

# **Does Financial Autonomy Imply Reproductive and Sexual Autonomy? Evidence from Urban Poor Women in Accra, Ghana**

## **Abstract**

This paper investigates the association between financial autonomy and three other measures of autonomy – sexual, perceived reproductive and actual reproductive autonomy in Ga-Mashie, Accra, Ghana. Anthropological accounts have cited the financial independence of women from this community, coupled with unique living arrangements, as reasons for their independence and autonomy in various domains. Using a sample of 172 women in union, binary and ordered logistic regression models reveal that in this context, financial autonomy does not have the perceived effect of increasing autonomy in the three other spheres. Rather, measures that hint at egalitarianism and close marital relationships- namely, marital power, agreement with partners about reproductive issues and marital duration- are more significantly associated with sexual and reproductive autonomy. We conclude that, coupled with schemes to increase the financial autonomy of women, in this context, other measures aimed at improving marital relationships should be explored and encouraged.

Keywords: sexual autonomy, reproductive autonomy, financial autonomy, women, Ghana

## **Introduction**

Women's sexual and reproductive autonomy are essential for promoting their empowerment.

Women's empowerment is regarded as an important measure of a society's development and a major factor that affects the wellbeing of women and their families (Kabeer, 2005; Prata et al., 2017). In fact, Klugman et al. (2014) reflected the thoughts of many by saying that "the success of global development efforts hinge on improving the status of women and girls".

One of the main pathways promulgated for the attainment of sexual and reproductive autonomy, both in lower and higher income contexts, is financial autonomy (Do & Kurimoto, 2012; Odutolu, Adedimeji, Odutolu, Baruwa, & Olatidoye, 2003). Women who lack economic independence but rather depend on sexual relationships for sustenance may be prone to sexually transmitted diseases and unintended pregnancies as they have little or no influence over decisions pertaining to condom use and safe sex (Odutolu et al., 2003). Support for this hypothesis is evident from numerous microfinance programmes by governments and development partners in low and middle income countries that aim to support women attain financial empowerment with ripple effects on other spheres of their lives (Fox & Romero, 2017; Kabeer, 2005; Malhotra & Schuler, 2005). Other pathways towards attaining sexual and reproductive autonomy have been suggested to include general decision-making autonomy, education, changing cultural restrictions imposed on women, amongst others (Ahmed, Creanga, Gillespie, & Tsui, 2010). Irrespective of the domain being considered, at the core of women's autonomy is their control over resources, mainly financial. Yet the link between this and other domains of autonomy is contested (Kabeer, 2005). One reason may be that male partners may tend to reinforce traditional gendered structures that grant them control and privilege over

women's lives even when the women have some economic independence (Fox & Romero, 2017).

Further, in low and middle income contexts, household decision-making and economic autonomy may have unclear links with reproductive health outcomes, due to the overarching effects of other social determinants of health (Atiglo & Codjoe, 2018; Do & Kurimoto, 2012; Mumtaz & Salway, 2005). For instance, in a review of a sample of 46 quality-controlled studies on women's empowerment and family planning, about two-thirds of the papers on household decision-making and over three-quarters of the papers on financial autonomy respectively showed no relationship between these concepts and current contraceptive use (Prata et al., 2017). Nevertheless, some studies show that reproductive and sexual autonomy are correlated with positive sexual and reproductive outcomes (Crissman, Adanu, & Harlow, 2012; Prata et al., 2017; Upadhyay, Gipson, et al., 2014). However, the extent to which women's sexual and reproductive autonomy domains are a function of their financial or economic autonomy is the missing link in the nexus. Studies that examine the relationship between women's financial autonomy and sexual and reproductive domains of autonomy are scant, more so among dynamic urban populations, noted for the industriousness, social and financial independence of their women, yet seemingly characterized by poor women's sexual and reproductive autonomy and health outcomes. This paper therefore has two objectives. First, it examines the association between ethnicity and sexual and reproductive autonomy in a primarily indigenous Ga community in Accra, Ghana, in which native women were traditionally noted for social and financial independence, but which has undergone rapid changes due to urbanization. Second, it investigates the link between women's financial autonomy, and their sexual and reproductive autonomy in this context.

