The Influence of Traditional Gender Roles and Power Relations on Women and Girls' Education and Health in Northern Ghana

Zitha Ngulube

Thesis for B.A. degree

International Studies in Education

HÁSKÓLI ÍSLANDS
MENNTAVÍSINDASVIÐ

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Supervisor: Annadís Greta Rúdólfsdóttir

Cynthia Trililani

Education Studies

University of Iceland School of Education

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Abstract

An educated and healthy woman is a key contributor to the community and national development; however, women in Northern Ghana face challenges in these two areas due to gender inequalities. This thesis examines the influence of gender inequality amongst these rural women and girls through an analysis of the intersecting social relations of gender and poverty. The literature review shows that girls are denied access to basic education, and women struggle to access health services and decent work and together they are victims of discrimination. Women are also sidelined when it comes to the decision-making of essential issues. Thus, the central argument is that the deeply rooted inequalities that affect women and girls' access to education and healthcare facilities are a result of inherent gender roles and power relations that emanate from the male-dominated social and cultural structures. Research shows that geographical settings, economic status, and social and cultural structures are factors reinforcing unbalanced gender roles that contribute to the rural women and girls' limited access to education and healthcare facilities. This thesis indicates that an educated woman has a positive influence on the education of her children, especially girls. She is also more able to alleviate poverty and manage health issues as well as access health services.

Keywords: Intersectionality, gender inequalities, gender roles, power relations, girls' education, access to healthcare, patriarchal, Northern Ghana

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Preface

The foundation of this thesis originates from my interest in the power relations that operate in social structures, especially in the gender category. Writing this thesis helped me enhance my knowledge and understanding of the effects of gender roles and power relations on the education and health of rural African women. It also helped me understand that women's gender intersects with various other factors that fuel inequalities. Gender equality will remain an ongoing fight!

I could not have achieved this level of success without a strong support group. To start with, I would like to thank my mother, family and friends for their love and encouragement. I would also like to thank the teachers in the ISEP for their wisdom and support throughout the program.

This thesis was written solely by me, the undersigned. I have read and understand the university code of conduct (November 7, 2003, http://www.hi.is/is/skolinn/sidareglur) and have followed them to the best of my knowledge. I have correctly cited to all other works or previous work of my own, including, but not limited to, written works, figures, data or tables. I thank all who have worked with me and take full responsibility for any mistakes contained in this work.

Signed: Reykjavík, 8 May, 2018

Zitha Ngulube.

1   Introduction

Access to quality education and good healthcare facilities is amongst the fundamental rights of every human being and also inclusive in the 17 sustainable development goals (SDGs) initiated by the United Nations in collaboration with its member states. The UN aims at dealing with global challenges and improving the livelihood of members of society as well as creating a sustainable environment for the future generations via these set goals. Nevertheless, while considerable effort is being made in the attainment of the goals, progress in sub-Saharan Africa continues to linger (UNESCO, n.d.). Moreover, within these African countries, fundamental challenges around education and health affecting vulnerable populations remain. Also, nuanced inequalities emanating from different socio-economic backgrounds result in differences in how these challenges are encountered in communities. Among the groups that are vulnerable to these inequalities are women and girls, due to their position at the bottom of the social pyramid (Lindsey, 2005). The disparities experienced by women and girls negatively affect their educational attainment and health, which are essential aspects of their livelihood.

Consequently, scholarly focus on gender issues has resulted in an understanding of the inequalities women experience globally. However, depending on the society, women are experiencing and attending to different challenges. For instance, while European countries are fighting for equal pay for men and women, African nations are focusing on getting girls into school. Thus, I find it crucial to concentrate on a particular group of women or girls when addressing gender issues, not to generalise but instead to provide an in-depth understanding of how multifaceted factors create inequalities that affect the livelihoods of women in specific settings.

Hence, this thesis draws on the gender experiences of the women and girls from the impoverished Northern Region of Ghana. It provides a critical analysis of the intersecting factors of the inequalities that result from inherent gender roles and the power relations that exist in Ghana's social and cultural structures. These inequalities are the result of the lack of decision-making power, the lack of freedom of choice, the restricted mobility of girls, poverty and cultural beliefs (Opare, 2015; Porter et al., 2011).

Ultimately, the inequalities result in unfavourable conditions that lead to the migration of girls from the North of Ghana to the South in search of economic opportunities. In this regard, this thesis also examines the gender experiences of Northern girls in the South. When the girls migrate to the South, they work as head porters in the city's markets and are consequently referred to as *kayayei*. This term is a combination of

two languages: *kaya*, meaning load or goods in the Hausa language, and *yei*, meaning female in the Ga language. The *Kayayei* mostly escape poverty in the Northern region (Agyei, Kumi & Yeboah, 2015).

I deliberately chose to integrate issues concerning education and health with gender as they are and have been on the top agenda of challenges affecting African women and girls, especially in rural areas. Besides, a lack of these two fundamental rights results in numerous other issues that not only directly affect a woman's livelihood and that of her family but also the community and economic growth of a society. Therefore, we must treat these issues as though they are of the utmost importance. Additionally, as an African woman, I have witnessed how being female presents challenges in the attainment of education and access to healthcare facilities in my country, Zambia. I believe that these challenges mainly originate in the inferior positioning of women in society.

Hence, the primary objective of the research is to seek an in-depth understanding of how the inherent cultural and socially constructed gender norms that position the rural women in Northern Ghana, in a subordinate position to men, result in inequalities that affect their access to education and healthcare facilities. Thus, to achieve this primary objective, the research frames the following question: Why have the gender inequalities of women continued despite the formation of various gender policy initiatives by the government?

This thesis is divided into seven chapters to facilitate the achievement of the research. Following the introduction, the theoretical framework and methodology are presented. This chapter explores the intersectionality theory to argue that the understanding of how gender cannot be understood in isolation but an intersection with other social categories to collectively create inequalities. It also outlines the method used in obtaining and analysing data. Chapter 3 provides an overview of gender roles and how the agents of socialisation disseminate constructed and maintained social norms that have eventually become ingrained in our societies and created power relations that lead to inequalities.

In chapter 4, the background of Ghana is discussed, highlighting the historical, social, and cultural structure, as well as the education and health situation. Additionally, the general status of education and health of the women and girls in the northern regions is analysed. This chapter also discusses the migration process and the gender experience of the northern girls as *kayayei*, in the destination area in the south. Then, the national gender policy document is examined; highlighting its main objective and challenges of

implementation. Chapter 5 analyses the traditional gender roles and power relations which result in inequalities that limit the Northern women and girls' access to education and healthcare facilities. In chapter 6, the thesis brings into perspective the reasons for addressing inequalities in girls' education and health by highlighting the benefits of the two, on national and individual development.

Finally, the conclusion and suggestions for achieving gender equality are presented in chapter 7. It is affirmed that inequalities in education and health are a result of the inherent gender roles and power relations in the social and cultural structures of Ghana which emanate from the patriarchal system; traced back to the colonial system. As such, a complete overhaul of the policies from the colonial patriarchal system is required.

Having considered these multiple factors, I believe that the critical analysis of this thesis will contribute to the body of knowledge in the field of gender. It will also elicit discussions and further research on how to mitigate colonial system policies that enhance the power of inherent gender norms that hinder women and girls' access to education and healthcare facilities in the rural areas of Africa in general. Furthermore, it will contribute to the discussions on the importance of women's contribution to socio-economic development.

2 Theoretical Framework and Methodology

2.1 Theoretical Framework

A theory is fundamental to understanding the reality that guides the research process and interpretation of data. It offers an explanation of the material under investigation. Intersectionality is a feminist theory rooted in the gender-race-class linkage originated with African American feminists in the 1960s (Lindsay, 2005) but the term intersectionality was introduced in 1989 by a Black feminist Kimberle Crenshaw. This theory brings attention to the understanding of social relations of power and reveals the often hidden dynamics to transform them (Carbado, Crenshaw, Mays & Tomlinson, 2013). Its primary view is that even though everybody is simultaneously positioned in social categories such as gender, race, class and sexuality, these categories cannot be understood in isolation. For instance, addressing one category, such as gender, draws us to how it is affected by race, social class and sexuality (Phoenix, 2006). Anthias' 2001 study (as cited in Winker and Degele, 2011) indicates that in intersectionality literature, gender and class are understood as oppressive structural categories, as history shows how they determine the allocation of resources and consequently life chances. Hence, intersectionality shows how women's experiences and life chances differ according to their social categories (Phoenix, 2006).

