africa to gain their independence, they each had a strong educational tradition dating back to colonial times and had established an early relative prosperity within the region based on agricultural exports. With population growth rates of over 3 percent per annum in the late 1980s, however, women in both countries were continuing to bear over six children on average (6.1 in Ghana and 6.7 in Kenya), as well as sustaining their active productive role in subsistence agriculture and in the informal economy (GSS and IRD/Macro Systems, Inc., 1989; NCPD and IRD/Macro Systems, Inc., 1989). In Ghana, this trend appears to have reflected a continuation of a demographic status quo, with fertility having stayed roughly at the same level for about 20 years, despite an early fall in child mortality that was not sustained in the 1980s due to severe economic reversals (Greenhalgh et al., 1992). In Kenya, on the other hand, fertility declined rapidly in the 1980s, having been estimated at substantially higher levels than in Ghana in the 1970s (7.9 versus 6.3 births per woman, respectively). According to the most recent surveys, conducted in 1993–94, fertility levels have reached around 5.5 births per woman in both countries, signifying the continuation of the fertility decline in Kenya and the probable onset of the fertility transition in Ghana.

In both countries and throughout sub-Saharan Africa, women have traditionally sustained an active and productive economic role at the same time that they have carried a very heavy reproductive and domestic work burden. They have managed these roles within the context of a large network of family support but often without the direct participation of men. Their independence has been a source of pride but not a measure of their equality. Women have long accepted a heavier work burden than men and have had less access to and less control over productive

resources. These inequalities were reinforced historically by various external forces, including the influence of Christian missionaries and colonial powers, which emphasized Western values and laws relating to marriage, property ownership, education, and employment over existing customary arrangements. Even more recently, assumptions about gender roles imported from the West have influenced styles of development assistance, often making men the prime beneficiaries of improved technologies and new training opportunities, thus further exacerbating gender inequalities (Blumberg, 1981; Frank and McNicoll, 1987; Rogers, 1979).

While both governments have participated in a variety of international forums that have endorsed the centrality of women's status (United Nations, 1984) and gender issues (United Nations, 1993)[1] for population policy, the fact remains that little attention has been paid at the national level to the interactions between gender inequality and demographic processes. Indeed, several authors have hypothesized that population programs in sub-Saharan Africa could have been more effective had they been more careful to take account of the complex nature of African families and gender relations within them in developing priorities and designing services (Bleek, 1987; Fapohunda and Todaro, 1988; Lloyd, 1993). However, many of the factors determining women's status, gender relations, and fertility remain poorly understood.

The critical questions are these: Is a full demographic transition possible in Ghana or in Kenya without improvements in women's situation? If the answer is no, does Kenya's recent success provide some lessons for Ghana? If the answer is yes, do improvements in gender equality nonetheless help speed the demographic

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[1] The Dakar declaration stated that "men must appreciate that to keep women on the sidelines is to lose half the family's energy for progress, half the community's power for change, and half the nation's strength to innovate. Men must appreciate that they will gain rather than lose by inviting women to share the decisions of development, as they already share its burdens" (United Nations, 1993).

transition and ease the burden of that process on women, who are universally seen as the primary agents of change? If the answer differs by country, are there differences between the two countries in family systems and gender relations that make the issue of gender equality more crucial in one context than in the other?

This report examines gender inequality in Ghana and Kenya in all of its myriad dimensions and discusses its implications for demographic behavior. From the perspective of family structure and the situation of women, Ghana and Kenya present interesting case studies. The coexistence of matrilineal and patrilineal traditions in Ghana is a matter of special significance.[2] Moreover, the tenacity of the West African lineage system and the extensive participation of Ghanaian women in the cash economy provide a useful contrast to the situation in East Africa.

In exploring both the similarities and differences between these two countries' experiences, the authors seek a more universal understanding of the interrelatedness of gender and population issues in sub-Saharan Africa. This report examines gender inequalities in families and households; in access to education, employment, and property rights; and in health care and family planning. Under each section, both the *de facto* and the *de jure* situations are explored, including cultural practices contributing to gender disparities and the legislation aimed at reducing them. Current laws and government positions are an important part of the story because legal stipulations can limit women's reproductive and sexual freedoms; their access to education, employment, and property; and their political participation. The report concludes with a summary of the findings and a discussion of the implications that gender inequality has for the achievement of reproductive health and choice.

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[2] Manuh (1984) defines the family in Ghana as "the group of persons lineally descended from a common ancestor, exclusively through males in patrilineal communities, or exclusively through females in matrilineal communities, and within which succession to office and to property is based." Manuh also points out that in the matrilineal systems, children are not members of their father's family. Furthermore, a wife is not a member of her husband's family, whether this family is matrilineal or patrilineal, and whatever the form of marriage.

It is hoped that this study will assist governments and international agencies to design and implement policies that are sensitive to gender inequalities in families and in the larger community, and effective in achieving broad-based population and development goals.

Recent Trends and Policies

Demographic Trends

In the 1980s, Ghana and Kenya made varying degrees of progress toward reducing rates of population growth and lowering levels of mortality and fertility. According to UN medium-range projections, annual population growth rates are estimated at roughly 3.0 for Ghana and 3.4 for Kenya for the 1990–95 period. In both cases, that is a slight decline from a peak estimated for 1985–90. Under-five mortality rates have fallen in both countries, but the declines were much more dramatic in Kenya than in Ghana, partially because of the economic difficulties Ghana experienced starting in the late 1970s.

Table 1 presents some estimates of maternal and child health for Ghana and Kenya in the 1980s and early 1990s. As expected, the infant mortality rate is higher for boys than for girls in both countries, but overall mortality levels are much higher in Ghana than in Kenya. During the late 1980s, 8 out of 100 Ghanaian infants died before reaching their first birthday, compared with 6 in Kenya. Child mortality rates do not vary much by sex, but during the 1980s girls had a slight disadvantage in Ghana, while those in Kenya had a slightly higher survival rate than boys. During the past five years, infant and child mortality rates have remained fairly stable in Kenya, suggesting that the mortality decline in Kenya may now be leveling off. Overall levels of immunization coverage are considerably higher in Kenya than in Ghana. Data for the 1980s show that 63 percent of Kenyan children

Table 1

Health Indicators for Ghana and Kenya in the 1980s and early 1990s

Demographic Indicator	Ghana Late 1980s	Ghana 1993	Kenya Late 1980s	Kenya 1993
Infant mortality rate				
(per 1,000 live births)	81.3	—	58.6	62.5
Female	73.5	—	54.3	58.6
Male	88.8	—	63.0	66.6
Child mortality rate				
(per 1,000 children age 1–4 years)	78.9	—	34.3	32.7
Female	79.4	—	33.2	32.6
Male	78.3	—	35.4	32.8
% of children 12–23 months who				
are fully immunized[a]	31	55	63	79
Female	—	57	—	79
Male	—	53	—	78
Maternal mortality rate				
(per 100,000 live births)[b]	1,070	—	510	—

Note: A dash indicates not available.
[a] Refers to vaccination card or mother's report. Full immunization includes BCG, at least three doses of DPT and polio, and measles.
[b] Data refer to maternal mortality in hospitals and other medical institutions only.

Sources: For infant and child mortality rates, GSS and IRD (1989), Tables 6.4 and 6.6, pp. 65, 66; NCPD and IRD (1989), Tables 6.2 and 6.3, pp. 57, 59; NCPD et al. (1994), Table 7.3, p. 88. For immunization, Boerma et al. (1990), Table 4.1, p. 10; GSS and Macro International, Inc. (1994); NCPD et al. (1994), Table 8.8, p. 104. For maternal mortality, World Bank (1991), Table 32, p. 266.

aged 12–23 months were fully immunized compared with 31 percent of all Ghanaian children of a similar age. Although levels of immunization coverage have increased considerably over the past five years—by about 77 percent in Ghana and 25 percent in Kenya—current levels in Ghana still lag behind Kenya's levels for the late 1980s.[3]

In general, high mortality rates in Ghana and Kenya compounded by high fertility imply that women in these countries (as in other parts of Africa) have a high lifetime risk of maternal death. World Bank estimates derived from hospital-based studies put the level of maternal mortality at 1,070 per 100,000 live births in Ghana and 510 per 100,000 live births in Kenya (see Table 1).[4] Estimates of maternal mortality vary widely by locality. For example, in Ghana, the maternal mortality rate based on hospital studies conducted in the early 1980s ranges from 139 per 100,000 live births in Greater Accra to 1,190 in the Central Region (AbouZahr and Royston, 1991). The main causes of maternal deaths are obstetric hemorrhage, infection, and obstructed labor. However, clandestine abortions

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[3] Data on vaccination coverage from the late 1980s and early 1990s are not strictly comparable because the questions were substantially altered between the two surveys. In the DHS surveys conducted in the 1980s, mothers who could not provide a vaccination card for their children were merely asked if the child had ever been vaccinated, while in the second phase of the DHS surveys conducted in the 1990s, mothers were asked about specific vaccinations the child may have received. Data on immunization coverage for the late 1980s are indirect estimates produced by Boerma et al. (1990).

[4] There are many limitations in using hospital data to estimate the level of maternal mortality. These have been discussed in great detail by AbouZahr and Royston (1991). In Ghana and Kenya, a substantial proportion of births do not occur in hospitals or health centers, leading to a wide discrepancy between the true level of maternal mortality in the community and the hospital-based rate. Furthermore, hospital-based rates may be biased upwards because a large proportion of women who give birth in hospitals tend to be women with complications, who may otherwise have delivered safely at home, and women from high-level socioeconomic groups, who can afford hospital fees. Furthermore, hospital data may not reflect deaths occurring in early pregnancy or those occurring after discharge from the hospital.

contribute to a substantial proportion of maternal deaths—about 23 percent in one study of the Kenyatta National Hospital between 1972 and 1977 (AbouZahr and Royston, 1991).

Recent levels and trends in fertility and its proximate determinants as well as fertility preferences are presented in Table 2. During the 1980s, fertility fell in Kenya from 7.9 to 6.7 births per women (15 percent) and then fell another 19 percent to 5.4 in 1993—"one of the most precipitous declines in fertility ever recorded" (NCPD et al., 1993: 8). This decline followed a drop of over two births in the "wanted fertility rate"[5] and a quadrupling in the percent of women wanting no more children (see Table 2). In the meanwhile, fertility in Ghana, which was initially lower than the high levels recorded in Kenya, was hovering a little above 6 in the late 1980s. While wanted fertility fell only slightly, the percent of women wanting no more children rose 6 percentage points, auguring fertility declines in the 1990s. Indeed, preliminary findings from the recent Ghana Demographic and Health Survey (DHS), conducted in 1993, are indicative of the probable onset of the fertility transition in Ghana. The total fertility rate (TFR) is estimated at 5.5 for 1993, and there has been a substantial increase in the proportion of women who want no more children.[6] Earlier age at first birth and shorter durations of breastfeeding and postpartum abstinence may explain the fact that pretransition fertility was higher in Kenya than in Ghana.

The persistence of high fertility in Ghana during the 1980s is linked to the low level of contraceptive use there. Even though nearly three-fourths of Ghanaian

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[5] The "wanted total fertility rate" is the fertility that would occur if women were to stop childbearing after reaching the point at which they want no more children (Bongaarts, 1990; Bongaarts and Phillips, forthcoming). Mistimed births are considered wanted, according to this definition.

[6] Estimates are based on preliminary results; the quality of the data has not yet been fully evaluated.

Table 2

Comparison of Selected Indicators of Fertility and Contraceptive Use, Ghana and Kenya

	Ghana			Kenya		
	Late 1970s	Late 1980s	1993	Late 1970s	Late 1980s	1993
Fertility						
Total fertility rate[a]	6.3	6.1	5.5	7.9	6.7	5.4
Wanted total fertility rate	5.6	5.4	—	6.7	4.3	3.4
% of women wanting no more children[b]	11	17	(33)	10	33	(46)
Median age at first birth[c]	19.4	20.0	—	18.3	18.7	19.3
Contraception						
% using any method[d]	9.5	12.9	20.3	7.0	26.9	32.7
% using any modern method[d]	3.3	5.2	10.1	4.3	17.9	27.3
Unmet need for limiting (%)	5	9	—	7	16	—

Note: A dash indicates data are not available. Data in parentheses are unstandardized proportions.

[a] Rates are computed for the three-year period preceding the survey, except for the 1993 rate for Ghana, which is computed for the five years preceding the survey.

[b] Standardized using the distribution of the number of living children (excluding current pregnancy) among currently married fecund women in Indonesia.

[c] Pertains to women currently aged 25–29.

[d] Data pertain to currently married women.