## **Empowerment and autonomy**

Empowerment is similar to autonomy in the context of power, but the two denote different facets of women's status. Though defined differently, the two concepts are often measured by the same constructs or sets of questions which elicit information on women's relative status. Women's empowerment is defined by Kabeer (Kabeer, 2001) as 'the expansion of people's ability to make strategic life choices in a context where this ability was previously denied to them'.

Empowerment connotes a gain in women's ability to influence their personal lives and preferred intentions (Agarwala & Lynch, 2006; Ghuman, Lee, & Smith, 2006). Women's autonomy, on the other hand, refers to an "individual's control of his/her own self, activities and decision making as well as the power to conceptualize alternatives and to act on them" (Pellow, 1978). Women's empowerment helps bridge gendered power imbalance while women's autonomy reflects limited restrictions by other parties over women's choice of actions. This is especially true within the context of the family or household (Dyson & Moore, 1983; Jejeebhoy, 2000).

Autonomy is a multidimensional but interrelated construct. Yet, being autonomous in one sphere of life does not necessarily imply autonomy in another (Dodoo, 2011; Gipson & Hindin, 2007; Upadhyay, Gipson, et al., 2014). The extent of interrelatedness of the various dimensions of autonomy has not been investigated much by previous empirical studies. Instead, studies have mainly focused on associations between dimensions of women's autonomy and their reproductive health outcomes such as contraceptive use, fertility, health service utilisation and childcare (Ahmed et al., 2010; Crissman et al., 2012; Do & Kurimoto, 2012; Dodoo, 2011; Kamiya, 2011; Rahman, Mostofa, & Hoque, 2014; Saleem & Bobak, 2005).

Women's reproductive autonomy implies freedom from reproductive coercion, interference with reproductive decision and behaviour (Grace & Anderson, 2016). Reproductive

autonomy comprises five dimensions which include self-efficacy, decision-making capacity, communication ability, egalitarian gender-role attitudes and control over coercion (Upadhyay, Dworkin, Weitz, & Foster, 2014). These components may not be entirely exclusive of one another but may overlap (see (Upadhyay, Dworkin, et al., 2014)). Assessing women's reproductive autonomy enables researchers to assess their self-efficacy regarding contraception, pregnancy and childbearing, as well as evaluate the effects of other dimensions of autonomy which may be targeted by intervention programmes (Upadhyay, Gipson, et al., 2014; Upadhyay, Dworkin, et al., 2014).

Sexual autonomy, on the other hand, signifies the extent of women's power to choose when and how to have sex. It includes her ability to offer consent and to negotiate safer sex. Sexual coercion can be linked with STI's and unintended pregnancies (Coggins, Blanchard, & Friedland, 2000; Gage & Hutchinson, 2006; Grace & Anderson, 2016).

### **Autonomy of the Ga woman**

Women's autonomy in sub-Saharan Africa was studied extensively by anthropologists in the second half of the last century (Pellow, 1978; Robertson, 1977). In Ghana, women of the Ga ethnic background have particularly received attention in the literature (Atobrah & Awedoba, 2017; Pellow, 1978). This is firstly because of the unique residential arrangement of Ga marriage which purportedly grants Ga women independence and freedom relative to women in other ethnic groups. Traditionally, Ga men and women in marriage did not share a common residential or rooming facility. Family life was divided between two compounds, with men living in male compounds and women and young children living in female compounds. Thus, even after marriage, women would continue to stay in their mothers' family homes. Such duolocal

residential arrangements limit an individual's access to and control over material bodied resources, leading to separation of spousal property and differential spousal social mobility (Robertson, 1977). It is argued that Ga women derived support, protection and security from this living within their own compound. They also had the spatial and social freedom to discharge their household duties and to pursue career and commercial activities (Kalu, 1981). Ga women therefore commonly enjoy lucrative careers and sometimes inevitably take over household leadership roles.

Secondly, other studies have attributed the autonomy of Ga women to commercial activities stimulated by the presence of the European trading firms in Accra beginning in the 15th century. Ga women controlled the local trade in fish, vegetables, meat, cloth, provisions, prepared food etc. (Robertson, 1977). Ga women have therefore historically dominated trade in Accra, which represents an important segment of the Ghanaian economy (Robertson, 1983).