This thesis views the northern women and girls' inequalities through the lens of gender and class and how these categories interact with social and cultural power structures. Thus, intersectionality theory used in this thesis explains the inequalities that result from the intersecting factors of gender, social class and socio-economic background of the women in Northern Ghana. Based on this theory, the thesis examines this intersection by locating how the categories interact within the patriarchal social and cultural structures of Ghanaian society and how this interaction intertwined with power, leads to the inequalities of the women and girls in accessing education and health services.

The intersectionality theory also aids in explaining how the gender experience and life chances of the women and girls in Ghana differ depending on their location and opportunities, which is statistically evident in education attainment and also in the gender equality achievement gap. For instance, girls in the capital, Accra, have better opportunities in education based on the economic status of the city and availability of school infrastructure, good transport network and trained teachers. This is not the case with the girls in the North. Likewise, the distribution of economic resources such as land, between men and women differs according to the social and cultural system of a particular community. Thus, according to Phoenix (2006), an understanding of social category

requires the analysis of differences and similarities within the group. This information helps to understand how even though Ghana seems to report progress in addressing gender inequalities, the inequalities in the north remain.

2.2 Methodology

This thesis adopted secondary data analysis as a method of research using both qualitative and quantitative research sources. The method allowed for the collection of particular literature for an in-depth understanding of the main objective of the research and to answer the research question. The research involved a review of circulating journal articles on gender issue in Ghana and sub-Saharan Africa, gender roles and power relations, a gender policy document and statistical documents of Ghana as well as reports and research on women's education and health from international organisations. Articles and documents were retrieved from various online databases, and the analysis of the data was based on the interpretation of the overall documented gender experience and inequalities of the selected population.

As the objective of the thesis was to seek an in-depth understanding of how the inherent cultural and socially constructed gender norms and power relations result in inequalities that affect women and girls' access to education and healthcare facilities, the women and girls of Northern Ghana were selected. The selection was based on; their unique position as the least educated and poorest social group from the poorest region of Ghana. The critical criteria were that their gender intersects with poverty and various other factors to create inequalities that affect their livelihood in their region and when they migrate to the city. Also, their region is governed by the patriarchal system that follows strict traditional gender roles which influences their education and health-seeking behaviour.

3.   Understanding Gender Roles and Power Relations

This chapter analyses gender roles and power relations to provide the basis for the understanding of how gender as a system of power facilitates, constrains, determines and affects women and girls' position in society. However, it is important to make a distinction between gender and sex, which are usually interchangeably used, to understand the roles of gender in a family and society. Zevallos (2014) describes gender as how society determines and manages sex categories, the cultural meanings attached to the roles of men and women, and how individuals perceive their identity as being a man, woman or other gender positions. She further explains that gender involves social norms, attitudes and activities that a given society considers appropriate for each sex.

Additionally, Newman and Grauerholz (2002) indicate that gender is associated with masculinity and femininity and define sex as a biological classification of male and female. They also state that most people match sex and gender by assuming that if a person is male, he will be masculine, and if female, feminine; which is not usually the case. Importantly, they indicate that understanding the distinction and relatedness of gender and sex helps us realise that male and female behavioural differences do not automatically emanate from biological differences but also socially constructed. Nevertheless, all behaviour is gendered or affected by gender. Hence, how others treat us is determined by their beliefs about gender and vice-versa. This is evident in the example below. Beliefs about gender also determine people's position in the family, with others commanding more power based on their gender.

Accordingly, the fate of a female child is determined right at birth, from the short sentence, "It is a girl!" This sentence changes everything for the child. Everyone treats the child in a stereotypical gendered manner. I will illustrate this with my personal experience. During my pregnancy, I did not want to know the sex of my unborn child; therefore, my friends and family members bought the child clothes in different colours: mostly white, blue, beige, brown, orange, and yellow. They also bought soft animal toys. However, all this changed when the baby was born. The colours of clothes changed to pink, and the soft animal toys turned into dolls. Moreover, at four years old, my child received a pink fluffy barking dog; who even has a pink dog in real life?

I am sure that from my anecdote, you can guess the sex of my child. The reason you can easily guess is simply that who we are and how we think and behave are the final product of socialisation. Society moulds us into the person it wants us to be, teaching us what is appropriate and inappropriate for both sexes, through gender roles (Crespi, 2004).

These roles are attitudes and behaviours that are accepted by society and are usually stereotyped. They are performed according to social norms, shared rules that provide guidance on how females and males should dress, talk, express emotions, work and socialise with others, in specific situations.

Social norms determine the privileges and responsibilities of a status. In this case, the status of mother, father, daughter and son come with specific roles (Lindsey, 2005). For example, the traditional gender roles position the man as the breadwinner of the family, who is expected to be aggressive and the decision maker, while a woman is expected to be loving, nurturing, home-making, and submissive (Crespi, 2004).

Even though there have been some changes in these traditional roles (for example, women joining the labour market), these roles remain as guidelines for appropriate behaviour for both genders (Lindsey, 2005). Hence, it is essential to understand how these gender roles are acquired and maintained and recognise how they are ingrained in our social structures in such a way that they reinforce inequalities for women in various societies.

3.1 Agents of socialisation

As children develop from childhood to adolescence, they are exposed to several factors that influence their attitudes and behaviour regarding gender roles. The background of a child's parents or guardian is one of the most influential factors; this includes religion, ethnicity, education, socio-economic status (SES), sex, age, and number of children (Kulik, 2002). Gender roles are initially learned in the home and later reinforced by a child's peers, the school, and the media. Thus, they are constructed and maintained by these agents of socialisation, with the most active influence being the family, who pass on the roles both overtly and covertly (Witt, 1997). This means that the family not only directly passes on ideologies, values, and norms through the child learning behavioural patterns and attitudes from their parents but also indirectly from those choices of the parents that are not viewed as socialisation. For example, this includes the parent's school choice for their child, educational influence on their children, or passing on occupations (Kulik, 2002).

Starting from micro (household) to meso (society) level, individuals are represented by their gender. According to Crespi (2004), the family is characterised by a specific way of living and constructing gender differences through a process which is biological and also relational and social. He posits that sexual difference is believed to be fundamental and also constructed in a family. Thus, the family is a gender relation. Drawing from Marks, Lam & McHale (2009), biologically, the family reinforces sex-typed behaviours and attitudes by

actively promoting their children's engagement in gender-stereotyped activities as well as passively transmitting gender role messages through their representation of sex-typed behaviours. For instance, children learn how females and males should behave by observing the male and female figures in their home. In some households, children can observe that their mother spends more time on home activities and their father on leisure activities or how they are treated differently from their opposite-sex siblings. This will, in turn, determine how they construct their gender identity.

As earlier mentioned, gender construction begins at birth (biological) upon the assignment of sex. From this point, parents and family begin dressing or treating the child in what is considered appropriate for that particular sex. While biology plays a huge role in determining gender, the individual's interaction with others and how one is viewed and treated is equally important in the gender construction process, i.e., the social and cultural aspects of gender. Thus, gender socialisation can be viewed as a relational process (Crespi, 2004). However, the problematic part of gender socialisation is that it is governed by stereotypes emerging from gender roles, which eventually result in inequalities.

3.2   Gender Stereotypes

A stereotype is a widely held and widely recognised association between a social group and an attribute or attributes. Stereotypes can be positive, negative, or neutral depending on the context in which they are being used; they can be derogatory, complementary, or indifferent (Fricker, 2007). However, stereotypes are mostly represented by the negative attributes that result in discrimination, stigmatisation, and inequalities. This often affects the vulnerable members of society, among them, women and the poor (Beeghly, 2014).

Significantly, Blum (2004) describes stereotypes as rigid, false generalisations about a particular group. I am interested in the words 'rigid' and 'false'. The explanation for the rigidity in stereotypes is that when people hold a stereotype about a group, they internalise it and tend to ignore the other group members who do not share that stereotype; that in itself makes the stereotype false because it does not apply to all group members. Hence, one should not generalise. Besides, it is common knowledge that no diverse individuals in a group would have the same attribute.

From this description, Blum (2004) indicates what he calls the bad of stereotypes. Firstly, by not seeing members as individuals, all members of the group are considered alike and treated as such. Secondly, the internal diversity of group members is masked by the stereotype, such as seeing members of a given group through an attribute, for example, weakness in women. Lastly, moral distancing is the viewing members of a stereotyped

group as different from other groups than they truly are. This hinders people and groups from seeing each other as equals.