Sources: Data for the late 1970s: Central Bureau of Statistics, Ghana (1983); Central Bureau of Statistics, Kenya (1980). Data for the late 1980s: GSS and IRD/Macro Systems, Inc. (1989); NCPD and IRD/Macro Systems, Inc. (1989). Data for 1993: GSS and Macro International, Inc. (1994); NCPD et al. (1994). For standardized percent wanting no more children and for unmet need for limiting, see Westoff and Ochoa (1991). For percent using any method, see Rutenberg et al. (1991).

women knew at least one method of contraception, only 37 percent of currently married women had ever used a method, and, as Table 2 indicates, only 5 percent were using a modern method in the late 1980s. While contraceptive use increased substantially in the early 1990s, only 10 percent of currently married Ghanaian women were using a modern method by 1994.

In contrast, the percentage of currently married Kenyan women using modern methods of contraception rose substantially from the late 1970s to 1993, and is estimated most recently at 28 percent (see Table 2). The increase in contraceptive use has been the major factor contributing to the decline in fertility levels in Kenya during the 1980s (Njogu, 1991). However, it is estimated that a considerable demand for family planning in both countries has not been met. According to the DHS conducted in the late 1980s, the total "unmet need" for family planning is estimated at more than 30 percent in both Ghana and Kenya (Westoff and Ochoa, 1991).[7] Most of this expressed need is for spacing births rather than for limiting family size. But as shown in Table 2, there was a marked increase in "unmet need" for limiting in both countries during the 1980s.

Family Planning Programs and Policies

From the foregoing discussion, it would appear that the family planning program has been associated with a greater fertility decline in Kenya than in Ghana (where pretransitional fertility was much lower), even though both countries have been rated relatively highly (by sub-Saharan African standards) with respect to program effort (Mauldin and Ross, 1991). The family planning program in Kenya is one of the oldest in sub-Saharan Africa, dating back to the early 1960s when the Family Planning Association of Kenya (FPAK) was established by private individuals.

[7] "Unmet need" is defined as the proportion of currently married women who say they want no more children but are not practicing contraception.

FPAK became an official government agency in 1967, and in 1982 the National Council for Population and Development (NCPD) was established to coordinate the various agencies involved in population activities. The Ghana Family Planning Program is of slightly more recent origin, having been instituted in 1970 to provide family planning services through hospitals and clinics.

The limited success of the family planning program in Ghana during the 1980s has been attributed to many factors. One of the most important criticisms is that, at its inception, the program was perceived to have originated from foreign influence directed at controlling as opposed to planning the pace of population growth (Manuh, 1984). The program was also criticized for disregarding the complex nature of family organization and the matrifocal tendency in rearing children (Bleek, 1987). In addition, little attention was paid to premarital and extramarital pregnancy. The program was based on the implicit assumption that fathers are the heads of households with full responsibility for children, that marriages are stable, and that marriage is the only context for procreation (Lloyd, 1993).[8] These perceptions have been substantially revised in the new draft population policy.[9]

Until recently, the provision of family planning and maternal and child health services was the primary tool for the achievement of national population objectives in Ghana and Kenya. Both governments consider their current rates of population growth and fertility levels to be too high and their levels and trends of mortality and

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[8] Similar criticisms were made of the family planning program in Kenya (see Frank and McNicoll, 1987; Ndeti, 1989; Ringheim, 1993; Warwick, 1982).

[9] "The woman's normally heavy responsibility as child-bearer and home-maker is often complicated by a non-supportive, absent husband, or one whose attention and resources are divided between different wives. Thirty three per cent of all married women are in polygynous unions and 29 percent of households in Ghana are headed by females with very serious implications for child welfare and care" (Republic of Ghana, 1993: para 2.8.5).

morbidity to be unsatisfactory (United Nations, 1989a). While Kenya has maintained a target of 4.0 children per woman by the year 2000, Ghana, in its recent draft population policy, has set a modest fertility target of 5.9 by the year 2000 and 5.0 by the year 2010, with one-half of adults having accessible and affordable family planning services by 2020. In the same policy statement, however, the government of Ghana has articulated the need to integrate population concerns into other development sectors as well as into legal reform (Republic of Ghana, 1994). In addition, the National Population Council was established in 1992 to reinvigorate the entire population program.

Gender Issues and Population Policy

While the development policies of both countries have underscored the importance of achieving an optimum balance between population growth and economic growth, little attention has been paid until recently to the interactions between women's position in society and demographic processes. At the time these countries' original population policies were formulated, the integration of gender perspectives within population planning was at its nascent stage. Population policy, the status of women, and gender were concepts that were considered foreign to African culture (Manuh, 1984; Asiyo, 1989). While government support for the provision of family planning services may have contributed to the improvement of women's reproductive health, it is not clear that it has empowered Ghanaian and Kenyan women to take control of decisionmaking about their fertility. Therefore, it is encouraging that the recent draft of the Ghanaian National Population Policy notes the importance of increasing schooling for girls, developing a wide range of nondomestic roles for young women, and emphasizing male responsibility for fertility and reproductive health (Republic of Ghana, 1994).

Both Ghana and Kenya are among the few countries in sub-Saharan Africa that have signed the Convention on the Elimination of All Forms of Discrimination Against Women (United Nations, 1987). The Convention addresses three dimensions of women's position: civil rights and the legal status of women, reproductive rights, and customary rights deriving from cultural factors (United Nations, 1987). Article 3 of the Convention affirms the principle of equality by requiring State parties to take

> all appropriate measures including legislation, to ensure the full development and advancement of women, for the purpose of guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on a basis of equality with men.

The primary in-country institutions promoting the interests of women in Ghana are the National Council on Women and Development (NCWD) and the 31st December Women's Movement (CEDAW, 1991a). In Kenya, KANU *Maendeleo Ya Wanawake* Organization (KANU-MYWO) and the Women's Bureau, a division of the Department of Social Services of the Ministry of Culture and Social Services, are the primary organizations responsible for ensuring equal opportunity for women in the development process (CEDAW, 1991b). The main objective of KANU-MYWO is to improve the socioeconomic and political status of women in Kenya. The Ghana NCWD was established in 1975, one of its primary objectives being to integrate women's concerns in development policies, plans, and programs. The organization also provides training to women on simple management and accounting techniques, and provides counseling and public information on all aspects of the role of women in Ghana. The 31st December Movement is largely focused on the mobilization of women's political participation at the grassroots level, but it also seeks to encourage their increased political participation and to promote projects aimed at improving the living standards of women.

With financial and technical assistance from their governments and external donors, these organizations have tried to achieve their objectives mainly through income-generating projects and programs geared toward increasing women's access to agricultural services (Dolphyne, 1987). While some of these projects may have guaranteed women's access to cash, particularly in rural areas, they have had a limited impact on women's status because gender relations have been left largely untouched. Women's social position is the product of a complex interaction of forces, and access to cash is just one of these dimensions. There are few co-existing programs that address the other social dimensions of gender inequality, specifically the power relations that govern the interactions between men and women. Hence, some women-oriented development projects may have added to women's total hours of work in rural areas because they were not supported by programs aimed at fostering the equal sharing of domestic and other responsibilities between the sexes (Weil, 1992).

Although gender relations have not been directly addressed by the existing population policies of Ghana and Kenya, they have been affected indirectly by sectoral programs related to employment, health, and family welfare. For instance, the laws governing marriage, divorce, and property ownership, though not explicit articulations of gender equality, influence women's autonomy insofar as they regulate the relationships between men and women; by so doing, they can have a significant effect on fertility behavior. For example, in Ghana, major steps toward the elimination of discriminatory practices against women have been taken through legislation pertaining to intestate succession and the administration of estates (Manuh, 1984; Kuenyehia, 1990; Awusabo-Asare, 1990; CEDAW, 1991a). However, customary practices regarding marriage, divorce, or devolution of property often deviate from government legislation, and in some areas, such as

women's traditional rights to land, gender inequality has been exacerbated by socioeconomic development (Frank and McNicoll, 1987).

In sum, the population policies of Ghana and Kenya have sought to address their high rates of growth and fertility. Kenya appears to have had an earlier start than Ghana in achieving reductions in fertility and mortality. While the governments of both countries have subscribed to various international statements recognizing the importance of integrating gender issues into population policy and development planning, there is a general lack of sex-aggregated data on relevant social and economic issues that would allow an assessment of their degree of implementation. Recent large-scale demographic and economic surveys have given important insights into men's and women's economic activity and their reproductive preferences, attitudes, and outcomes, but they contain little information about the relationship between gender inequality and demographic behavior. Until many of the factors determining women's status, gender relations, and fertility are better understood, governments may continue to simply give lip service to gender issues in the implementation of population policies. Of crucial importance is the fact that, in many societies, the concept of gender equality has only begun to acquire social legitimacy or acceptance.

Gender Inequality in Families and Households: The Application of Civil Law and Customary Practice

Marriage

In Ghana and Kenya, as in other countries of sub-Saharan Africa, marriages are governed by plural legal systems. Ghanaian women may marry under the Marriage Ordinance, the Marriage of Mohammedans Ordinance, or under different systems of customary law (Awusabo-Asare, 1990; Republic of Ghana and UNICEF, 1990).

In Kenya, marriages are governed by four systems of family law—namely, customary, Islamic, Hindu, and English (Kuria, 1987). While customary marriage remains the predominant method of marrying in both countries, no universal system of customary law exists. Rather, customary marriage practices and the rules governing these marriages vary from one ethnic group to another, and have been subject to some degree of social change (Manuh, 1984; Parkin and Nyamwaya, 1987). Civil unions are more prevalent among educated couples. These couples often enter dual marriages, having gone through both customary and civil ceremonies (Oppong, 1974). Data are limited on the prevalence of the different systems of marriage in Ghana and Kenya, or on the proportion of marriages that are affected in practice by the sometimes conflicting mixture of rules and regulations that duality implies. One study in Ghana found that over 80 percent of marriages are contracted under customary law (Gaisie and de Graft Johnson, 1976).

The type of marriage contracted has important implications for women's relative social position within conjugal unions. Until the passing of the Intestate Succession Law in Ghana in 1985 and the 1981 Law of Succession Act in Kenya, the different systems of marriage also had major implications for many aspects of inheritance and property ownership in the event of the death of the spouse (Manuh, 1984; Kuenyehia, 1990; Awusabo-Asare, 1990; CEDAW, 1991b). Specifically, issues pertaining to spousal consent to the union, payment of bridewealth, the age gap between spouses, and polygyny may condition social expectations regarding conjugal equality (or the lack of it) and women's perceptions about their rights and obligations within marriage.

The marriage laws of Ghana and Kenya require both parties to give their consent to marriage. However, customary practices regarding this issue often vary. The anthropological literature suggests that arranged marriages were common for women in traditional societies, child betrothal was frequent, and, in some instances,

girls were betrothed even before they were born (Fortes, 1950; Tait, 1961). Some ethnic groups, including the Ewe and Ashanti of Ghana, showed a preference for cross-cousin marriages because these unions were perceived to be a means of strengthening kinship ties and reconciling conflicting lineage and conjugal ties (Caldwell and Caldwell, 1990). Some studies also suggest that parental influence was likely to be less in second-order and subsequent marriages and that freedom of partner choice has been increasing in recent years (Fortes, 1950, on the Ashanti of Ghana; Lesthaeghe, 1989).[10] When marriages are arranged, the bride rarely has the final say in deciding when and to whom a marriage occurs. Women's ability to refuse an arranged marriage is often limited because gendered patterns of resource ownership may leave many unmarried women dependent on their fathers or other male family members for access to productive resources, especially in rural patrilineal societies (Pison, 1987; Boye et al., 1991).

As shown in Table 3, half of women in Ghana and Kenya have married by the age of 18.5, but at least 10 percent of women are married before age 15 (GSS and IRD/Macro Systems, Inc., 1989; NCPD and IRD/Macro Systems, Inc., 1989).[11] Legislation does not entirely protect women from being married at a very young age. In Ghana, for example, there is no minimum legal age at first marriage under customary law (Manuh, 1984), whereas in Kenya the legal minimum age at marriage for girls varies from 9 to 18 years, depending on region and ethnic group

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[10] Togo was the only sub-Saharan African country participating in the DHS program that included detailed questions on marriage arrangements in the survey questionnaire. As a neighboring country to Ghana, it is interesting to note that the proportion of all marriages in Togo that were arranged declined from 46 percent among women who first married before 1970 to 24 percent among those who first married in the 1980s (Meekers, 1992).

[11] There is some indication that the age at marriage for women has increased slightly over the past few years in both countries (NCPD, 1989, for Kenya; van de Walle, 1993, for Ghana), accompanied by some narrowing in the gender disparity in marriage timing (see Table 3).