In spite of these anthropological accounts, there is also research that argues that Ga women lack autonomy in certain spheres of their lives including reproduction (Atobrah & Awedoba, 2017). But there is evidence elsewhere to show that this apparent lack of reproductive autonomy is a strategy Ga women employ for economic gain (Fayorsey, 1992). It is important to note that the methodologies applied in these anthropological studies are qualitative and due to the stand-alone nature of each of them, do not allow for the establishment of direct associations between Ga women's autonomy and their reproduction. Also, they were often open to biased interpretation from the lenses of ethnographers not of Ghanaian or even African origin.

Traditional Ga culture has also undergone changes due to rapid urbanization and acculturation which have shaped Ga family life and women's autonomy, though the Ga remain essentially patrilineal (Kalu, 1981; Razzu, 2005). Economic changes in Accra have also eroded

the hitherto dominant role of Ga women in trade which has been cited as one of the sources of their autonomy. What do these changes hold for the sexual and reproductive autonomy of Ga women? We therefore investigate Ga women's level of autonomy relative to women of other ethnic backgrounds within this changing context and also examine the association between their financial autonomy and sexual and reproductive autonomy.

## **Study Area**

The study was carried out in three urban coastal communities: James Town, Ussher Town and Agboghloshie, all in the heart of Accra, within the Ashiedu-Keteke sub-metropolitan area in the Accra Metropolitan Area in Ghana. James Town and Ussher Town constitute Ga-Mashie, the original and oldest part of Accra, populated by indigenous Ga-Dangme, though the demographics have been altered with the influx of migrants from other parts of Ghana. Agboghloshie is predominantly a heterogeneous migrant locality which is also inhabited by indigenous Ga-Dangme and later generation migrants (Codjoe, Owusu, & Burkett, 2014).

## **Data and Methods**

### *Data*

The data for this paper are from the 2010 Edulink: Urban Health and Poverty Project. Collaborators on the project included the Regional Institute for Population Studies (RIPS) at the University of Ghana, the University of Southampton in the United Kingdom, the University of Cape Coast in Ghana, the University of Ibadan in Nigeria, and Fourah Bay College in Sierra

Leone. Ethical clearance for the study was obtained in March 2010 from the Noguchi Memorial Institute for Medical Research – Institutional Review Board at the University of Ghana.

The data were collected in June and July 2010 and employed a two-stage probability sampling technique. First, 29 enumeration areas (EAs) were sampled proportionate to size in the three study localities in the Ashiedu Keteke sub-metropolis of Accra. Five EAs were sampled in Agbogbloshie, eight in James Town and 16 in Ussher Town. Within these EAs, twenty households were sampled and all eligible men and women in the sampled households were interviewed. The final sample included 497 households that were interviewed with the household questionnaire and from these households, 736 men and women in the reproductive ages (15 to 49 years for women and 15 to 59 years for men) were administered the individual questionnaire. The analytical sample for this study consisted of 172 women who were married or in a consensual union.

## ***Measures***

### *Dependent Variables:*

The three outcomes measured in the study were ‘sexual autonomy’, ‘perceived reproductive autonomy’ and ‘actual reproductive autonomy’. The questions in the dataset that capture sexual autonomy and perceived reproductive autonomy in this study were quite limited because the omnibus survey covered a wide range of topics aside sexual and reproductive autonomy and health. However, the measures used capture these concepts to a good extent. Sexual autonomy was measured with the question, “Who usually has more say about whether you have sex?” Women who responded that their partner had more say or deemed the question as not applicable [1] were coded as ‘0’ meaning not sexually autonomous, while those stating ‘both equally’ or



'respondent' were coded as '1' meaning they were sexually autonomous.

Perceived reproductive autonomy sought to identify women's perceptions about their husbands' attitudes to two hypothetical reproduction themed situations. Women were asked whether their partners would 1) get angry or 2) think they were having sex with other people if they asked him to use a condom. For each statement, women who agreed were coded as '0'; those who did not know or had no opinion were coded as '1' while those who disagreed were assigned the value '2'. The items were summed resulting in a construct ranging from 0 (low perceived autonomy) to 4 (high perceived autonomy).

Lastly, actual reproductive autonomy referred to three items that assessed how comfortable respondents felt voicing their opinions despite opposing views from their partners in relation to 1) whether to use contraception, 2) which type of contraception to use, and 3) the number of children to have. The responses ranged from 1 (very uncomfortable) to 5 (very comfortable). These were regrouped such that the uncomfortable and very uncomfortable responses were merged and coded as '0', those who were neutral were coded as '1' while those who were comfortable or very comfortable voicing their opinions were coded as '2'. The three items were summed to obtain a score ranging from 0 (low autonomy) to 6 (high autonomy).