Drawing from Fricker (2007), this generalisation can present an injustice, especially when individual members of a stereotyped group are judged based on a stereotype which does not apply to them, considering that we usually use stereotypes to make credibility judgements of people. For example, women being stereotyped as emotional or illogical puts them at risk for being denied the chance to make decisions or be in high job positions. Moreover, males and females are usually stereotyped based on the characteristics they are expected to posses due to their biological nature (Crespi, 2004). The matching of biological traits with stereotypical gender roles is particularly problematic for females, as they are usually stereotyped by traits which are meant to silence them by limiting their ability to make decisions and choices concerning their lives, family, and society at large.

In affirmation, Lindsey (2005) states that negative stereotypes targeting females can result in sexism, the belief that the female status is inferior to the male. This belief is perpetuated by systems of patriarchy, male-dominated social structures whose norms operate and have become the standard to which people adhere, throughout all social institutions. Sexism leads to the oppression of women and thus, the limitation of social and economic opportunities. Likewise, Manne, in her 2015 draft paper on misogyny, posits that patriarchal social structures and the ideology that governs them work to make women into men's attentive social subordinates and conceal many of the forms of dominance and power which men have over women. Thus, there exists a general expectation that women will amicably function in social roles which serve men's interests.

3.3 Gender Power Relations

Gender is a social construct that society uses to organise itself (Cornell, 2009). It involves social interaction through which power relations exist. According to Foucault, a French philosopher (as cited in Balan, 2010), power relations exist between spouses, parents and children, employers and employees, as well as members of society and political institutions. These power relationships usually involve masculinity versus femininity, represented by male dominance and female subordination. This is historically and culturally constructed through gender roles. Foucault also reasoned that power relations among members of society are intended for the political system to work (Balan, 2010). Gender power is not an exception. A patriarchal system, which is the majority of systems globally, will have men in possession of power. This is not something for which men fight women; it exists as a cultural norm that we are familiar with from our socialisation.

Gender power operates within social norms, which perpetuate the ideology of traditional gender roles and encourage negative stereotypes. This power disadvantages women by directly or indirectly limiting their opportunities. Likewise, Fricker (2007) states that power is our capacity to influence how society operates. It can be exercised actively or passively by an agent or can be purely structural. When power operates through an agent, one party controls the actions of the other or others. When purely structural, the aim is to create and maintain a given social order. Thus, this power may have no agent, but there is always a social group whose actions are being controlled (Fricker, 2007). For example, we can relate this to the power of gender roles: a woman is more likely to let a man make the final decision regarding a problem based on her gender-role knowledge of what action is expected of her in that particular situation. Undoubtedly, her conduct is based on the internalised social order (role) that has already been created and maintained.

The power relations in gender can also be seen in the agents of socialisation through their roles as instructors, reinforcers, and disseminators of gender-role knowledge (Lytton & Romney, 1991). However, this does not only involve the agents transmitting their knowledge of gender roles in coordination with their recipient; it also involves the whole social and cultural structure that governs these shared norms and values. Likewise, Fricker (2007) refers to Thomas Wartenberg's concept of social alignment, which indicates that the significance of social power is to effect social control, whether through an agent or purely structurally. His idea is that power is socially situated. Thus, any power relationship depends on the coordination with social others as well as on the functioning of shared institutions, meaning, and expectations. In the same vein, Foucault's view is that power should be understood as a network of relations that encompass the whole society (Balan, 2010). Clearly, this chapter has brought us to an understanding of the construction of gender role socialisation and the power play within it. However, further implications of gender roles will be discussed about Ghanaian society.

4 Background of Ghana

The first part of this chapter examines the background of the social and cultural structure of Ghana to gain knowledge of the position of women since the colonial era. It provides an understanding of the origin of gender disparities and the current position of women and girls, in education and health. The sub-chapters that follow build on this knowledge.

4.1 Historical, Social and Cultural Structure

Drawing from the Ghana country gender profile produced by the African Development Bank (ADF) (2008), the traditional societies of Ghana were formed in the pre-colonial era and sustained and integrated into the modern-day socio-economic and political systems. The traditional system has diverse social organisations, but the two main kinship and lineage systems are matrilineal (in the South), where descent and inheritance are traced through the female figure, and patrilineal (in the North), where descent and inheritance are traced through the male figure. These systems are influential factors in the socio-economic and political context of Ghana, and understanding them is essential in defining the gender and development perspective of the country. This is because the traditional socio-economic systems of kinship, economics, politics, and governance were carved to promote specific forms of social functioning and positioning and are visible in the consequent social, economic, and political systems with profound implications for gender.

Accordingly, the inherent social and gender divide in Ghana today emanate from the colonial system, which excluded some of the roles women played in society and reinforced their subordinate position (ADF, 2008). For instance, even though women were responsible for most of the farming activities in rural areas, ownership and control of land were firmly vested in men due to the colonial policy endorsement of the patriarchal relations of ownership, inheritance and law. This is evident in Ghana today, as the land ownership system is governed by the customary law which still operates in a social structure that favours men (Mupanduki, 2007).

However, it is important to note that women in matrilineal communities are at an advantage as they can inherit land from their female ancestors or father. Those in patrilineal communities can own that of their son or husband but lose custody upon a husband's death or divorce. Moreover, there is currently no legislation concerning married women's property rights. Thus, the continuation of restricted access to land. The different position of women's ownership of land can be seen between the North (patrilineal), with 2% of women owning land, and the Ashanti region (matrilineal), with 50% (Organisation for Economic Co-operation and Development [OECD], 2014).

One of the main consequences of these social and gender divides is poverty. Even though Ghana is one of a few countries in sub-Sahara Africa which is making steady progress in poverty reduction, poverty in Ghanaian rural areas remains a major problem. Moreover, almost half (46%) of the people identified as poor in Ghana depend on food-crop farming for their livelihood, and since this is a woman's domain, it implies that women are highly vulnerable to poverty. However, the socio-economic structure of Ghana shows that women's poverty is usually as a result of systemic inequalities in various spheres and their lack of decision-making power over household resources. For example, even though rural women in Ghana produce 70% of the food crop, they have limited access to critical resources such as land, labour, credit, markets, and the appropriate technology to increase agricultural productivity (ADF, 2008; Opare, 2015; OECD, 2014). The National Gender Policy indicates that this is one of the systemic challenges that are hindering the achievement of gender equality, social protection, and women's empowerment (Ministry of Gender, Children and Social Protection [MoGCSP], 2015).

All in all, Ghana's colonial system developed strong relationships with men as workers, administrators, and officials, while women were prevented from participating in roles outside of their homes. Unfortunately, development initiatives initiated after Ghana's independence in 1957 continued to build on patriarchal structures by drawing on the colonial system, thereby deepening the social and gender divides (ADF, 2008; Mupanduki, 2007). Nevertheless, some initiatives contained within the National Gender Policy of Ghana have been put in place to achieve a gender balance. The policy document will be examined at the end of this chapter.

4.2   Demographic Background

4.2.1   Population

Ghana has a population of 27.6 million as per the 2015 record. The Ghana Living Standards Survey Round 6 (GLSS 6) shows that males constitute 48.3% of the population and females 51.7%. However, a higher proportion of households are headed by males (69.5%) than female (30.5%). Further, the population consists of a large number of children aged 0-14 years old, a sizeable youth component, and a small number of older adults above 64 years old. Nevertheless, the structure of the population changes over time by rejuvenation. The population in the urban area has increased significantly from 23% in 1960 to 51% in 2010; placing a demand on public facilities such as housing, transportation, education, sanitation, and public health (UN Economic Commission for Africa [UN ECA], 2017; Ghana Statistical Service [GSS], 2014).

According to the GLSS 6 on poverty reduction, from 2005 to 2013, the proportion of the population defined as poor was reduced from 28.5% to 24.2%. Furthermore, Ghana achieved the Millennium Development Goal 1 target of halving extreme poverty back in 2006 with a reduction from 36.5% in 1991 to 18.2% in 2006 and further to 8.4% in 2013. Therefore, the country indicates substantial progress in poverty reduction.

4.2.2 Education

Drawing from GLSS 6, nearly 19.7% of the adult population in Ghana has never been to school. In general, there are more females who have never been to school (24.3%) than males (14.6%). Also, the attendance rate of males is higher than females, and the difference is more noticeable with an increase in age. Accordingly, the attendance rate of age group 6-11 is 93.3% for males and 92.6% for females, while for the age group 19-25 is 93.4% males and 90.6% for females. Ghana's total school attendance rate is 80.8%, with the highest being in Greater Accra at 92.0% and the lowest in the Northern region with 50.4%. There is also a broader gap in school attendance between the sexes in Northern and Central Ghana and a much narrower gap in the Greater Accra and Ashanti regions (GSS, 2014).