Table 3

Marriage Patterns in Ghana and Kenya

Variable	Ghana		Kenya	
	Late 1970s	Late 1980s	Late 1970s	Late 1980s
Woman's median age at first marriage[a]	17.8	18.5	17.5	18.6
% of currently married women aged 15–49 in polygynous unions	34.4	32.6	29.5	23.4
% of currently married women whose husbands are 10 or more years older[b]	44.4	35.3	40.4	35.9
% of ever-married women aged 40–49 whose first union has dissolved[c]	39.6	60.8	23.1	24.2
% of woman's reproductive years spent with no resident partner	40	50	38	43

[a] Pertains to women currently aged 25–29.
[b] Data for the late 1980s are calculated from the DHS individual recode file.
[c] Data for the 1970s are calculated from the WFS standard recode file.

Sources: Data for the late 1970s: Central Bureau of Statistics, Ghana (1983); Central Bureau of Statistics, Kenya (1980). Data for the late 1980s: GSS and IRD/Macro Systems, Inc. (1989); NCPD and IRD/Macro Systems, Inc. (1989); Bruce and Lloyd (1992), Table 4, p. 17; Lloyd (1993).

(United Nations, 1989b). Although the Mohammedans Marriage and Divorce Registration Act of Kenya requires that both parties give consent to marriage, it does allow the marriage of minors (CEDAW, 1991b).

Bridewealth and Freedom of Choice The freedom of women and men to choose their own spouse under customary systems of marriage is invariably linked with the payment of bridewealth, which symbolizes the husband's acquisition of rights to his wife's productive and reproductive capacities. The payment of bridewealth is essential for the validity of customary marriages, but the prevalence of this practice varies widely across ethnic groups and regions. One study in Kenya found that the prevalence of bridewealth payments varies from over 80 percent of marriages in the Meru and Nyeri districts to only 21 percent in Kakamega. The same study found that the mean bridewealth payment varies considerably, from 5,501 Kenyan shillings in the central region to roughly three times as much in the western region (Hammerslough, 1990). The literature suggests that the monetary value of bridewealth has increased substantially in recent years, especially in relation to the educational attainment of the prospective bride—a reflection of parents' concerns about their loss of access to a daughter's potential earnings (Isuigo-Abanihe, 1988, on Nigeria). Limited evidence of this trend is provided by an analysis of the probability of bridewealth being paid, which showed that in Kenya, marriages of women with secondary education are 2.9 times as likely to involve bridewealth transactions as those of women with a primary education (Hammerslough, 1990).

Since no legislative policies regulate the various components of bridewealth in Ghana or Kenya, the financial aspects of bridewealth may set limits on the freedom of men and women to choose their own spouse. Men may be forced to delay marriage until they and/or their families can afford to pay bridewealth, and, in some instances, older men are preferred as spouses by the woman's family because of their ability to pay bridewealth. Indeed, Hammerslough (1990) found that the groom's age was a significant determinant of the probability that bridewealth was paid. It is interesting to note that, although bridewealth payments are not a requirement for civil and Christian marriages, the parties to such marriages

tend to insist on bridewealth because the practice is rooted in tradition (Butegwa, 1989; Hammerslough, 1990). In one study of rural western Kenya, 69 percent of women interviewed indicated that they would not marry the man they loved unless he had paid bridewealth (Butegwa, 1989).

The bridewealth has important implications for women's position within unions. Boye (1988: 346) observes that men who were requested to pay high bridewealth for their wives often developed what is described as "an attitude of vengeance" against such women, which implies that the bridewealth may contribute to the enforcement of women's subordination within marital unions. It may limit women's ability to divorce in some systems of customary law requiring that the bridewealth be repaid in the event of divorce. This is largely because women's bridewealth often constitutes the basis of resources their brothers or male relatives use to acquire their own wives (Caldwell and Caldwell, 1990). The relationship between the age of the groom and the payment of bridewealth may also bear on women's ability to make crucial decisions affecting the family, especially in the early stages of marriage. Manuh (1984: 6) suggests that, in cases where the husband is much older than the wife, "no possibility of equality between the spouses exists."

Polygyny and Gender Inequality As shown in Table 3, the age gap between spouses in Ghana and Kenya is substantial; about one out of every three currently married woman has a husband who is 10 or more years older than herself. This gap is a reflection not only of the relationship between bridewealth payments and the age of the groom but also of the disparity in the age at first marriage for men and women in polygynous relationships. According to estimates provided by the United Nations (1991), the mean age at first marriage for males is 26.9 years in Ghana and 25.5 in Kenya. The age gap between spouses is wider in polygynous

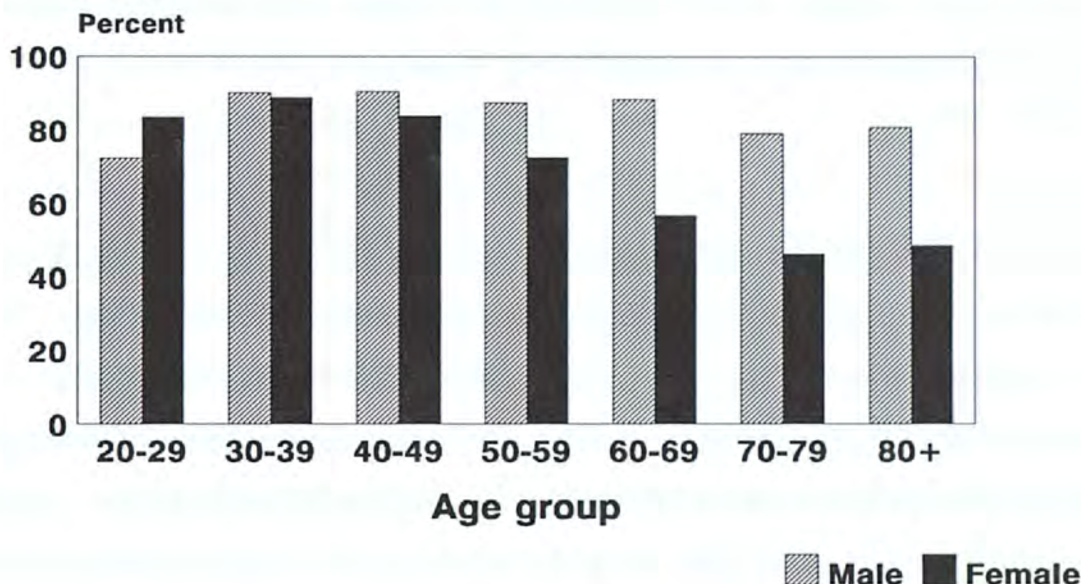
unions and may depend on wife rank—junior co-wives tending to have older husbands on the average than senior co-wives or women in monogamous unions (Pebley and Mbugua, 1989). As a result of these marriage patterns, women are more likely to find themselves without a spouse as they age. In Ghana, for example, by age 60–69, fewer than 60 percent of women are currently married while roughly 90 percent of men are still married (see Figure 1).

In Kenya, slightly fewer than 25 percent of currently married women are in polygynous unions, while the proportions are slightly higher in Ghana—roughly one in three. These differences mirror the general East–West regional differences in the prevalence of polygyny within sub-Saharan Africa (Lesthaeghe et al., 1989). Typically, in West Africa, over 40 percent of currently married women are in polygynous unions. In East Africa, levels of polygyny are generally on the order of 20–30 percent, falling to 20 percent or less in much of Southern Africa (Caldwell et al., 1992a; Lesthaeghe et al., 1989). The prevalence of polygyny shows little evidence of declining in Ghana, remaining somewhat lower than in neighboring West African countries, whereas in Kenya there has been a noticeable decline—about 20 percent.

Polygyny is an intrinsic part of customary marriage. In both countries, marriage under customary law implies that a woman has automatically chosen a polygynous marriage (CEDAW, 1991a, 1991b). Hence, the right to choose a monogamous or polygynous marriage is the sole prerogative of the husband, and his failure to inform the first wife of his marriage to another woman does not constitute grounds for divorce (Manuh, 1984). In contrast, under the marriage ordinance of Ghana, marriage is monogamous and "any party marrying another person while the marriage subsists is guilty of bigamy" (CEDAW, 1991a: 58). The African Christian Marriages and Divorce Act and the Marriage Act of Kenya also make it illegal for any party marrying under these acts to contract another marriage under

Figure 1

Percent Currently Married by Age and Sex, Ghana 1987-88



Source: Tabulations based on 1987/88 Ghana Living Standards Survey.

any other law or custom, and to do so is punishable by a maximum of five years' imprisonment (Butegwa, 1989).

However, the duality of the marriage laws leaves considerable room for manipulation where there are no systematic mechanisms for vital registration. It is not uncommon for men to contract one marriage under customary law and another under civil law (Vellenga, 1983), even though current legislation clearly specifies that it is illegal to do so. A review of case law in Kenya shows that, in such a situation, the court may decide that the marriage contracted under customary law is invalid and that the woman's children were born out of wedlock, especially if the other marriage was a civil marriage (Kuria, 1987). The unequal treatment that women receive under the dual legal system of marriage is more acute when the husband dies intestate. Consequently, in Kenya, the legal system was amended in

1981 to permit such women and their children to inherit when the husband dies intestate. Such rights do not extend to child maintenance, however, because if a man had contracted a customary marriage while the monogamous marriage subsisted, the courts usually hold that the woman married under customary law is not a wife and that her children are not legitimate (Kuria, 1987).

Divorce

One of the most striking differences between the two countries is in the likelihood of marital disruption (see Table 3). The proportion of women aged 40–49 whose first marriages have dissolved by the end of their reproductive years is more than twice as high in Ghana as in Kenya (61 versus 24 percent). The high levels of marital instability reported in Ghana are consistent with earlier anthropological accounts that noted a high level of marital instability, particularly among the Akan (Fortes, 1950, on the Ashanti; Goody, 1962, on the Gonja). It is suspected that the lower levels reported in the Ghana Fertility Survey were underestimates. The differences between the two countries are a reflection of the East–West pattern in the prevalence of divorce in sub-Saharan Africa, the level of divorce being generally higher in West than in East and Southern Africa (Kaufman et al., 1987; Lesthaeghe, 1984; McDonald, 1985; Smith et al., 1984).

The differences between Ghana and Kenya in the prevalence of divorce are also associated with differences in their kinship systems. A large proportion of the Ghanaian population (at least 50 percent) is characterized by matriliny, with custody of children, inheritance, and children's legal status being vested in mothers rather than in fathers. Caldwell et al. (1992a) note that, as a result of a tendency toward bilateralism among patrilineal groups in Ghana (and in other parts of coastal West Africa), divorce and remarriage are no less frequent among patrilineal than matrilineal groups. In contrast, many ethnic groups in Kenya and much of East

Africa are strictly patrilineal, with child custody and genetrical rights being vested in fathers rather than in mothers, with few exceptions.[12] This factor is considered to be particularly important in explaining marriage stability in Kenya and other parts of East Africa (Caldwell et al., 1992a; Gluckman, 1951).

The higher prevalence of divorce in Ghana does not imply that men and women in that country have equal rights to divorce. Under the Marriage of Mohammedans Ordinance in Ghana (and also in Kenya), where the rights of the parties are governed by the Koran, the grounds for divorce are the prerogative of the husband. In some ethnic groups, women and men have equal rights to initiate divorce proceedings; among the Ewe, only the wife may do so (Nukunya, 1969). However, under Ghanaian customary law, there are gender differences in what constitutes grounds for divorce. While men can divorce their wives on the grounds of infidelity, childlessness, repeated adultery, sorcery, refusal to perform household chores, and other traditionally viewed forms of insubordination, those grounds are not available to women (Manuh, 1984). In particular, women cannot divorce their husbands on the grounds of adultery because customary marriages are always potentially polygynous (Vellenga, 1983).

Child Custody

In general, women's rights to child custody depend on the form of marriage law governing the union, and under customary law these rights may vary from one ethnic group to another. In some traditional societies, the right of a woman to the legal custody of children may be largely conditioned by whether or not the society draws a link between the payment of bridewealth and the legal rights of the husband to children born in the union. Parkin (1980) states that among the Luo of Kenya,

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[12] Parkin (1980) notes that, upon divorce, Kikuyu women in Kenya retain custody of their children and can set up matrifocal households.

no distinction is made between marriage payments for wives and marriage payments for the children born in the union. Consequently, even repayment of the bridewealth upon divorce would not enable a Luo woman and her family of origin to gain custody of the children born in the union, regardless of their age.

The granting of child custody to men in patrilineal groups is not absolute. Kikuyu women in Kenya often retain custody of their children upon separation or divorce. Although divorced women lose custody of their children among many patrilineal groups in Ghana, they may be allowed to have custody of at least one daughter or of young children who are still breastfeeding (Manuh, 1984). In contrast, matrilineal ethnic groups such as the Akan of Ghana and Digo of Kenya grant the custody of children to women because, in such groups, children derive legal status from their maternal relatives.