#### *Independent Variable:*

Financial autonomy was measured using a question that asked women who mainly decided how their earnings would be used. The responses were categorized into 'self only' and 'other than self only' (which comprised of both the respondent and her partner jointly or her partner only). An additional category was created for those with no cash earnings.

*Covariates:* Thirteen socio-demographic and -economic variables were selected as covariates. They include the respondent's 'workplace location', 'occupation', 'educational attainment', 'ethnicity', 'years living in their community', 'parity', whether they were in a 'polygamous union', whether they were 'residing with their partner', the 'perceived age gap' between respondent and partner, and 'marital duration'. Table 1 contains the categorical codes of the aforementioned variables. Three constructs deemed to be related to sexual and reproductive autonomy were also included in the study. 'Power in relationship' was measured with five items that sought to understand who had more say in important household matters or more power in the relationship. The first three statements were: 1) 'Who usually has more say when you talk about serious things?', 2) 'In general, who do you think has more power in your relationship?', and 3) 'In general, when it comes to important household decisions, who has the final say?'. For these items, if the woman had more say the response was coded as '2', respondent and spouse having equal say was coded as '1' and the respondent having no say was coded as 0. The two additional items were: 'My partner has more say than I do about important decisions that affect us both' and 'When my partner and I disagree, he gets his way most of the time.' These responses were coded as '0' for agreement, '1' for neutrality and '2' for disagreement. The responses across the five questions were then added to yield an additive scale with a range from 0 to 10. The construct, named 'egalitarian views' used six items dealing with views on gendered aspects of family life. These consisted of statements such as 'Most of the important decisions in the family should be made by the man', 'Both men and women should have jobs to support the family', and 'A husband should spend any free time with his wife and children', to mention a few. The responses were Likert scale type, ranging from strongly agree to strongly disagree. Responses of agreement were coded as '1', indicating more egalitarian views and responses of neutrality,

uncertainty or disagreement were coded as '0'. The six items were then summed to yield one single item with a range from 0 to 6. The 'agreement on reproductive issues' construct comprised of the couples' agreement on three issues related to contraceptive use, method choice and number of children desired. These were also Likert scale items ranging between '1' being 'completely agree' and '5' being 'completely disagree'. Responses of agreement were coded as '1' and responses of neutrality or disagreement were coded as '0'. The items were then summed to produce one measure with a range of 0 to 3.

Of the covariates above, 'residence with partner', 'marital duration', the 'perceived age gap' between respondent and partner and 'agreement on reproductive issues' are considered indicators of how close the respondent and her spouse's marriage relationship was. Further, the constructs, 'power in relationship' and 'egalitarian views' are considered as indicators of how egalitarian the marriage was.

### ***Data Analysis***

The data were analysed using the statistical analysis software package STATA version 12. The levels of sexual and reproductive autonomy were explored through measures of central tendency. Bivariate analyses using crosstabulations and ANOVA were conducted to indicate the relationships between ethnicity and women's sexual and reproductive autonomy. Finally, binary and ordered logistic regression models were run to examine the associations between independent, intermediate and dependent variables. Two binary logistic regression models were conducted to examine sexual autonomy in relation to, first, the socio-demographic and socio-economic characteristics only and second, these characteristics and their financial autonomy. Two sets of ordered logistic regression models assessed the associations between perceived and

actual reproductive autonomy in relation, first, to their socio-demographic and socio-economic characteristics, and these variables with financial autonomy in the second. For all of the ordered logistic regression models, the p-values of the proportional odds tests were not significant, thus, the parallel regression assumption was not violated.

## **Results**

### *Socio-demographic background characteristic of respondents*

Tables 1a and 1b show the descriptive statistics for the variables considered in this paper. We find that the majority (62.2%) of women in Ga Mashie and Agbogbloshie had no sexual autonomy.

With regards to perceived reproductive autonomy, which is their perception of how their partners would react if they suggested the use of a condom, the mean perceived reproductive autonomy was 2.01 on a scale of 0 to 4. Actual reproductive autonomy was slightly higher with a mean score of 3.14 over a range of 0 to 6. Most of the women scored below the mean level of actual reproductive autonomy, with a median score of 2.5.