4.2.3 Health

The GLSS 6 shows a general improvement in access to health care between 2005-2013 across all localities and income quintiles. In 2005, 40.6% of people who reported an illness did not seek medical care. The number reduced to 34.0% in 2013 (UN ECA, 2017). The GSS states that only 57.6% of the population had access to a health facility within a distance of 30 minutes, of which 78.5% are in the urban area, while the rural population has limited access of 42.3%. Among the urban category, the rate of poor access is lower at 72.7%, while the rural poor with access to a health facility within a distance of 30 minutes is only 27.0% (ADF, 2008).

The fertility rate is reported to be on the decline in the period between 1960 and 2010. It has dropped from 6.5 children per woman to 3.28 in the fifty-year period. Consequently, rural girls marry at an early age and have a longer child-bearing span than their urban counterparts, due to a difference in education and value systems. Thus, the fertility rate is higher in the rural area (GSS, 2014). 2003 Demographic and Health Survey (DHS) shows a high total national fertility rate at 4.4, with the fertility of rural women at 5.6, almost double the rate of urban women which is 3.1. The rate is highest in the Northern Region at 7.0 and lowest in Greater Accra at 2.9. It is also higher among uneducated women, 6.0, and lower among educated women, 2.5. Likewise, the rate for women in the lowest wealth

quintile is 6.4, and for those in the upper quintile, it is 2.8 (ADF, 2008). Hence, the indication that the more educated women are, the fewer children they have.

4.3   Situating Northern Ghana: Education and Health Issues

Northern Ghana comprises three regions: the Northern region, Upper East, and Upper West. The Northern region, covering almost a third of the country's land, accounts for 10.1% of the country's population. The Upper East region has a population of 4.2% and the Upper West region, 2.8% (GSS, 2012). This region depends on agriculture, even if it has a harsh climate and sparse vegetation which deprives its inhabitants of essential amenities such as potable water, good roads, good schools, and healthcare services, among others. Hence, some children support themselves with basic food and nutrition by engaging in paid work activities, while others help their families in income generating activities such as farming and cattle rearing. These activities make attending school a luxury, therefore resulting in high illiteracy levels (Addy, 2013).

Moreover, there is a shortage of teachers in the region. For example, the Bunkpurugu-yunyoo district of the Northern region has an approximate teacher-pupil ratio of 1:56, in addition to a few permanent school structures. Pupils attend their classes under the trees, and their performance is poor; for instance, in one academic year, out of the 2,970 pupils enrolled at the junior high school level, only 260 qualified to senior high school. The poor performance of students is also evident in the other two regions. In Talensi-Nabdam district of Upper East region, out of 442 pupils who sat for the junior high school examination, 281 were boys with a pass rate of 29.6% and 141 where girls with only 14.9% pass rate. Also, in Lambussie Karni of Upper West, there are no trained teachers at all levels; all 31 kindergartens met under trees, and there was no student who passed the 2009/10 academic year examination to qualify for senior high school (Addy, 2013).

Shabaya and Konadu-Agyemang (2004) state that even though factors that contribute to the gender gap and inequalities in education in other male-dominated societies might be applicable to Africa, the complex and interrelated factors that hinder girls' education and other benefits and perpetuate gender inequalities in Africa may well be unique to the continent, such as the factors that will be discussed in the chapter 5.

Furthermore, it is also asserted that a combination of limited educational opportunities and the need to contribute to their families' livelihood encourages older children to search for ways to escape their villages. This can be through secondary education, apprenticeship, or employment in the city (Porter, Harmshire, Abane, Tanle, Esia-Donkoh, Obilie Amoako-Sakyi, & Asiedu Owusu, 2011). However, it is also important to recognise that the outcome

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of migrating to the city is twofold; it can either improve or aggravate the situation of the women and girls depending on the living conditions and inequalities they face in their destination areas (Awumbile & Ardayfio-Schandorf, 2008).

Furthermore, the consequences of the social structure and high levels of illiteracy among women in the North has implications on their and their children's health-seeking behaviour and general health. Likewise, the World Health Organisation (WHO) Commission on the Social Determinants of Health (CSDOH) undoubtedly recognises social conditions such as poverty, lack of education, and poor working conditions as factors responsible for gender inequities in health and social classes in every nation as well as for the inequalities between nations. The Commission also recognises that inequalities in the distribution of power, money, and resources between women and men, which are shaped by the inherent unequal social structures and processes, are responsible for most health disparities (CSDOH, 2008).

4.4   The Process of Migration and the Situation of Northern women in the South

4.4.1   History of Migration from North to South

 Young women and girls migrate to the cities in the South for improved social and economic opportunities due to poor economic, geographic, and physical conditions that lead to extreme poverty in the North. Cultural and social norms such as forced marriages, pressure to acquire marriage commodities, and polygamy also lead to their migration (Tufeiru, 2014).

However, the process of North to South migration has been occurring for decades due to the imbalances in the socio-economic development and the employment opportunities between the two regions. The migration is rooted in the colonial era, when the North was used as a labour reserve for mining, agriculture and industrial activities along the resource-rich and fertile South coast. Thus, the deliberate neglect of the Northern regions, concerning investment in infrastructure and services (Awumbila & Ardayfio-Schandorf, 2008; Tufeiru, 2014).

Additionally, the migration pattern was male-dominated as jobs in the industries mentioned above were traditionally considered as male jobs. Also, there were strong sociocultural norms that disapproved of the independent migration of women. Therefore, women either followed their husbands or their family members. However, the economic

condition of the North was unfavourably affected by the removal of subsidies on agricultural activities and the mid-1980s privatisation, which resulted in massive job losses for men in the states and parastatal enterprises, leading to a change in the pattern. In this case, women had to seek income-generating activities to support their families, instead of their traditional roles of managing household activities (Oberhauser & Yeboah, 2011; Tufeiru, 2014). The migration became feminised, and the most common group were young women and girls who moved to Accra and Kumasi to work as head porters, commonly referred to as *kayayei* (Awumbila & Ardayfio-Schandorf, 2008).

4.4.2 Work and Living Conditions

The *kayayei* transport their clients' goods on their heads for a fee in congested and busy commercial markets. These workers play an important role by transporting goods in tight spaces in bus terminals and the market areas where the movement of vehicles is restricted. The *Kayayei* also do other low-paying jobs such as shoe shining, hawking, and general labour; they are amongst the poorest people in the city (Oberhauser & Yeboah, 2011). The north has the highest levels of poverty. An estimated 80% of the population in the three northern regions are reported to be poor, and 70% are extremely poor. Therefore, it is not surprising that 97% of the *kayayei* come from there. They are mostly young Muslim girls (77%) without formal education or skills, which makes them see portering and other menial jobs as their only choice for earning an income (Awumbila & Ardayfio-Schandorf, 2008).

The low socio-economic status and gender of the *kayayei* expose them to discrimination and poor living conditions regarding nutrition, health, education, sanitation, and accommodation (Agyei, Kumi, & Yeboah, 2016). Emanating from these living conditions are health hazards and vulnerabilities such as rape, unwanted pregnancies, robbery, and forced prostitution (Tufeiru, 2014; Oberhauser and Yeboah, 2011). Once again, the intersecting factors of gender and poverty reappear in the south, placing the northern girls in a compromising situation.

The current migration pattern has given rise to the creation and expansion of slums and poor housing conditions in the destination areas, especially Accra. Accordingly, the *Kayayei* often lack affordable basic accommodation in the cities; therefore, some rent space in wooden shacks (also used as stalls for trading) that can be found inside the market. Others rent crowded, unhygienic rooms in slums, without proper sanitation to cater for their unique health needs and safety (Oberhauser and Yeboah, 2011; Tutu, 2014). Another issue is that these women can easily be lured into prostitution to earn more money due to the little income they obtain from their daily work. This exposes them to sexually

transmitted diseases and unwanted pregnancies, which becomes problematic to their health and that of the unborn child, as well as their continuity of work since their job depends on physical fitness and good health. Finally, the *Kayayei* face economic exploitation and degrading human treatment from their clients who sometimes pay them less money because of their low social status, gender, and demeaning nature of their job. They also earn less than their male counterparts who carry more load, have frequent trips, use carts, have regular clients, and are more organised (Tufeiru, 2014; Agyei et al., 2016).