Traditional practices related to child custody have remained rigid in many areas, where they sometimes conflict with government provisions. In Kenya, for example, the Guardianship of Infants Act specifies that women and men have equal rights to the custody of children regardless of custom, religion, or the form of marriage law governing the union (Butegwa, 1989; CEDAW, 1991b). Consequently, the effectiveness of this legislation depends largely on the extent to which the perceptions of either parent are influenced by the customary rules and practices of the communities to which they belong, and on the extent to which a parent is willing and able to enforce his or her legal rights. Women are usually disadvantaged in enjoying their legal rights, due to their lack of awareness of family law, partially a consequence of their lower levels of educational attainment.

<u>Division of Roles and Responsibilities</u>

It is difficult to generalize about the extent of women's contribution to family welfare in sub-Saharan Africa because of the great cultural diversity throughout the

region (Lele, 1991). In agricultural communities in Ghana and Kenya, men are usually responsible for clearing land for cultivation and for growing cash and food crops of high commercial value, while women are more involved in the production of food crops for home consumption and sale (Potash, 1985; Stamp, 1986). The division of labor between the sexes translates into separate though overlapping spheres of economic activities for men and women. While, in some communities, men and women may be responsible for different crops, in other instances they may cultivate jointly. Wives often combine work on the household farm with independent economic activities that provide them with some security in old age and with a fair degree of economic independence (Oppong, 1974; Potash, 1989; Smock, 1977).

Table 4 presents recent estimates of gender differences in work hours in rural Ghana and Kenya from two surveys. Unfortunately, however, differences between the two surveys in types of activities included as well as methods of measurement allow only the crudest of comparisons. In Ghana, for example, the fetching of firewood and water was not included in domestic work. What emerges most clearly in each case is that domestic work is almost exclusively the responsibility of women and that women work longer hours than men when domestic and economic work are added together. The greater relative workload in Kenya may be easily explained by the inclusion of time spent fetching fuel and firewood—data not collected in Ghana.

Gender disparities in work responsibilities are observed even among school-age children. Using data from the 1987/88 Ghana Living Standards Survey (GLSS), Lloyd and Gage-Brandon (1993b) show that teenage girls in Ghana work longer hours weekly in both market and domestic work than boys, whether or not they are enrolled in school. They also note that fostered teenage girls are particularly

Table 4

Gender Differences in Work Hours in the Past Seven Days by Type of Activity and Age Group, Rural Ghana (1987-88) and Rural Kenya (1988-89)

	Number of Hours Worked			
	Males		Females	
Activity	**15–64**	**65+**	**15–64**	**65+**
Ghana				
Economic	28.3	20.3	22.7	11.4
Domestic	5.6	2.1	20.8	10.8
Total	33.9	22.4	43.5	22.2
Kenya				
Economic	31.4	27.8	33.2	22.8
Domestic	1.8	2.7	17.7	14.0
Total	33.2	30.5	50.9	36.8

Sources: Data for Ghana are calculated from the 1987/88 GLSS and pertain to rural areas. Data for Kenya are based on the 1988/89 Rural Labour Force Survey, Kenya (Government of Kenya, 1991: Tables 16.5 and 16.6, pp. 174–175).

disadvantaged, working 5–6 more hours per week than boys who are living away from their mothers. In contrast, data for rural Kenya show no major differences in total hours spent on economic activities between boys and girls of school age (aged 8–14 years). However, boys of school age spend the bulk of their time in crop- and livestock-related activities (9.9 hours), while girls spend less time on these activities (5.6 hours) but an almost equal amount of time on gathering firewood and fetching water (Government of Kenya, 1991).

Parental responsibilities for the financial costs of childrearing and household maintenance are similarly divided along gender lines. Fathers typically assume res-

ponsibility for housing and children's education while mothers take responsibility for food. However, several studies suggest that mothers bear a disproportionate share of child maintenance costs, especially in polygynous unions (Bledsoe, 1988; Bleek, 1987; Makinwa-Adebusoye, 1991; Robertson, 1976). While it has been argued that polygyny has advantages for women because they benefit from economic cooperation with their co-wives and from sharing domestic tasks and child care (Boye et al., 1991), in many parts of middle and West Africa, including Ghana, polygyny is associated with separate spousal budgets, with the basic childrearing unit being a mother and her dependent children (Abu, 1983; Caldwell et al., 1992a). Hence, polygyny intensifies the economic burdens on women for children's upkeep, each wife assuming the responsibility of providing food for herself and her children. As demonstrated by the 1987/88 GLSS, these costs can be substantial—expenditures on food amount to about two-thirds of the total expenditure of Ghanaian households (Boateng et al., 1990). Women's claims to their husbands' resources for household maintenance tend to decrease with the number of wives and children in the union. Although separate spousal budgets are pervasive in West Africa and show little evidence of declining, they are rarely found in polygynous marriages in East and Southern Africa (Caldwell et al., 1992b).

Marriage patterns and other aspects of family structure imply a more unequal division of child maintenance costs between mothers and fathers in Ghana than in Kenya. As indicated in Table 3, the average Ghanaian woman spends 50 percent of her reproductive life without the benefit of a coresident partner, compared with about 43 percent for the average Kenyan woman. These proportions have risen even more sharply in Ghana and reflect a number of factors, including non-coresidence of spouses, female headship, premarital childbearing, and marriage disruption.

Non-coresidence of spouses in Ghana is associated not only with matriliny and work-related migration of husbands, but also with polygyny.[13] Female headship is also more prevalent in Ghana than in Kenya. Surveys conducted in the late 1980s show that the proportion of households reportedly headed by women is 32 percent in Ghana, compared with 27 percent in Kenya (Ekouévi et al., 1991). In Ghana, the proportion of households headed by women has risen by roughly 7 percentage points from 1960 to the late 1980s (Lloyd and Gage-Brandon, 1993a). As previously discussed, marital disruption is substantially more prevalent in Ghana than in Kenya, with child custody being vested in women in matrilineal communities. On the other hand, Ghana shows a lower prevalence of premarital childbearing than Kenya; the proportion of never-married women aged 15–24 who have given birth is 9 percent in Ghana and 20 percent in Kenya in the late 1980s (Gage-Brandon and Meekers, 1993).

These aspects of family structure carry a considerable risk that women may find themselves the primary supporters of children, without the benefit of a male partner, especially in Ghana. This is not to suggest that men do not contribute toward the support of their families. Indeed, in the case of spousal separation, household income may increase with job-related migration as a result of remittances. However, as pointed out by Bleek (1987: 143) regarding Ghana, "where husband and wife do not live together, the husband's contribution to running the house tends to decrease or disappear." In the event of divorce, fathers may not continue to support their children, and even when divorced women remarry, they are often largely responsible for the upkeep of children from the previous marriage (Bleek, 1987; Whyte and Kariuki, 1991). Abu (1983: 161–162) points out that "the social forces constraining a man to look after his wife and children are relatively weak and

[13] Senior wives in Kenya are substantially more likely than junior wives to reside apart from their husbands (Pebley and Mbugua, 1989).

there is a considerable voluntary element in the arrangement." In addition, even though men may earn higher incomes than do women, they tend to use their incomes in more varied and individualistic ways, whereas women are constrained in this regard by cultural values associated with motherhood (Whitehead, 1994).

The situation of Ghana is particularly interesting because the family structure is characterized by stronger lineage than conjugal ties (Abu, 1983; Bleek, 1987; Caldwell and Caldwell, 1990; Oppong, 1974; Smock, 1977). The conjugal family rarely constitutes a closed physical and economic unit for the rearing of children. Rather, nonoverlapping obligations may link men and women in a household with members of their respective kin groups outside the household. Hence, spouses may not share the same economic interests, and their obligations to their respective kin groups may take precedence over those of the conjugal unit (Vellenga, 1986). In this regard, men typically have a broad range of extra-domestic responsibilities that they must balance against the needs of their wives and children (Potash, 1985). These obligations are a reflection of men's greater access to cash and may include helping to educate younger siblings, supporting their sisters and their sisters' children as is demanded by tradition in matrilineal systems (Little, 1959), and contributing to the bridewealth of relatives.

Furthermore, biological parenthood and the costs of childrearing tend to be separated due to the practice of child fosterage, which redistributes the costs of childrearing among a wider group of kin. Typically, West Africa has higher levels of child fosterage—exceeding 30 percent in some areas—than East or Southern Africa (Bledsoe and Isuigo-Abanihe, 1989; Caldwell et al., 1992a; Page, 1989). These regional differences are exemplified by Ghana and Kenya. About 15 percent of Ghanaian children up to age 14 do not live with their mothers, compared with 7 percent of Kenyan children (Lloyd and Desai, 1992).

Legal steps have been taken by the governments of Ghana and Kenya to ensure parental assumption of childrearing costs in the event of out-of-wedlock births and divorce or separation. The Maintenance of Children Decree was enacted in Ghana in 1977. Family tribunals were established with jurisdiction over issues regarding paternity, custody, and the maintenance of children. Decisions regarding the amount of child support are made on the basis of the resources and earning capacities of both parties, the maintenance of other children, and the cost of living of the area in which the child is resident. It is not clear whether the 1977 decree has been more successful than the 1965 act in providing for child support, but Manuh (1984) maintains that many children are not economically supported by their parents and that child labor appears to be on the increase. In both Kenya and Ghana, the enforcement of maintenance provisions is limited by the prevalence of informal-sector employment and by the difficulties of directly accounting for wages in that sector (Ang'awa, 1989).

Power in Intimate Relationships

The relative balance of power between husbands and wives tends to vary from culture to culture. Among the Frafra of northern Ghana, for example, a married woman is under the control of both her husband and her husband's father, while among the matrilineal Akan of Ghana, the authority of the husband over his wife is counterbalanced by the authority of the wife's brother(s) over her, largely because of the husband's lack of legal rights over his children (Bleek, 1987). Manuh (1984) suggests that, regardless of the type of descent system, women are traditionally not considered decisionmakers in their own right, and are under the authority and control of a male in the community throughout their premarital and marital life, except in spheres that are considered to be traditionally female.

Wives rarely have decisionmaking rights over their fertility. At least in patrilineal societies found in much of sub-Saharan Africa, particularly in Kenya, marriage payments vest rights to children and decisionmaking—including contraceptive practice—to the husband and his family of origin (Caldwell et al., 1992a). Outside marriage, however, women appear to have considerable sexual autonomy in much of West Africa, especially in matrilineal societies. Women's degree of sexual autonomy appears to be related to the maintenance of separate budgets, made possible by sex-specific traditional occupations, the existence of women's organizations, and women's maintenance of independent farming activities (Caldwell et al., 1992a; O'Barr, 1984; Lesthaeghe et al., 1989). Within marriage, West African women's sexual autonomy appears to depend on continuing links with their families of origin.

In much of East Africa, on the other hand, women are fully absorbed into their husbands' lineage within larger corporate patrilineages (Gluckman, 1951). Their degree of sexual autonomy is limited by their lack of budgetary control, even in polygynous families, and by the absence of sex-specific occupations (Caldwell et al., 1992a). Some degree of change has occurred, but more importantly, there are ethnic variations. While the Luo, Gusii, and Turkana of Kenya may be characterized by limited sexual autonomy for women, this description is not representative of the Kikuyu (Caldwell et al., 1992a; Parkin, 1980).

The ability of women to translate their fertility desires into contraceptive use and actual fertility behavior is thus of great importance. In Ghana and Kenya, husbands and wives may not share the same fertility preferences,[14] husbands being less inclined to want to stop childbearing even though they have had more children

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[14] Data from the DHS conducted in the late 1980s show that only 23.7 percent of Ghanaian and 33.9 percent of Kenyan couples report the same ideal number of children (Ekouévi et al., 1991).

than their wives, partly as a result of polygyny (see Table 5). Research conducted by Ezeh (1991, 1993a, 1993b) shows that husbands in Ghana appear to have greater control than wives over reproductive decisionmaking, a finding that confirms assertions that male attitudes are a significant factor inhibiting or facilitating contraceptive use (Mbizvo and Adamchak, 1991; Khalifa, 1988). Ghanaian wives' characteristics do not influence their husbands' contraceptive attitudes or fertility preferences, but husbands' characteristics are a significant determinant of wives' contraceptive attitudes and fertility preferences. Men's greater influence in fertility decisionmaking in Ghana may operate through a number of factors, including their relative advantage in choosing their own spouse, cultural norms requiring women to be subservient to their husbands (Ezeh, 1993b), the differential access of wives to schooling, the age gap between spouses (see Table 5), and disparities in economic potential between husbands and wives (Oppong, 1974; Smock, 1977).