Therefore, due to their exposure to all sorts of physical and emotional hazards, they have to create survival mechanisms. For example, some find it safer to sleep in groups in open spaces in the markets or on city pavements. In this way, they can protect each other by ganging up on their attackers or robbers. Others have semi-permanent conjugal unions and sexual partners for protection and financial support. For women who engage in activities that increase their vulnerability and powerlessness for the sake of protection, migration aggravates their situation rather than improves it (Awumbila & Ardayfio-Schandorf, 2008).

As can be observed from the analysis above, the determining factors of migration, the process, and the impact are significantly gendered, and poverty plays a role in each of the stages. Therefore, to reduce poverty and enhance the efficiency and equity of its impact, an understanding of its gendered nature must exist (Awumbila & Ardayfio-Schandorf, 2008). One can see in the *kayayei* experience a relationship between the women's gender roles and social positions in their lives back in the North and how these roles and positions affect their work and livelihood in the South. As women are considered to be subordinate to men in their homes, they lack decision-making power and financial resources. This is replicated in their operation in the south as they continue to earn less than male porters and are marginalised and exploited by their clients based on the intersecting factors of gender and social status. They have also continued to depend on males for support and protection. Thus, to some extent, there is a continuation of the impact of traditional gender roles on the livelihood of the Northern women in the South. However, the government of Ghana is fully aware of the living conditions and inequalities the kayayei face and have included them in the gender policy initiative.

Nonetheless, it is not enough for the government to include the kayayei in the gender policy. They have to understand the reasons behind their migration and the consequences of the migration on rural and urban economic and social development. This knowledge will help the government formulate meaningful policies that deal with the problems in rural

areas, as well as the created problems of the increased urban population due to this rural-urban migration. For instance, understanding that people move from rural areas due to poor infrastructure and education can help the government to formulate policies to improve these areas and reduce the migration (Todaro, 1980).

4.5   The National Gender Policy of Ghana

The government of Ghana is aware of the impact of gender inequalities on community and national development. Thus, it responded with, among various other initiatives, a directive requesting all government ministries to formulate gender policies that led to gender issues being mainstreamed into public affairs and that comprise a significant boost to promoting gender balance, which could increase the participation of women in decision making (MoGCSP, 2015). This directive resulted in the development of the National Gender Policy, the Health Sector Gender Policy, and the Agricultural Sector Gender Policy (Opare, 2015). These sectors are crucial to women's livelihood and that of their children.

Significantly, this policy document regards the achievement of gender equality as the attainment of human rights and a requirement for sustainable development. The policy views gender equality and women empowerment strategies as a way of reducing poverty and social injustices among women and men, improving health standards, and enhancing the efficiency of public and private sector investments and national finance (MoGCSP, 2015).

Hence, the main objective of the National Gender Policy is to improve the social, legal, civic, political, economic, and sociocultural conditions of the people of Ghana—particularly women, girls, children, the vulnerable, people with special needs, persons with disabilities, and the marginalised—by mainstreaming gender equality concerns into the national development process (MoGCSP, 2015). Further, the Policy developed five broad objectives as policy commitments and strategies, which are expected to lead to the achievement of the main objective. The core issues governing these broad objectives are women's empowerment, women's rights and access to justice, leadership and accountable governance for women, economic opportunities for women, and gender roles and relations.

The policy document states that although there has been progress in addressing gender inequalities, inequality issues are still deeply rooted in the social system and are apparent in matters of education access, justice, health, finance, security, politics, and agricultural practices, among others. The policy document attributes gender inequalities to the historical legacy of a patriarchal system and the socialisation received in homes

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as well as in public settings. However, this policy document highlights issues of concern on which stakeholders in the sector are expected to take strategic action (MoGCSP, 2015, p. vii). These include:

- Inequality in access to social protection for the marginalised, the vulnerable, and the poor

- Inequalities in the burden of extreme poverty, education, skilled training gaps, and excess maternal mortality

- Unequal access to social, economic power and justice, including a lack of respect for and inadequate protection and promotion of the human rights of women and girls

- Inequalities between women and men in sharing of power and decision-making at all levels and in dealing with all kinds of conflicts, insecurities, and threats on women and girls.

- Inequality in macro-economic issues, including trade, industry structures, and productive resources.

- Stereotyping and persistent discrimination against women and girls that manifest in negative gender relations, as well as value for gender roles and responsibilities with severe implication for maternal health and mortality.

The MoGCSP (2015) indicates that a deliberate effort has been made by successive governments of Ghana to tackle the challenges posed by these inequities in different sectors, such as by promoting girl-child education, social development and protection initiative, such as distributing free uniforms, exercise books, free training for women, free ante-natal for pregnant women, and access to credit in the form of programs. Furthermore, social protection issues for marginalised and vulnerable groups, including the homeless, and sub-groups, such as the kayayei and persons with disability, are also on the agenda of the policy.

All in all, Ghana has continued to make progress in promoting gender equality at all levels, mostly evident in urban areas. Nevertheless, inequities are still rooted in the social structure despite efforts to be rid of them. MoGCSP (2015) confirms in this policy document that there are systemic challenges and implementation gaps that obstructed the achievement of intended results in gender equality, social protection and women empowerment. The challenges include the following, among others:

- The weak gender mainstreaming coordination role of the ministry due to budgetary and capacity constraints.

- Lack of effective monitoring and evaluation systems and practice within the sector machinery; this results in limited or no tracking of implementation and results, poor learning and direction for success, and outright failure of projects.

- There is evidence that government/public sector structures and development partners still show insufficient knowledge and understanding of gender equality and gender mainstreaming.

- The feminisation of poverty; poverty is a major problem, especially among women and girls in rural areas. Despite female-headed homes performing well on the poverty rating compared to males, the incidence of poverty is still higher among females than males.

- Socio-cultural, traditional beliefs and socialisation; women are restricted from access to equal opportunities and resources such as land, credit, education and training opportunities due to the patriarchal social structure, systemic male domination and female subordination and socio-cultural and discriminatory institutions. Even the marginalised and vulnerable groups are restricted.

- Low representation of women in politics and all major sectors of the economy.

- Women's limited access to wage employment and decent livelihood; women remain in low-paying jobs because they are mainly in the informal sector and domestic work.

These systemic challenges and implementation gaps to achieving gender equality, social protection, and women empowerment answer the research question as to why, despite several efforts made by successive governments of Ghana, gender inequalities remain rooted in the social structure. Consequently, the next chapter demonstrates how these inequalities resulting from inherent gender roles and power relations limit and impede women and girls' access to education and healthcare facilities.

5. Limitations and Barriers to Women and Girls' Access to Education and Healthcare Facilities in Northern Ghana

In many developing countries, male privilege and female subordination are reflected in law, public policies, and institutions due to the patriarchal system of power (Marshall, 2014). The outcome of this patriarchy is evident in the Gender Inequality Index (GII) produced by the United Nations Development Program (UNDP). The Index indicates human development through the difference in the percentage of women to men in decision-making positions, participation in the labour market, and levels of education, in all of which males are higher than females. The GII also reveals the health level of women through maternal health, which is poor in developing countries (UNDP, 2016).

Ghana's population of females over the age of 25 with at least a secondary education is 51.8% compared to males' 68.5%. Additionally, women occupy only 10.9% of the seats in parliament (UNDP, 2016), and this low representation is a disadvantage when it comes to making decisions regarding development policies and the distribution of resources that affect women's livelihoods (Opare, 2015). Furthermore, the GSS (2013) indicates that in all of the districts in the North, 62.5% of females aged six years and over have never attended school compared to 50.5% of males. According to Opare (2015), women's access to mainstream services, facilities, and resources is lower than that of men. Below are factors that contribute to the limitations and barriers to accessing education and health care grouped into cultural, economic, geographic, and physical factors.

5.1 Cultural Barriers

The social organisation in most parts of Northern Ghana reveals a distinct division of labour based on sex and age. Everyone in the family is assigned strict roles for contributing to the general up-keep of the household. For instance, men are responsible for clearing the land while women plant crops, harvest, and store crops, as well as cook and provide childcare (Abdul-Korah, 2011). Hence, women, assisted by their daughters, typically manage more household duties than men (Opare, 2015). In confirmation, the World Bank (2008) indicates that females in rural Ghana, Zambia, and Tanzania spend a considerable amount of time between their homes and the field, engaging in carrying firewood, water, and grain for grinding, in addition to doing domestic work and maintaining the overall hygiene of the household.

These chores, together with reproductive activities, dramatically constrain the time available for women to contribute or participate in community affairs and meetings, and this, in turn, silences their voices on issues regarding their well- being and limits their

opportunity to challenge their low status and to initiate measures for change (Opera, 2015). They typically remain powerless. Further, Marshall (2014) states that such domestic chores keep girls away from school. In this case, it is common for uneducated mothers to encourage their daughters not to attend school and instead help them with the many household chores and with taking care of their siblings. The opposite is true for mothers who have attained some level of education (Sackey, 2007).

Significantly, the health inequalities of women in Northern Ghana are undeniably determined by power, money, and resources, which are mostly possessed by the men. Women in these patriarchal communities are beneath the men, and their health is controlled by the husbands or eldest male kin. Moreover, gender customary norms are honoured and highly respected, hence the impact on women's health activities (Adongo, Phillips and Binka, 1998). The powerlessness of rural women and lack of money and resources ultimately serve as a barrier to access healthcare services, as it hinders their ability to make independent decisions or choices regarding their livelihood (Jayachandran, 2015; Mishra, Behera & Babu, 2012). Additionally, low-level education strongly affects the decision-making power of women at a household, community, and national level (Opare, 2015).

Further, cultural, traditional, and religious practices and expectations regarding females can present a significant challenge in accessing education. For example, in most African countries, girls are socialised in the role of a mother and caregiver from a young age through observing and helping their mothers with various household chores. Therefore, it is older girls, not boys, who are kept away from school when their mothers need assistance or work outside of the home (Shabaya & Konadu-Agyemang, 2004). This implies that the education of girls is irrelevant for the fulfilment of responsibilities relating to the expected female position of a mother and a wife (Opera, 2015). Also, It is assumed that the more religious people are, the more traditional their views are about sex-typing of gender roles and on work (Kulik, 2002). Significantly, Mishra et al. (2012) indicate that this kind of socialisation instils in girls the mindset of being inferior and subordinate.

Additionally, research shows that in most of the rural areas in developing countries, families prioritise the social role of girls as future mothers and wives, which is inherent in traditional practices, thus limiting their educational opportunities (Shabaya & Konadu-Agyemang, 2004). The preference of education is directed at male children for the reasons that girls will get married and physically and financially join their husband's family. This means that the family benefits more from the son than the daughter; thus, the son's

education and health is more important than that of a daughter (Jayachandran, 2015). A son is also seen as a source of prestige and a wealth contributor to the extended family, while a daughter is lost to another family (Adongo et al., 1998). The worst situation is when a girl is married by force at a young age, leaving her no chance of attending school. Unfortunately, the cultural gender norm associated with seeing girls as housekeepers, future mothers and wives who do not need education, still prevails and stands as a barrier to girls' access to education (UNESCO, n.d.).

5.2   Economic Barriers

The most common barrier to girls' education among poor rural communities is the cost of school supplies: uniforms, notebooks and textbooks, especially at high school level. This is where parents usually decide who to educate, and the boy, as a future head of the household and wealth contributor, is their preference. Accordingly, Sackey (2007) states that, in Ghana, the effect of household resources on educational attainment is higher for girls than boys. Thus, poverty is one of the critical barriers to girls' access to education.

Drawing from Porter et al. (2011), the situation of working at home and on family enterprises is one of the main reasons children in rural Ghana do not attend school. Low-income rural families usually depend on their children's labour for the survival of the household, and the girls' education is the most affected by this phenomenon. The rural population is not concerned only about the actual expense of education but also the 'cost' regarding the time girls spend at school and travelling, especially as they usually walk long distances. Nevertheless, even when they commute, it involves daily transport money, and the time spent helping with the organisation of the house plus income generating activities is still reduced. This becomes enough for the low-income parents to keep the girl at home and, instead, benefit from her labour, especially that culturally, she will get married and join her husband's family.

Also, when girls walk to and from school, they become tired, and it is difficult for them to perform various house chores and later do school assignments. Shabaya and Konadu-Agyemang (2004) indicate that Northern Ghanaian girls are reported to juggle between the family demands of income generating activities and school, thus, the poor performance at school. Eventually, this may discourage the girls from continuing school and discourage their parents from paying for school expenses. Besides, most parents in rural areas are not educated. Therefore, they may not put much value on their children's education.

It is also a common phenomenon that children from low-income families drop out of school early, especially girls, because their need for education is not valued culturally. In

situations of extreme poverty, parents willingly send them to work, which may expose them to health risks such as physical and sexual abuse (Ahmed & Kingslover, 2005). Likewise, most of the young girls in Northern Ghana migrate to the South to work as head porters for economic empowerment with the blessing of their parents (Abdul-Korah, 2011).

Further, drawing from the National Gender Policy of 2015, the patriarchal structures of most societies in Ghana, with systemic male dominance and socio-cultural and discriminatory institutions and structures, deprive women of equal opportunities and productive resources including credit, education and training, and land (MoGCSP, 2015). In Northern Ghana, these financial resources are important in women's independent ability to access health services. The absence of these resources makes them dependent on their husbands or male kin for assistance. Thus, health issues are in the hands of the male figure of the family who determines whether the sickness is serious enough to warrant spending money on and what kind of health service is required. As observed by Adongo et al. (1998), this is where men in the North use their financial privilege as a way of controlling all aspects of women's health-seeking behaviour. These economic barriers to accessing education and healthcare are a representation of how gender intersects with poverty to produce inequalities.

5.3   Geographic and Physical Barriers

In rural areas, geographic and physical factors include a combination of all the other barriers impeding on girls' education. The physical barriers include the lack of school infrastructure, the fact that the few schools available are far from the villages, the lack of teaching and learning materials, a poor road network, and inadequate water and sanitation in schools (Addy, 2013). These barriers mostly affect women and girls. For example, the distance to healthcare facilities, bad roads, and unaffordable transport costs are factors that negatively affect women's access to healthcare services, especially when transport money is required for both the patient and the carer. Furthermore, inadequate clean water and proper sanitation can hinder girls' attendance in schools due to their biological make-up of menstruation and the need for personal hygiene and privacy.

The long distances to the schools are not only an economic barrier to the girls' education but also geographic and cultural barriers. The long distances result in the restricted mobility of girls, which limits their access to schools. This restriction is due to their parents' desire to protect the girls from the threat of physical and mental violence (Porter et al., 2011). However, according to Jayachandran (2015), it is not clear whether

this restriction in these communities is only a result of care and concern for the female children or also a means of undermining their autonomy.

The analysis of the limitations and barriers women and girls face in accessing education and health leaves us with the question, why does it matter? The next chapter explores the reason why quality education and the health of women are important in terms of national development, the women's individual development, their children and family's well-being and that of the local community.

6. Why the Education and Health of Women Matter

The education of a woman is highly important all over the world and essential in African nations, as it is directly connected to the reproductive and maternal health and financial stability of women. Quality education and good health are two important factors which help women contribute to the social and economic development of a society. Significantly, educated mothers are most likely going to send their children to school; thus, their education results in inter-generational benefits (see Figure 1 below) (Shabaya & Konadu-Agyemang, 2004; Sackey, 2007). However, without education, it is difficult for women to participate in today's economy and improve their livelihood.
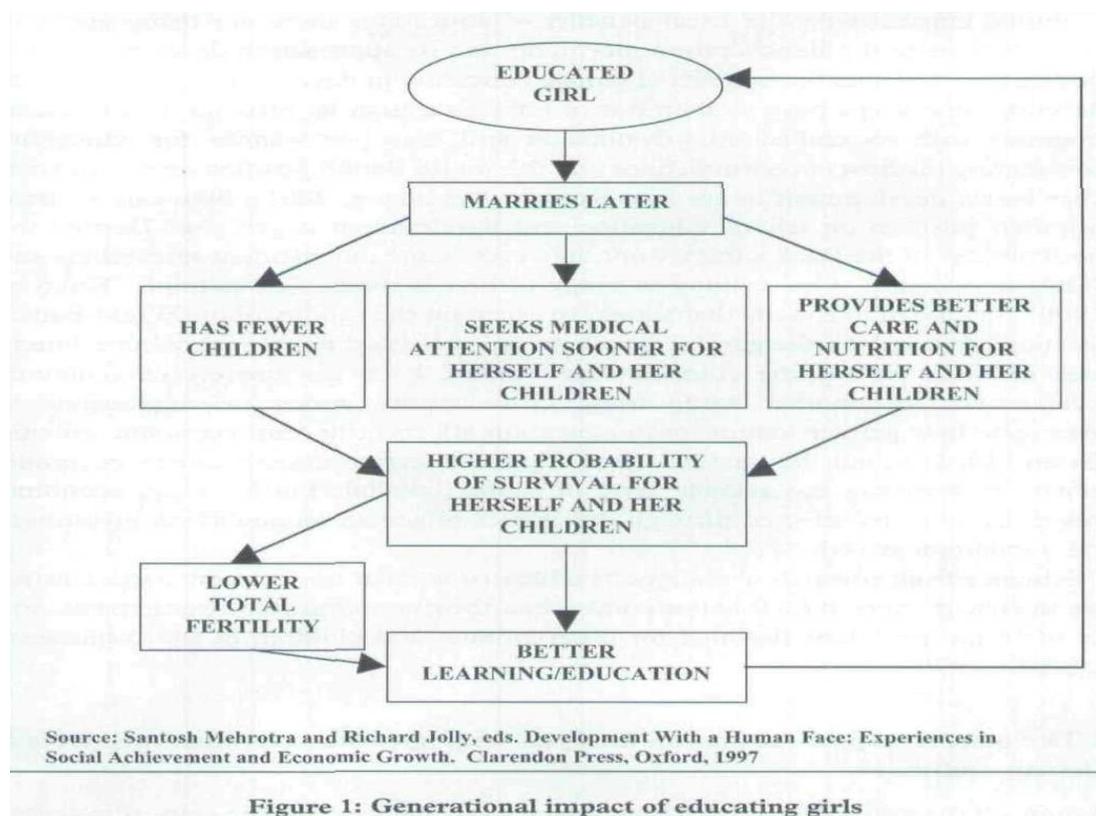