In Kenya, on the other hand, wives appear to have a greater impact on reproductive decisionmaking. Not only do women's individual characteristics have a significant influence on their husbands' fertility desires, but husbands' characteristics do not determine their wives' fertility preferences or contraceptive use. The significant role played by Kenyan wives in fertility decisionmaking may be attributed to a number of factors. For instance, Caldwell et al. (1992b: 227) suggest that "government activity in the population field and its appeal to women as well as men have changed the earlier society where the only legitimized authority for making reproductive decisions was the husband and his family of origin." Hence, as a result of government endorsement of family planning, women may feel a moral right to insist on contraceptive use. However, government leadership alone is not sufficient to explain women's greater involvement in reproductive decisionmaking in Kenya. Other important contributing factors may be more favorable

Table 5

Individual Characteristics of Husbands and Wives, Ghana and Kenya

	Ghana, 1988		**Kenya, 1988/89**	
Variable	**Husbands**	**Wives**	**Husbands**	**Wives**
% with no schooling	40.0	56.7	17.5	38.1
Mean age (years)	41.0	31.8	42.2	32.6
Mean parity	5.2	3.6	6.2	4.8
% wanting no more children	18.7	27.8	48.4	57.5
% approving of family planning	68.1	64.4	90.2	90.4
N	1,010	1,010	1,189	1,189

Source: Ezeh (1993a), Table 1, p. 19.

attitudes toward contraceptive use among husbands and wives in Kenya than in Ghana, and wives' greater exposure to formal schooling in Kenya (see Table 5).

Sexually Transmitted Diseases The rapid spread of the AIDS epidemic in sub-Saharan Africa raises other issues concerning women's ability to protect themselves against sexually transmitted diseases (STDs) and the AIDS virus. Data from Ghana reveal that the incidence of infection is much higher among females than males, and although the female proportion of reported AIDS cases declined between 1986 and 1992, 77 percent of all reported AIDS cases in 1992 were female (Adomako Ampofo, 1993). Ghana's female surplus of HIV/AIDS cases has been associated with the migration of women to work in the commercial sex industry in nearby countries, a factor that has been related to economic hardship, buttressed by

underlying gender inequalities in employment opportunities (Adomako Ampofo, 1993; Ocholla-Ayayo et al., 1993). Social expectations of multiple partners for men and social acceptance of male extramarital sexual activity—partly related to wives' postpartum sexual abstinence (Caldwell and Caldwell, 1990; Caldwell et al., 1991)—are indicative of the vulnerability of wives to STDs and AIDS in other circumstances. Women's vulnerability to STDs and HIV is also associated with polygyny, mandatory widow inheritance,[15] and men's dislike of the condom—the only available preventive method against sexual exposure to the AIDS virus (aside from abstinence).

Few studies have examined closely the relationship between the balance of power in intimate relationships and women's ability to protect themselves from exposure to STDs and AIDS, especially in the absence of a prevention method that is within their personal control. This issue is complicated by the intimate link between pregnancy prevention and effective modes of protection. As long as women or their partners desire to continue childbearing, fertility desires may take precedence over protection against exposure to AIDS and STDs. Hence, Arnafi (1992) observes that, even when Ghanaian women know that their husbands have other sexual partners, they may continue to have unprotected sex because of their desire to continue childbearing.

More important are the underlying power inequalities that may severely limit the ability of many women to change their partners' sexual behavior or enforce the use of the condom.[16] In many Ghanaian communities, the exchange of bridewealth confers upon husbands the rights to women's sexual and procreative abilities.

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[15] Widow inheritance through remarriage to the husband's brother or close relative was a means of ensuring economic support of widows and their children. However, this practice contributes to the spread of AIDS.

[16] See Elias and Heise (1993) for a detailed review of the literature.

Hence, Adomako Ampofo (1993: 4) argues that it is "almost inconceivable" that a wife would refuse to have sex with her husband, except during menstruation and the postpartum abstinence period. A wife's refusal for any reason may constitute grounds for divorce, a fear that has been expressed by some Ghanaian women who know that their husbands have other sexual partners (Arnafi, 1992). Other factors that women may have to take into consideration before insisting that their partners use a condom include the potentially polygynous nature of many marriages, and culturally determined patterns of resource ownership and access that may make it difficult for a woman to survive economically outside a marital union, especially in agricultural communities (Elias and Heise, 1993). Furthermore, the association of condom or contraceptive use with infidelity or promiscuity may prevent many women from initiating discussions with their husbands about sex and condom use (van de Walle and van de Walle, 1988; Okagbue, 1990).

Wife-Beating The social acceptance of wife-beating in many ethnic groups is an important constraint on women's power within marital unions. However, it is difficult to assess the prevalence of this practice because wife-beating is rarely documented. One study of 733 women in the Kisii district of Kenya found that 42 percent of the women reported being beaten regularly by their husbands (Raikes, 1990, cited in Elias and Heise, 1993). The vast majority of wife-beating incidents may go unreported, as is implied by a study in rural western Kenya, in which only 14 percent of women interviewed said they would report to the police station if their husbands beat them, while 61 percent indicated that they would run away and come back later "because it is customary to do so" (Butegwa, 1989).[17] Wife-beating is

[17] The survey was not based on a nationally representative sample, and these responses are clearly subjective, but they demonstrate that the majority of women may not perceive the judicial process as a recourse in cases of domestic violence.

generally perceived to be on the increase (Manuh, 1984; Wamalwa, 1989), but the extent of change is not known because information on earlier levels of domestic violence is very limited. In traditional marriages, the balance of power between husbands and wives tends to be affected by the links that each spouse maintains with his or her kinship group (Manuh, 1984). As a result of the breakdown of the extended family and the geographical separation of family members due to migration, women have fewer sources of protection against their husbands' physical abuse (Wamalwa, 1989).

Women's sense of helplessness in the event of wife-beating is not only a reflection of customary social acceptance of the practice but also a response to their experience with the judicial process and policymaking bodies. The most vivid illustration of this situation is the parliamentary debate following the defeated Marriage Bill of 1968, which had attempted to make wife-beating a criminal offense. The bill was opposed by male parliamentarians on the grounds that wife-beating was a customary practice and an expression of love, and that the bill was an imposition of foreign values on African traditional culture (Asiyo, 1989; Wamalwa, 1989). While the Penal Code of Kenya clearly provides that it is a criminal offense to unlawfully assault or cause bodily harm to another person, there are no explicit provisions in Kenya (or in Ghana, for that matter) that prohibit or penalize a husband's acts of violence against his wife.

Gender Inequality in Education, Employment, and Access to Resources

Formal and Informal Education

The governments of Kenya and Ghana have long been committed to universal primary education as well as equality of access for boys and girls (Manuh, 1984; Government of Kenya, 1989; Dixon-Mueller, 1993). Overall levels of enrollment have increased considerably since the 1960s (see Table 6). In 1960, for every 100

Kenyan children of primary-school age, roughly 49 students were enrolled in primary school, but by 1980, the country had achieved universal primary-school enrollment. Likewise, in Ghana, the gross primary enrollment ratio rose to 80 over the same period of time from a much lower base (16).[18] The 1980s appear to have marked the end of a period of expansion in Ghana and Kenya. Subsequent declines are no doubt due in part to the economic hardships resulting from the global economic crises of the 1980s and the budget cuts in the education sector introduced by structural adjustment programs (World Bank, 1992). Unfortunately, second-level enrollment in Ghana is not strictly comparable with that of Kenya because it incorporates middle school, which is not a feature of the Kenyan educational system. Nevertheless, enrollment in both countries drops off sharply after the primary level.

The participation of women in the education process has also improved. For example, in 1960 only 10 girls were enrolled in primary school for every 100 girls of primary-school age, but by 1989 the enrollment ratio had risen to 67. In Kenya, the female primary enrollment ratio increased from 31 to 92 during the same time period. At the secondary-school level, female enrollment in Ghana increased from 2 percent in 1960 to 31 in 1989—a much more rapid increase than in Kenya, where the secondary enrollment ratio for girls was estimated at 19 in 1988. Recent improvements in women's education are clearly discernible from an examination of cohort differences in women's educational attainment based on data collected by the Demographic and Health Survey (Table 7). For example, 95 percent of Kenyan women aged 15–19 have had some formal education as opposed to only 35 percent

[18] The gross enrollment ratio is the total number of students enrolled at a given education level divided by the population of the age group for that level. Because the denominator may include students who are younger or older than the age expected at that level, the gross enrollment ratio may be distorted.

Table 6

Gross Enrollment Ratios by Level of Schooling and Gender, Ghana and Kenya

Year	First Level[a]			Second Level[b]		
	Total	Male	Female	Total	Male	Female
Ghana						
1960	16	—	10	3	—	2
1965	97	—	81	15	—	9
1970	64	73	54	14	21	8
1975	72	81	63	36	44	27
1980	80	89	71	41	51	31
1985	76	—	—	40	—	—
1989	75	82	67	39	48	31
Kenya						
1960	49	—	31	2	—	1
1965	55	—	40	4	—	3
1970	60	70	49	8	12	5
1975	104	112	96	13	17	9
1980	115	120	110	20	23	16
1985	98	101	95	21	26	16
1988	94	96	92	23	27	19

Note: A dash indicates that data are unavailable.
[a] Refers to age 6–11 in Ghana and 6–12 in Kenya.
[b] Refers to age 12–17 in Ghana and 13–18 in Kenya.

Source: UNESCO Statistical Yearbooks (various years).

of women aged 45–49. Similarly, 81 percent of Ghanaian women aged 15–19 have some education, compared with only 26 percent of women aged 45–49. However, among women 20–24 who are beginning their childbearing, a much higher

Table 7

Percentage Distribution of Women by Level of Education and Age, Ghana and Kenya

Age	None	Primary	Secondary	Higher
Ghana				
15–19	19.1	20.8	52.8	7.3
20–24	30.9	15.0	44.5	9.6
25–29	36.1	14.8	38.3	10.8
30–34	39.9	14.9	37.9	7.3
35–39	51.4	17.7	25.6	5.3
40–44	66.2	13.7	15.4	4.7
45–49	73.5	15.3	9.8	1.4
Total	39.7	16.3	36.5	7.5

Age	None	Some Primary	Completed Primary	Secondary +
Kenya				
15–19	4.7	23.5	50.4	21.4
20–24	8.5	25.6	30.7	35.0
25–29	18.2	30.3	23.2	28.1
30–34	36.8	28.7	16.9	17.3
35–39	42.7	28.6	19.0	9.7
40–44	50.4	34.0	10.9	4.6
45–49	64.6	25.8	7.2	2.4
Total	25.1	27.7	26.7	20.4

Sources: GSS and IRD/Macro Systems, Inc. (1989); NCPD and IRD/Macro Systems, Inc. (1989).

proportion of women in Ghana than in Kenya have had no education (31 versus 9 percent).

It is still apparent that males and females do not benefit equally from the educational system, however. Enrollment figures illustrate quite clearly that fewer girls than boys enter each level of schooling and that as the level of schooling increases, the representation of girls decreases. For example, while primary-school enrollment ratios for boys and girls are roughly equal in Kenya, gender disparities are clearly evident after primary school (Table 6). In Ghana, fewer females are enrolled at every level of education than males.

Determinants of Gender Disparities in Education Research conducted in Ghana and Kenya has identified several factors that lead girls to drop out of school. Although the demand for education is generally high for both sexes, some preference for educating boys still persists. This preference reflects traditional stereotypes of women's roles, customary patrilineal inheritance systems (especially in Kenya), and the perception that boys have greater prospects for formal-sector employment than do girls (Eshiwani, 1985; Manuh, 1984; Hyde, 1993; Robertson, 1984).

The low representation of girls in higher education may also be a consequence of the low status of their mothers. Mothers bear a larger share of household chores than do men, as discussed earlier, and the perception that these tasks are feminine continues. Therefore, mothers are more likely to assign domestic tasks to their daughters than to their sons, particularly in rural areas where girls are expected to assist their mothers or foster parents with household chores such as fetching water, collecting firewood, cooking, and caring for young children. A recent study observed that teenage girls in Ghana work longer hours than boys, whether or not they were enrolled in school (Lloyd and Gage-Brandon, 1993b). Heavy domestic responsibilities interfere with schooling, depress performance, and,

in extreme cases, lead to school withdrawal (Eshiwani, 1985). Indeed, the lower female enrollment rates in rural Kenya are partly explained by the high demand for girls' labor (Karani, 1989).

Pregnancy and/or marriage can also precipitate the exit of females from school. Pregnancy is increasingly becoming the main determinant of female secondary-school dropout rates in Kenya and Ghana (Bleek, 1987; Ferguson et al., 1988). Pregnant primary- and secondary-school students are expelled from school and may experience difficulties re-enrolling after giving birth. Although female students at institutions of higher learning are not expelled from school when they get pregnant, they are nonetheless often subject to penalties by the government. (For example, they might be suspended from school for one year, after which they lose boarding privileges.) It is important to note that male students are not punished for impregnating women (Karani, 1989).