Source: Santosh Mehrotra and Richard Jolly, eds. Development With a Human Face: Experiences in Social Achievement and Economic Growth. Clarendon Press, Oxford, 1997

Figure 1: Generational impact of educating girls

Figure 1 Generational impact of educating girls (Shabaya & Konadu-Agyemang, 2004)

6.1 The Impact on national development

Women who are educated contribute to the development of the nation by reducing the population growth as a result of late marriage and fewer children (UNESCO, 2013). This is reflected in Figure 2 below. The reduction in population makes it easier for a nation to address poverty and raise the living standards of a lower population. Girls' education also results in lower infant mortality rate and a healthy population. On the contrary,

uneducated women marry early and have more children (see Figure 3 below). Consequently, the growing population poses a problem on sustainable development.
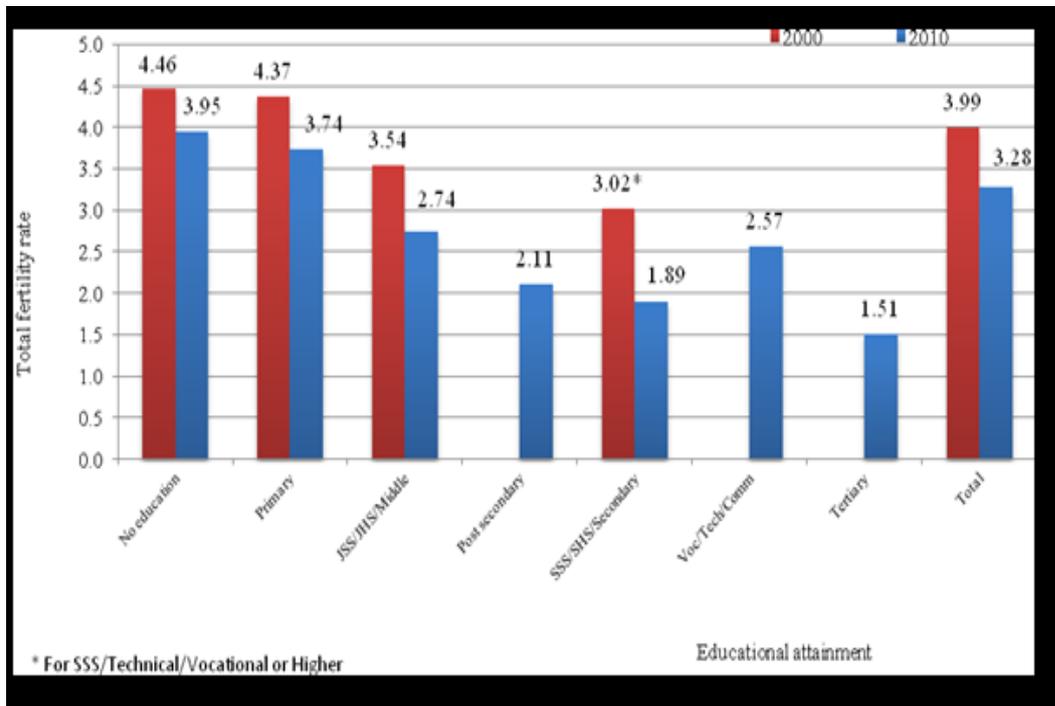

Figure 2 Total fertility rate by education attainment in Ghana in 2000 and 2010 (Ghana Statistical Service, 2014)
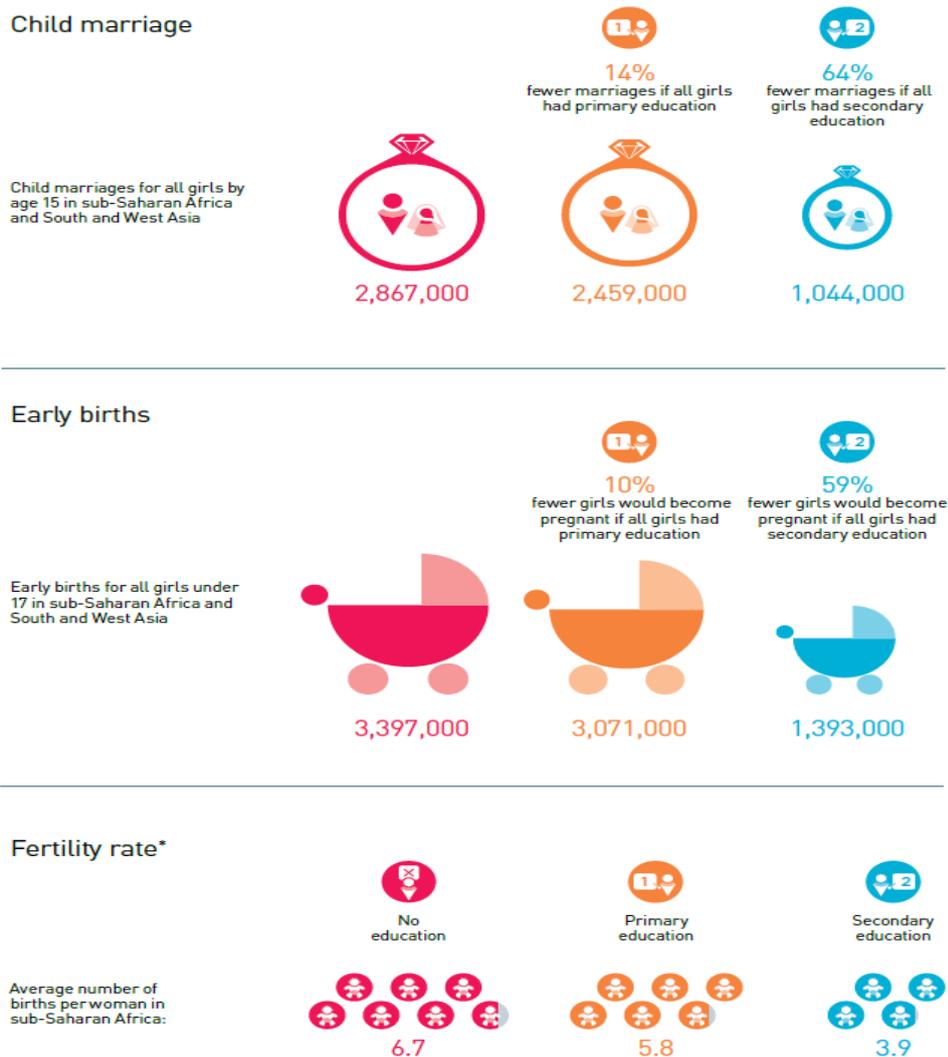
Child marriage

14%
fewer marriages if all girls
had primary education

64%
fewer marriages if all
girls had secondary
education

Child marriages for all girls by
age 15 in sub-Saharan Africa
and South and West Asia

2,867,000   2,459,000   1,044,000

Early births

10%
fewer girls would become
pregnant if all girls had
primary education

59%
fewer girls would become
pregnant if all girls had
secondary education

Early births for all girls under
17 in sub-Saharan Africa and
South and West Asia

3,397,000   3,071,000   1,393,000

Fertility rate*

No
education

Primary
education

Secondary
education

Average number of
births per woman in
sub-Saharan Africa:

6.7   5.8   3.9

Figure 3 The relationship between education and maternal/reproductive health in sub-Sahara Africa among child marriage (UNESCO, 2013)

6.2   The Impact on Individual Development

The most significant benefit of education of women results in improved health and financial stability. With education, women have opportunities to have a job with a regular income and are more likely to achieve greater autonomy, be independent in the household and their personal development, as well as have decision-making power (United Nations, 2013). Accordingly, a woman's education and economic power contribute to alleviating the poverty of the family and community (Awumbila & Ardayfio-Schandorf, 2008).

Drawing from UNESCO (2013), education empowers women to overcome discrimination, and an educated woman is more aware of her rights, has confidence, high

self-esteem and is most likely to have problem-solving strategies. When a woman is educated, she is also more able to plan for the smooth running of the household and to have improved nutrition for herself and her children (see figure 4 below). Additionally, a woman with some education can make choices regarding her well-being and can seek medical services due to the knowledge and information she can access on health issues. With education comes increased knowledge, which propels girls to aim for higher education.

However, UNESCO (2013) also highlights the powerful influence of the intersection of gender and other factors such as ethnicity and location, which women have no control of but which greatly affect their opportunities for education and life. Consequently, if the government does not step in and give the affected girls the education they need and a second chance to those who missed out, girls will be denied equal opportunities in work and life forever.
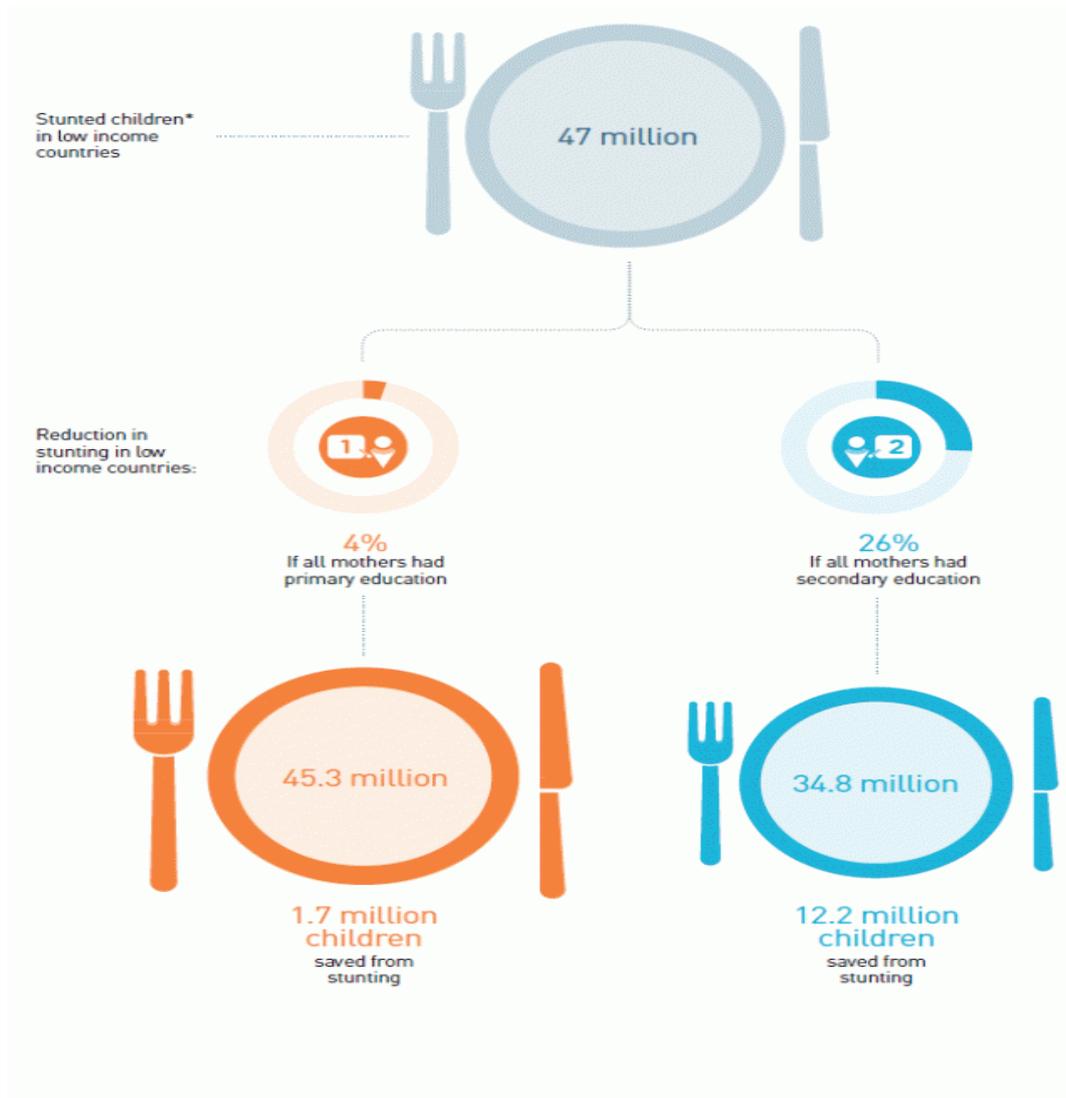
Figure 4 The relationship between education and stunted children in low-income countries (UNESCO, 2013)

7   Conclusion

The rural women of Northern Ghana continue to face inequalities regarding access to education, health care facilities, justice, ownership of land for agricultural practices and social and economic power. This thesis set out to investigate why these inequalities have persisted despite the government initiative to address them through the National Gender Policy. The literature review shows that gender inequalities in Ghana and other sub-Sahara African countries are deeply rooted in the social and cultural systems and the socialisation received from home to public places. Hence, traditional gender roles and power relations in these patriarchal societies are the root of gender inequalities. This is traced back to the colonial system which developed the relationship with men as workers, administrators, and officials, while women were confined to activities within the home. Unfortunately, the successive governments built on this colonial system and thus, the reason for the persistent gender inequalities.

Accordingly, most of the communities in the Northern Regions follow strict gender roles in the division of labour. Women spend most of their time working between their homes and the fields as well as taking care of children. They do more household chores than their male counterparts, and this limits their time to take part in developmental community activities where they have a chance to address issues that concern them. Additionally, girls are socialised in roles like their mothers'; therefore, they help with household activities, and that impedes on their chances of attending school. However, if they attend school, these roles increase their chances of dropping out.

Additionally, some traditional gender roles are reinforced by the general challenges affecting education in rural areas. For instance, the long distance to the school and poor road transport result in parents preferring to let girls stay at home and help with household chores instead of taking long trips to and from the school. Extreme poverty is another challenge in rural education, which makes parents choose to educate a boy and leave the girl at home to assist with income-generating activities. Besides, girls are expected to get married and join the husband's family, while the boy will remain within the family and provide financial support. Other critical challenges that reinforce traditional gender roles are high levels of illiteracy among parents and cultural practices and attitudes towards the role of women.

However, the lack of education as well as financial resources among rural women affects their decision-making power. This has an impact on their health as they depend on the male figure of the family for financial support and permission to visit a health care

facility. The health of women in these communities is essentially in the hands of the men, who due to the availability of financial resources and the power they possess as the head of the family, decide the kind of attention to give a woman's health problem.

The lack of education also has a direct impact on a woman's reproductive health and her child's nutrition and education. This thesis found that women who are not educated marry early and have more children and their children are more likely to be stunted. Additionally, they usually do not put a value on the education of their children, especially girls. Subsequently, this perpetuates the cycle of illiteracy and poverty among women and thus, the need for education. With education, women are in a better position to make independent decisions, gain economic power and contribute to sustainable development by reducing the population growth, providing education and good nutrition to their children and alleviating poverty. Therefore, it is important to understand the impact of gender roles and power relations on women's livelihood as it affects the development of a nation.

However, Ghana shows evidence of addressing gender inequalities and reducing poverty. Nevertheless, this success is mainly in the urban areas. The gender equality achievement gap is attributed to the failure of government in addressing the underlying systemic challenges and gender policy implementation gaps which directly affect rural women. Unless these challenges are addressed, women in the North will continue to be marginalised and live in extreme poverty, and they will continue to migrate to the South for better economic opportunities, where, unfortunately, they continue being exposed to various gender issues. Hence, the best way to achieve gender equality across the board is to have men actively involved in gender issues, as they are the ones who make the rules in patriarchal societies. But most of all, there needs to be a complete overhaul of the policies from the colonial patriarchal system.

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