Another factor restricting girls' enrollment in secondary school and, as a consequence, in higher learning, is the limited availability of secondary schools for girls. Most secondary schools in Ghana and Kenya are boarding institutions, and there are more such schools for males than for females. Even in coeducational schools, more dormitory facilities are reserved for boys (Dolphyne, 1991, and Manuh, 1984, on Ghana; Karani, 1989, on Kenya). In 1975, there were 235 government-maintained boys' secondary schools in Kenya, while only 82 were reserved for girls and 47 were coeducational. Since 1975, the government of Kenya has focused on building more coeducational schools, although this effort has not yet eliminated gender disparities in access to secondary schooling. Since a relatively small proportion of Kenyan girls gain entrance to government-maintained secondary schools, the expanding population of girls is finding its way into newer, less established "Harambee" schools, which receive no government assistance. These schools charge more for tuition but have lower academic standards, poorer

equipment, less-qualified teachers, and a curriculum that is more limited than the government and government-aided schools that boys are more likely to attend (Eshiwani, 1985). Weis (1981) also found that 86 percent of secondary-school girls in Ghana were enrolled in "Harambee" schools, compared with 43 percent of secondary-school boys. The tendency for girls to attend lower-quality schools is one explanation for their poorer performance on national examinations (Hyde, 1993).

When girls succeed in gaining entry to secondary and postsecondary schools, there is strong evidence that stereotypes regarding male and female roles lead to different curricula for girls and boys. Several studies show that the educational structures in Kenya and Ghana channel girls into arts and humanities and boys into sciences. Data substantiate that the enrollment of women in technical and scientific fields is quite low. In 1987/88, approximately 60 percent of undergraduate female students in Ghana were studying arts and home science (CEDAW, 1991a). The situation is no different in Kenya (Eshiwani, 1985, 1988); this disparity is well illustrated by data from the national university system, where women are overrepresented in education and the arts (GOK and UNICEF, 1992).

Alternatives to Formal Education Informal education and adult education provide opportunities for learning and training to those without benefit of schooling or those in need of further skill development. Although more adult women than men are illiterate in both Kenya and Ghana, women appear significantly less likely to receive informal education. When they do participate in informal training schemes, women tend to be primarily directed to those that revolve around traditional feminine roles. Women outnumber men in adult literacy classes in Kenya, but the total number of registered students is very low compared with the total number of adult illiterate women (GOK and UNICEF, 1992).

It is quite possible that more women would participate in literacy programs if their household and agricultural responsibilities were reduced (Karani, 1989). Most informal education in Kenya is carried out by employers. Because women are a small proportion of the formal work force, they surely benefit less than men from on-the-job training. Furthermore, the main courses taught by the Women's Training Institute in Ghana, which falls under the Department of Social Welfare and Community Development, are dressmaking, cooking, home management, textiles, hairdressing, languages, and current affairs. Similarly, although the National Vocational Training Institute offers classes in auto mechanics, electrical work, metal work, building, printing, dressmaking, and catering, most women attending the school are enrolled in the last two courses, while men are enrolled in the first five courses. Likewise, while a few women who participate in the Opportunities Industrialization Centers program in Ghana take courses in plumbing and auto mechanics, the majority take secretarial courses (Manuh, 1984).

In both Kenya and Ghana, women have been systematically discriminated against in their access to agricultural extension services, despite their predominance in agriculture (Date-Bah, 1985; Ventura-Dias, 1985; Staudt, 1985; Ewusi, 1978). This discrimination has been at least partially due to the fact that occupational distinctions by gender within the ministries of agriculture traditionally led to the provision of home economics extension services to women and farm management education to men (Harding, 1985; Pala, 1975). Although the Kenyan and Ghanaian governments claim to have realized the shortcomings in their agricultural extension services and have initiated new programs to remedy the situation, gender bias is still evident. The government of Kenya has created a women's program within the Special Rural Development Program. However, the program emphasizes family planning, nutrition, and health care rather than farming (Byamukama, 1985). Ghana's government has launched the Home Extension Unit within the Ministry of

Agriculture to convey agricultural information to women farmers. To facilitate reaching women, the program is mainly staffed by female officers with training in agriculture and home economics. However, the main focus of the program is nutrition, food storage and processing, and resource management (Date-Bah, 1985).

Employment

In addition to their domestic and childrearing responsibilities, women in Ghana and Kenya have traditionally engaged in agriculture and trade. Ghanaian women, in particular, are well known for their high levels of economic activity. A comparative study of women's labor force participation rates for 38 developing countries found that economic activity for ever-married women aged 25–49 was highest in Ghana (Lloyd, 1991). The proportion of Ghanaian women who were currently working was 92 percent. Since World War II, women in both countries have been increasingly drawn into more modern sectors of the economy; however, important gender disparities still exist in employment opportunities.

Research on gender inequality in employment in sub-Saharan Africa has been limited by poor-quality and noncomparable data. Censuses and labor force surveys have used different definitions of work, which have led to varying degrees of underestimation of female labor force participation (Dixon-Mueller, 1985). This is particularly relevant for unpaid family workers, most of whom are women. According to the 1984 Population Census of Ghana, women accounted for 64 percent of unpaid family workers, compared with 31 percent of workers in central government bodies. Second, most studies of time use in rural areas, where agricultural work predominates, are based on single communities and small sample sizes and are thus of limited applicability at the national level. Moreover, the collective nature of much family farm work may confound the analysis of sex differentials in earnings.

Table 8 shows the ratio of male to female employment for selected sectors of the economy for 1984 for Ghana, and 1970 and 1985 for Kenya. From the data presented, it appears that between 1970 and 1985 Kenyan women have been drawn into all sectors of the economy at a faster rate than their male counterparts. The ratio of male to female employment declined substantially between those two years in all sectors of the economy. However, most of the growth in female employment during this period appears to have occurred among self-employed/unpaid family workers. Even though the informal sector showed the greatest decline in the ratio of male to female employees in the period 1970–85, there were some 2.4 times as many males as females employed in this sector in Kenya in 1985. This is in contrast to the situation in Ghana, where the informal sector has always been predominantly female. Around 1985, gender inequality in employment was most acute in the public and private sectors of the two countries, the disparity in both cases being wider in Kenya than in Ghana.

A more detailed breakdown of employment in Ghana by occupational group permits a clearer picture of disparity in the labor force (Table 9). The female component of the labor force in Ghana has increased over time, from 39 percent in 1960 to 51 percent in 1984, a reflection of both the expansion of educational opportunities for women and changing conceptualizations of women's work. However, working women in Ghana are concentrated in only a few sectors of the economy. Women have made up over 80 percent of the work force in sales since 1960, a manifestation of higher traditional levels of women's participation in trading in West Africa, compared with much of East Africa (Caldwell et al., 1992a; Lesthaeghe and Eelens, 1989). In contrast, there is a noticeable deficit of women in professional, administrative, and clerical jobs. In the administrative and managerial sector, for example, women constituted only 9 percent of the work force in 1984. Similarly, data from the 1986 Urban Labor Force Survey of Kenya reveal

Table 8

Ratio of Male to Female Employment for Selected Sectors of the Economy, Ghana and Kenya

	Ghana	Kenya	
Type of employment	**1984**	**1970**	**1985**
Self-employed/unpaid family workers	0.7	4.5	2.4
Private sector	3.7[a]	6.1	4.8
Public sector	3.0[b]	5.9	4.4

[a] Does not include international organizations.
[b] Includes central government, public boards, and cooperative enterprises.

Sources: Ghana data are from Statistical Service (1987). Kenya data are from Mbugua (1989), Table 6, p. 104.

a low representation of women in professional occupations and an overrepresentation of women among paid employees in clerical services and agricultural occupations (Government of Kenya, 1991; Mbugua, 1989). These employment patterns are largely a reflection of gender disparity in education.

It is difficult to compare male and female earnings because of the dominance of the nonwage sector of the economy and women's relatively high concentration therein. Women employed in the formal sector generally receive lower salaries and have fewer chances of promotion than their male counterparts as a result of lower levels of education (Manuh, 1984; Mbugua, 1989). In the informal sector, women's economic activity is characterized by unskilled and semiskilled small-scale operations. For example, in Ghana, which is noted for the dominance of women in trade, only 9 percent of sales managers were women, according to the results of the 1984 census. While there are a number of successful Ghanaian businesswomen,

Table 9

Percentage Female in Selected Occupations in Ghana, 1960, 1970, and 1984

Occupation	Percent female		
	1960	**1970**	**1984**
All occupations	38.6	45.1	51.4
Professional/technical	19.5	23.4	35.7
Administrative/managerial	3.7	5.1	8.9
Clerical	7.2	15.4	29.8
Sales	80.5	87.4	89.0
Service workers	—	—	34.7
Agriculture/animal husbandry/forestry/ hunting	36.7	42.9	47.3
Production/transport/ laborers	21.8	24.6	44.8

Note: A dash indicates that data are not available.

Source: CEDAW, 1991a.

many women in the sales sector operate with little capital investment, and only a small proportion employ wage labor. The vast majority rely on their daughters to provide supplementary labor (CEDAW, 1991a; Clark, 1989; Clark and Manuh, 1991).

Limited information is available on employer discrimination in the formal labor market. From a study conducted in 1979 in Accra-Tema, Ghana, Date-Bah (1986) observes that the concentration of women in certain occupations is related not only to their training but to employers' beliefs that women are unsuited for

certain types of work, particularly supervisory positions and positions involving physical strength or contact with machines. She also notes that a more general bias against women workers is related to their higher levels of absenteeism, to some extent a reflection of women's greater family responsibilities, and to various costs related to pregnancy, including frequent maternity leave.

Although women's economic activity and childrearing are not necessarily incompatible, the unequal division of domestic and child-care responsibilities between men and women in Ghana and Kenya may exert varying constraints on women's effective participation in urban formal-sector jobs. In urban areas in particular, due to worker migration, women have a restricted network of relatives from whom to seek assistance with child care (Date-Bah, 1986). While traditional patterns of child fostering sometimes provide a partial solution to child care for urban full-time wage-earning mothers, such women increasingly rely on paid household help, depending on the financial resources at their disposal. Working conditions in the formal sector also make it difficult for women to effectively combine their maternal and domestic roles. In Ghana, flexible working hours and the possibility of part-time employment are limited in the formal sector (Date-Bah, 1986). While the government of Ghana has taken various measures since the enactment of the Day-Care Centers Decree in 1979, funds to support day-care facilities are limited and the vast majority of day-care staff are uncertified (CEDAW, 1991a), thus limiting the potential impact of the legislation.

Access to and Control over Resources

Ghanaian and Kenyan women are theoretically guaranteed the basic right to own property, but legal traditions governing land tenure, succession, and access to credit limit their ability to obtain property. Ghanaian customary and common law permits women to have a separate legal identity from their husbands or parents. It is

therefore lawful for married or single women to buy and sell property of any description, to enter into contracts, and to be sued for breach of contract or for debts incurred outside of the scope of the upkeep of their households. Moreover, women have absolute ownership of the property that they acquire before, during, and after dissolution of a marriage (through death or divorce) (Awusabo-Asare, 1990; Kuenyehia, 1990). Kenyan law similarly provides that any woman, irrespective of her marital status, can acquire, hold, and dispose of property of any type, including land (Butegwa, 1989). A married woman can also enter into a valid contract without her husband's consent.

Land Ownership As in much of sub-Saharan Africa, land is the most important productive resource in Ghana and Kenya. It is the major form of wealth and the main source of livelihood for the majority of people in these countries. Ownership of land also facilitates access to credit, membership in cooperatives, and access to new farm technology. Consequently, control and ownership of land has significant implications for women's incomes, long-term economic security, and social status (Muntemba, 1988; Newman, 1981).

Women's access to land has changed tremendously in Kenya over the last five decades. In precolonial Kenya, no individual had absolute ownership of land. Land was held by corporate groups such as lineages; all members of the group, male and female, were guaranteed access to land to satisfy their needs but they could not transfer it to outsiders or sell any portion of it. Administration of the land was vested in the village head, who was usually male (Byamukama, 1985).

Customary rules regarding access to land in Kenya recognized women's use rights. Each woman had rights to land to provide for her needs and those of her children. Women managed the land they farmed and controlled the distribution and use of crops they grew in their gardens (Boserup, 1970; Pala, 1976; Rogers, 1979).

Kenyan women were protected in traditional societies because their usufructuary rights in land were well defined, and were more beneficial than individual ownership. Moreover, the normative emphasis on use rights extended to other resources such as fish, game, salt licks, water, herbs, vegetables, fruits, fuel, clay, and thatch (Pala, 1976).

The British colonial administration imposed fundamental and wide-ranging land reforms in Kenya. The main feature of these reforms was the conversion of customary land rights, which were generally of a communal nature, to individualized freehold tenure. This Western-style ownership of land has put many rural Kenyan women in a precarious legal and economic position. Following European traditions of land ownership and title, land titles were nearly always registered to the male "head of household," regardless of whether or not he worked on the land; all other claims to land, especially women's usufruct rights, were suppressed (Okoth-Ogendo, 1978; Pala, 1976). Research conducted in Kenya in the 1970s shows that only 4–5 percent of registered landholders were women, except for parts of Central Province and the matrilineal descent groups in Coast Province (Okoth-Ogendo, 1978; Pala, 1980). While women retained certain customary rights to cultivate a portion of their husbands' land, they no longer had an independent claim to the land apart from their marital ties. As a result, the majority of Kenyan women became legally landless, with divorced and widowed women being particularly vulnerable to the loss of land-use rights. While it could be argued that land reforms liberated Kenyan women by permitting them to purchase land in their own names (Njeru, 1978; Brokensha and Njeru, 1977), most women are unable to amass sufficient capital to participate in land markets.

Access to land in Ghana is still largely governed by customary rules of tenure (Ewusi, 1990). Although there are minor ethnic differences in land tenure systems, one trait appears common to all ethnic groups in Ghana: land belongs to the lineage

or the community, not to any individual. Traditional rules of land tenure entitle both men and women to occupy any unappropriated portion of communal land. However, there is evidence that, in practice, the situation has not been as favorable for women. Women are generally allocated smaller, less fertile, and less accessible plots than are men, which are less suitable for cash production (Bukh, 1979; Okali and Mabey, 1975). Ewusi's study (1978) in Kwamoso village in eastern Ghana showed that only 23 percent of women were farming their own land and that over 70 percent had to farm jointly with their husbands on their husbands' plots.

Individualization of title to land has occurred in some sections of Ghana over the last few decades. This development has been stimulated by the introduction and spread of commercial agriculture (largely cocoa but also including coffee, kola, rubber, and palm) (Roncoli, 1985). Land sales and individual land titles have greatly eroded the principle of inalienable lineage landholdings, which was very much in evidence in the traditional period. The effect of this development on women's access to property is very similar to that observed in Kenya.

Asset Ownership and Inheritance Rights Gender disparities in asset ownership are often perpetuated by customs governing inheritance. These customs survive in both Kenya and Ghana despite the passage of succession laws designed to equalize inheritance rights in the case of a spouse's or a parent's death. Kenya's Law of Succession Act specifies that any person can write a will and have his or her property (including land) pass to any and all children and relatives regardless of sex. However, one of the provisions in the Act permits a person to specify in a will that the customary law of his or her ethnic group should be used to distribute the estate. The law also permits wives to challenge the will in court if they feel that it does not adequately provide for them. The Act provides that, if a man dies intestate and is survived by a widow and one or more children, the widow is entitled to his personal

and household effects, and to the whole or remainder of his estate for the rest of her life or until she remarries (Butegwa, 1989).

In 1985, the government of Ghana passed the Intestate Succession Law to provide a uniform succession law and to reduce the hardships experienced by widows and their children. The law invests personal possessions, including a house, to the surviving spouse and children. The spouse and children are also entitled to three-sixteenths and nine-sixteenths of the estate, respectively, and the surviving parent of the deceased to one-eighth; the rest (one-eighth) is divided according to customary law. The law provides for the distribution of the estate where the deceased is survived only by a child or by a parent, or where the deceased is not survived by a parent, a child, or a spouse.

The Intestate Succession Law has been welcomed by several women's organizations in Ghana (including the NCWD and the 31st December Women's Movement) as a remedy for the helpless situation faced by widows and their children in that country. The law is particularly beneficial in situations where a customary marriage has been contracted between a patrilineal woman and a man from a matrilineal society because, under their respective customary laws, their offspring cannot inherit from either of them. Also, the surviving spouse is entitled to the same share of the deceased person's estate, irrespective of the gender of the deceased spouse. It is also beneficial for marriages contracted under the Marriage Ordinance or under Islamic law, because the proportions of self-acquired property allocated to women under these alternative marriage systems were much smaller than the shares allocated to the male spouse. However, the law may be disadvantageous for women in polygamous unions. Given that a husband can inherit his wife's property under the new law, polygamously married women who wish to ensure that their property benefits only their children must write a will specifying

these conditions. This situation is particularly important for women traders, some of whom have succeeded in accumulating substantial capital.

The implementation of the succession law has been problematic, however. The law came into force concurrently with the Customary Marriage and Divorce (Registration) Law, 1985, which required that all preexisting customary marriages be registered within three months of the commencement of the law and that future customary marriages be registered within three months of their inception. Increasing evidence suggests that most people in marriages that were contracted before 1985 did not meet this three-month deadline. Given the high illiteracy rate and the lack of access to any type of media, it is plausible that the great majority of rural women are completely unaware of the law. Moreover, the machinery for registration of marriage and divorce was not in place throughout the country within the three-month period stipulated by the law. Kuenyehia (1990) reports that many lawsuits have sought to clarify whether a person whose customary marriage was not registered can benefit from the new law. Furthermore, the implementation of the law has also been hampered by opposition from matrilineal groups who feel that any law allowing children to inherit their father's estate is an imposition of the patrilineal system on the matrilineal one. Therefore, men from matrilineal families may try to circumvent the law by not registering their marriages. If such a large group fails to register their marriages, then the distribution of property in Ghana will continue to be mainly governed by customary law.

Ghanaian customary law permits people to distribute their estates (through an oral or written will) to whomever they choose, as long as the person distributing the estate is mentally sound and mature.[19] A will can therefore allow individuals

[19] Both written and oral wills are recognized in Ghana; the latter is recognized if there are witnesses. Both types of wills allow a person to make adequate provisions for his or her spouse and children without the interference of the extended family.

to make reasonable provisions for their spouse(s) and children. However, if a person dies intestate, the distribution of the person's estate is governed by the customary law that applies to his or her ethnic group. According to Ghanaian customary law, widows in matrilineal and patrilineal families have no share in the estate of their deceased husbands, but are entitled to shelter and maintenance until they remarry or die. It is not uncommon for a wife to be ejected from her matrimonial home upon the death of her husband and for the home to be inherited by her husband's nephews (his sister's children). The problem is more serious where women from patrilineal societies marry men from matrilineal communities, because the widow and her children cannot inherit from her husband's or her own family.

While the current situation for widows in Kenya seems more secure than in Ghana, recent research on inheritance in Kenya shows that in many instances, property, especially land, is inherited by the male children in accordance with customary law, rather than equally by male and female children as specified by the succession law (Kibwana, 1992). Surprisingly, the same study discovered that women who have titled land prefer to leave it to their sons. The mothers expected that their daughters would get married and have rights to land in their husband's family.

Access to Credit In addition to inequities relating to access to land, women also suffer in their role as producers because of their unequal access to credit. For example, a survey of institutions that give credit in rural Kenya showed that, in the early 1980s, no more than 10 percent of borrowers were women (KWFT, 1985). Credit and loans are not easily available to women because they lack title to land or other assets required for collateral. In addition, many loans are made through cooperative societies, and only a minority of women are members. Women's access

to credit may have improved slightly in the last two decades. In Ghana, the NCWD has initiated a scheme that provides loans to women farmers without requiring collateral. The exercise has been successful and women have repaid their loans promptly. This credit scheme has increased women's incomes and improved their standard of living (Dolphyne, 1991). The Kenya Women's Finance Trust has also been improving women's access to credit, particularly in urban areas.

Gender Inequality in Access to Health and Family Planning Services

The stated goal of the Kenyan and Ghanaian governments is to provide "Health Care for All by the Year 2000" (GSS and IRD/Macro Systems, Inc., 1989; Government of Kenya, 1989). Both governments subscribe to the view that the state has a fundamental responsibility for ensuring universal access to health care for its citizens (World Bank, 1992). In attempting to fulfill this objective, the governments of Ghana and Kenya have significantly increased the number of health facilities and personnel, particularly in poorly served rural areas. However, the adoption of primary health care as a strategy for improving the delivery of health services in rural areas has imposed a disproportionate financial burden on rural communities (Timyan et al., 1993). In particular, rural communities are expected to support primary health care workers (traditional birth attendants, community health workers, etc.), while urban families continue to use government-supplied and subsidized health services (GOK and UNICEF, 1992).

Effective access to health care can be ensured only if it is affordable. The cost of health care in Ghana and Kenya increased in the 1980s because of massive cutbacks in spending that were introduced as a result of the economic crisis and structural adjustment programs (World Bank, 1992). In Ghana, for example, the per capita health expenditure in 1982 was only one-fifth its 1975–76 level (United Nations, 1991). The structural adjustment programs forced the Kenyan government

to introduce a cost-sharing scheme in 1986. The scheme was suspended in 1990 but reintroduced in 1992 (GOK and UNICEF, 1992). Although the effects of cost on demand for health care have not been studied in Kenya and Ghana, evidence from other sub-Saharan African countries indicates that costs are more likely to deter than enhance use of health care among the poor and among women (Timyan et al., 1993).

The cost of health care in Ghana and Kenya may also have undermined women's health to a greater extent than men's. Women have unique health concerns due to problems imposed by pregnancy and childbearing. They are disproportionately represented among the poor and often lack direct access to household resources. Furthermore, women are the principal health care providers for their families. They often sacrifice their own health by devoting a large proportion of personal resources—time, physical energy, and tangible goods—to support their families and to care for the sick and the elderly (Jacobson, 1993).

Ideally, a health care system should provide its clients with a comprehensive array of services. Providers should focus on the whole person rather than on a particular part or function of a person's body (Dixon-Mueller, 1993; Timyan et al., 1993). A preliminary review of health priorities in Ghana and Kenya suggests that both governments have restricted access to care for many women by primarily emphasizing women's reproductive health needs. As a result, most of the health care that women get is family planning, and even this is focused on controlling fertility rather than on improving reproductive health more generally. As such, the health care system has neglected the needs of young unmarried women; women seeking to terminate a pregnancy; women suffering from sexually transmitted diseases, infertility, and cancers of the reproductive system; and elderly women.

Health Care Policy and Its Effect on Services

The narrow conceptualization of women's health could be partially attributed to the fact that women are underrepresented in policymaking bodies of the ministries of health in their respective countries. In Kenya, for example, women in the health profession tend to be in low-paying jobs at the lower echelons of the occupational ladder. In 1984, only 14 percent of medical doctors were women, compared with 85 percent of nurses and 91 percent of nutritionists (Mbugua, 1989).

Other dimensions of health policy may limit women's access to and use of reproductive health services. Family planning clinics in Kenya and Ghana offer a limited range of contraceptive methods; most women in both countries have access to the pill, Depo-Provera (injection), and condoms (Table 10). A 1989 Kenyan study revealed that a substantial proportion of family planning clinics have adequate stocks of the pill and Depo-Provera, while less than half have adequate supplies of condoms, foam tablets, and IUDs (Miller et al., 1991). Male and female sterilization are available on request in Ghana and Kenya. However, the requirements for sterilization operate inequitably; female sterilization requires spousal consent while male sterilization does not (Ross et al., 1992). It has also been found that, while family planning clients in Ghana and Kenya are counseled about the proper use and benefits of contraceptive methods, they are often not informed about side effects, the management of side effects, or the possibility of switching methods if they have problems (Mensch, 1993; Mensch et al., 1994). The lack of information on side effects and their management may partly explain why women interviewed in the Kenya and Ghana DHS cite health concerns as the main problem in using most family planning methods, especially the pill, IUD, Depo-Provera, and female sterilization (GSS and IRD/Macro Systems, Inc., 1989; NCPD and IRD/Macro Systems, Inc., 1989).

Table 10

Percentage of Currently Married Women Practicing Contraception by Method, Ghana and Kenya

	Ghana		Kenya	
Method	**1988**	**1993**	**1989**	**1993**
Pill	1.8	3.2	5.2	9.5
IUD	0.5	0.9	3.7	4.2
Injection	0.3	1.6	3.3	7.2
Diaphragm/foam/jelly	1.3	1.2	0.4	0.1
Condom	0.3	2.2	0.5	0.8
Female sterilization	1.0	0.9	4.7	5.5
Male sterilization	0.0	0.0	0.0	0.0
Periodic abstinence/ natural family planning	6.2	7.5	7.5	4.4
Withdrawal	0.9	2.1	0.2	0.4
Other methods	0.6	0.5	1.3	0.8
Total	12.9	20.3	26.9	32.7

Note: Column totals may not add up due to rounding.

Sources: GSS and IRD/Macro Systems, Inc. (1989), Table 4.6, p. 36; NCPD and IRD/Macro Systems, Inc. (1989), Table 4.7, p. 37; GSS and Macro International, Inc. (1994); NCPD et al. (1994), Table 4.8, p. 43.

Studies suggest that the quality of services provided to new family planning clients in Ghana and Kenya is inadequate. A study conducted in 1993 revealed that only 45 percent of new users in Ghana received a medical examination (Mensch, 1993). A similar study conducted in Nairobi, Kenya found that only 44 percent of

new clients received a complete physical examination, with 7 percent receiving no examination whatsoever (Mensch et al., 1994). Studies in both countries show that new family planning clients do not always receive a pelvic examination or receive aseptic services. Family planning providers in Nairobi did not change their gloves often, wash hands between clients, or sterilize instruments (Mensch, 1993; Mensch et al., 1994). This finding is particularly disturbing given that reproductive tract infections are very prevalent in Africa.

The most widely used modern methods of family planning in Kenya and Ghana are the pill, IUD, Depo-Provera, and female sterilization. Data suggest that males do not share equal responsibility for contraceptive practice. Most of the increase in contraceptive use in Kenya over the past five years has been in the use of female methods (see Table 10). In Ghana and Kenya, male methods of contraception—condoms, male sterilization, withdrawal—account for less than 3 percent of current contraceptive practice (Ross et al., 1992). The findings of a study conducted in Kenya on condom acceptability are instructive. The study revealed that a substantial proportion of men at high risk of sexually transmitted diseases lacked sufficient information about the appropriate use of condoms (Sekadde-Kigondu et al., 1991).

Abortion

Until 1985, abortion was illegal in Ghana unless performed for medical or surgical treatment of the pregnant woman (UNFPA, 1979). Ghana liberalized its abortion law in 1985, and abortion is currently legal if the continuation of pregnancy would involve risk to the pregnant woman's life, physical or mental health, or if there is substantial risk that the child may suffer from or develop a serious physical abnormality or disease. Abortion is also legal if the pregnancy resulted from rape, incest, or intercourse with a mentally handicapped woman (UNFPA, 1985).

The Kenya Penal Code of 1972 generally prohibits abortion. Section 240 of the Penal Code, however, provides that a person who performs an abortion to save the life of a pregnant woman is not criminally responsible (Cook and Dickens, 1979; UNFPA, 1979).

Despite some liberalization of abortion laws, the provisions required for a legal abortion in both Ghana and Kenya are so rigorous that they make observance of the law difficult, with generally adverse consequences for the poor, for rural residents, and for women. In Kenya, two medical opinions are required before the abortion can be performed—one from the woman's physician and the other from a psychiatrist; spousal consent is also required. Legal abortions in Ghana and Kenya must be performed by a licensed physician in a government or private hospital or clinic (UNFPA, 1979, 1985). These requirements are significant barriers to access given the scarcity of hospitals and well-trained physicians, in addition to rural–urban disparities in health facilities and trained medical personnel.

The Kenyan legislation views women who abort as criminal offenders, whether the abortion is performed by the woman herself, or by someone else.[20] A woman who willfully induces her own abortion may be imprisoned for up to seven years (UNFPA, 1979). In Kenya, anyone who performs an abortion—unless it is done to save the woman's life—may be imprisoned for up to 14 years, whereas any person who supplies an object or substance knowing that it will be used to perform an abortion may be imprisoned for up to three years. It is apparent that the fear of criminal prosecution may make physicians reluctant to respond to incomplete spontaneous abortion and deter women from seeking the necessary health care.

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[20] Ghana had a similar provision prior to 1985. The Ghana Criminal Code of 1960 stated that any woman who underwent an illegal abortion could be imprisoned for up to 10 years and/or had to pay a fine (UNFPA, 1979). It is not clear whether a woman who undergoes an illegal abortion is penalized, because the current law does not have any penal provisions.

Interestingly, no penalties are imposed on men (especially fathers and spouses) who may have coerced women to obtain an abortion.

The inaccessibility of safe and legal abortion partly explains why illegal abortions are so prevalent in Ghana and Kenya. Although official abortion statistics are not readily available, studies reveal that illegal abortion is a serious and growing health concern in both countries (Baker and Khasiani, 1992; Bleek, 1987; Lamptey et al., 1985; Rogo, 1990). Data obtained from Kenyan hospitals between 1988 and 1989 revealed that over half of all gynecological admissions were due to incomplete or improperly performed abortions (Makokha, 1991). In the 1970s and the early 1980s, the Kenyatta National Hospital admitted between 2,000 and 3,000 abortion cases per year, whereas the figure exceeded 10,000 admissions by 1990.

Complications associated with illegal abortion have serious public health implications in Ghana and Kenya because they raise maternal mortality and morbidity and divert limited health resources. A 1968–69 study at Korle-Bu Teaching Hospital in Ghana found that 41 percent of the hospital's blood supply was used to treat abortion complications (Lamptey et al., 1985). A prospective study carried out at Kenyatta National Hospital between 1978 and 1987 revealed that complications from abortion were the most important determinant of maternal death, accounting for over 20 percent of all such deaths.

Discussion

This report has examined various dimensions of gender inequality in Ghana and Kenya: in families and households; in access to education, employment, and resources; and in health care. It has also examined cultural practices contributing to gender disparity in these spheres and, to the extent possible, legislation aimed at reducing it. This section summarizes the main findings and discusses some of the

implications of gender inequality for the achievement of reproductive health and choice.

There appear to be no important differences between Ghana and Kenya in terms of gender inequality with respect to entry into marriage, spousal consent to marriage, education, employment in the formal sector, and access to resources. In both countries, significant gender disparities exist in these areas. Women enter marriage at a much earlier age than men, and as a result of both the age gap between spouses and polygyny, women are more likely than men to find themselves without a spouse as they age and to rely on children as a source of support in old age. Despite substantial improvements in women's education, fewer girls than boys enter each level of schooling; and as the level of schooling increases there is a decline in the representation of girls, partly as a consequence of pregnancy- or marriage-related dropout, the limited availability of girls' secondary schools, and stereotypes regarding male and female roles, which often result in different curricula for girls and boys. Similarly, there are wide disparities in employment and access to resources. Although women's work participation is higher in Ghana than in Kenya, women in both countries are underrepresented in certain sectors of the economy, particularly in professional and managerial jobs. Women also have less access to critical resources such as land and credit, and in many areas women must remain married in order to have secure access to land for farming. Customary norms favoring men in land access and ownership have remained strong despite government intervention.

On the other hand, indisputable differences in family structure between the two countries affect the division of responsibilities for childrearing between mothers and fathers as well as their access to alternative sources of support. Ghana has higher levels of polygyny, non-coresidence of spouses, child fosterage, and marital disruption than Kenya. Ghana also has a substantially larger matrilineal population,

matriliny tending to locate the costs of children with a woman and her natal family rather than with her husband and his family. Differences are also noted between the two countries in women's economic situation, with Ghanaian women being substantially more likely to participate in independent trading activities and to maintain separate spousal budgets. As a result, Ghanaian women are less likely to rely on support from their children's father and more likely to seek support from others.

Neither Ghana nor Kenya is culturally homogenous. In Kenya, differences in women's economic independence and rights to child custody between the Kikuyu and the Luo suggest that women in the former ethnic group have greater autonomy than those in the latter. There has been some social change, but these groups have remained culturally distinct (Caldwell et al., 1992a). In Ghana, there are differences in family structure between matrilineal and patrilineal ethnic groups. Although these differences are tempered by the tendency of both groups toward bilateralism, the distinction between patrilineal and matrilineal groups remains important in that customary laws governing the family and access to land have not yet been entirely replaced by government legislation.

The governments of Ghana and Kenya have addressed through legislation and policy most of the inequalities revealed in our review of the literature. However, there is a wide gap between the legal status of women as it exists in theory and women's realization of their legal rights. One important factor limiting the effectiveness of government legislation is the duality of the legal system. The vast majority of the population is governed by customary law, but the coexistence of sometimes conflicting legal systems permits some degree of ambiguity and manipulation. Other limiting factors include women's lack of legal awareness, mainly as a result of their low levels of education, and the absence of women in policymaking bodies. The few women who rise to prominent positions and who

express a concern for empowering women face numerous challenges from a male-dominated society in which the concept of gender equality has barely acquired social legitimacy (Dixon-Mueller, 1993).

Returning to the questions that we posed at the beginning of this report, do existing patterns of gender inequality contribute to explaining the differences between the two countries in the levels and trends of fertility as well as in likely future prospects for fertility decline?

As already noted, pretransition levels of fertility in Kenya were substantially higher than in Ghana, and this is largely explained by longer durations of breast-feeding and postpartum abstinence in Ghana and the smaller percentage of reproductive years that Ghanaian women spend in union. These practices were supported by higher levels of polygyny and a greater degree of residential independence on the part of women.

Four major explanations have been offered for the recent decline in fertility in Kenya: improvements in child survival (Caldwell et al., 1992b), higher levels of education for women (Caldwell et al., 1992b; Njogu, 1991; Robinson, 1992), the rising costs of children's schooling (Kelley and Noble, 1990), and the impact of government activity in family planning (Caldwell et al., 1992b; Goldberg et al., 1989; National Research Council, 1993; Robinson, 1992). Indeed, we observe that Ghana had considerably higher infant and child mortality rates than did Kenya during the 1980s and that couples in Ghana are less likely to have had formal schooling. A more effective family planning service delivery program was also created in Kenya during the 1980s. Ministry of Health service delivery points quadrupled, method mix become more variable, and private-sector activities grew. Greater government activity in family planning undoubtedly played an important role in fostering favorable attitudes toward contraceptive use in Kenya and may have legitimized women's participation in fertility decisionmaking (Caldwell et al.,

1992b), in contrast to the traditional pattern in which the locus of reproductive decisionmaking is the husband and his natal family.

We suggest an additional explanation for differences in fertility trends between Ghana and Kenya during the 1980s—differences in family structure between the two countries. Population programs are based on the implicit assumption that husbands and wives have similar fertility goals; that the conjugal unit is a closed physical and emotional unit for childbearing and childrearing; and that fathers have full responsibility for the costs of children. Such programs also tend to assume that women are independent actors in inducing demographic change. However, these assumptions are more reflective of the situation in Kenya than in Ghana. In Ghana, there is less mutual responsibility for children as a result of polygyny, separate spousal budgets, higher rates of marital disruption, and a greater prevalence of non-coresidence of spouses. These factors, in conjunction with matriliny, tend to shift the costs of children from fathers to mothers, with child fosterage partially mitigating the economic costs of high fertility. At the same time, high rates of polygyny and marital instability in Ghana increase women's reliance on children for support in old age; men, on the other hand, have the option to marry younger wives as they age. Furthermore, Ghanaian wives appear to have less influence than Kenyan wives on reproductive decisionmaking and contraceptive use, implying a greater separation between the locus of reproductive decisionmaking and the locus of the costs of childrearing in Ghana. Hence, Ghanaian men probably have less motivation than Kenyan men to limit childbearing; and while fertility preferences have declined in both countries, Ghanaian women continue to express a preference for more children than do Kenyan women.

We conjecture that the gap between the social assumptions underlying population programs and the reality of conjugal life may have contributed to the relatively limited success of the family planning program in Ghana during the

1980s. This situation was probably compounded by the emphasis of such programs on married women, thus ignoring the large demand for contraceptive use among unmarried women. In Ghana (and in other parts of West Africa), levels of contraceptive practice among never-married women are almost as high as among the currently married. In Kenya, on the other hand, levels of contraceptive practice are significantly lower among never-married women than among those who are currently married (Caldwell et al., 1992b).

Clearly, the family system is closely linked with issues pertaining to reproductive behavior and gender relations. Therefore, increasing women's educational opportunities and economic security may not be sufficient to improve gender relations or motivate couples to reduce fertility, particularly in Ghana. Population programs should be more sensitive to existing living arrangements in the societies they serve. Where family planning programs target married women and where men dominate fertility decisionmaking, programs would have greater impact where there is more cohesion in the conjugal unit, as in Kenya. In the case of Ghana, greater fertility decline might be achieved if programs were designed to help women gain more control over reproductive decisionmaking. Fertility decline would be equally well served if legal provisions were enforced that require men to assume a more equitable share of the costs of children and that allow women access to their husbands' resources after death or divorce for their own and their children's support.

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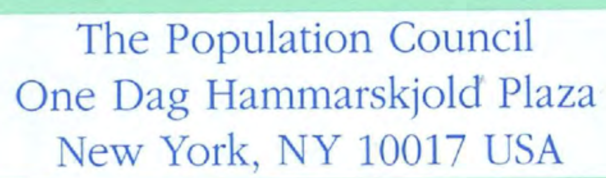
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