[Table 1a about here]

The distributions of economic characteristics considered evinced that the majority of respondents have occupations and also work away from home. These dynamics may portend some latitude for financial autonomy. In such a setting where engagement is high, mainly involving sales in the informal sector, coupled with Ga women's distinctive independence especially in the economic realm when compared to other patrilineal groups, we would expect

higher levels of financial autonomy. Not surprising, about half (54.0%) of the women decided on what to do with their earnings by themselves, thus inferring autonomy.

[Table 1b about here]

Less than a fifth of the respondents were in polygamous unions. This is consistent with reports from the most recent nationally representative Ghana Demographic and Health Survey. Additionally, we find that just a little over one-half of these women actually reside with their partners. Especially for women in sub-Saharan Africa, these living arrangements and dynamics have implications for sexual and reproductive autonomy.

Sexual and reproductive autonomy have been shown extensively in the extant literature to be influenced positively by educational attainment. From Table 1, we see that a little over one-tenth (11.6%) of the women had no education, and about one-third had primary education. A little over a third (36.6%) had attained middle/JHS education, and the remaining 17.4% of women had attained secondary or higher education. With regards to ethnicity, almost two-thirds of the women interviewed were Ga-Dangme, the indigenous ethnicity in the study area.

The majority of women (57.6%) were engaged in the sales sector which includes, but is not limited to, selling of food and other consumables. About a fourth were engaged in other occupations comprising of those in the professional, technical, managerial, clerical, agricultural sectors as well as skilled and unskilled manual workers. Common to most urban poor localities, we find that 15.7 percent of our respondents had no occupation. Similarly, 16.3 percent reported they were currently unemployed. Of the women who are employed, almost two-thirds work away from home.

Age-power imbalance is yet another salient factor in the sexual and reproductive health and autonomy discourse. Women's perceived status with respect to the age-gap between themselves and their partners may impinge on the levels of autonomy in unions. We find that the majority of women perceive their partners to be just a little older than them. About a fourth perceive their partners to be much older, with the remaining 14.5% perceiving themselves to be about the same age or a little older than their partners. Acknowledging that these may not even reflect the magnitude of the actual age differences between these women and their spouses, evidence gleaned from the extant literature suggests women's perceived status in unions also reflects their self-efficacy. This, in turn, reflects the latitude that this perceived status relative to partners portends for their sexual and reproductive autonomy.

Ga Mashie and Agboglobloshie being key market economies reflect high mobility within and outside these communities. On average, the duration of stay in the community as a usual resident was 18.5 years. We find that for these married urban poor women, the mean number of children ever born was three children. On average, within a range of 0 to 32 years, the mean marital duration was 10.6 years.

Further, characteristics inferring relationship dynamics for these married women included power in relationship, egalitarian views, and agreement on reproductive views. Results from Table 1a suggest that these urban poor women have less power in their relationship than their spouses, as their score on the scale is far below the midpoint. However, these women, on average score around the midpoint of the scales measuring egalitarian gender role attitudes and agreement with their partners on contraception and fertility preference.

### ***Relationships between ethnicity and sexual and reproductive autonomy***

To answer the first objective of the study, bivariate analyses were conducted to assess the

differences between Ga-Dangmes and women of other ethnicities with respect to the various forms of autonomy. A crosstabulation between sexual autonomy and ethnicity shows that across the ethnic groups, the majority of women had no sexual autonomy. Testing for group difference amongst the various ethnic categories and perceived level of reproductive autonomy, we find again that there were no significant group differences.

[Tables 2a and 2b about here]

With respect to actual reproductive autonomy, we find that the various ethnicities are significantly different ( $p < 0.01$ ) from each other. However, although Ga-Dangme women have a higher mean score than Akan women, they are not significantly different from each other. It is other ethnic minorities who are well below the overall mean of actual reproductive autonomy and vary significantly from both Ga-Dangmes and Akans.

### ***Background factors and financial autonomy and their association with sexual autonomy***

Binary logistic regression, carried out to evaluate the effect of socio-demographic and – economic background factors on sexual autonomy, are shown in Table 3. Two models were generated. The first model investigates the effects of the background factors on sexual autonomy. In line with our hypothesis that the effect of these socio-demographic and economic variables on sexual autonomy is manifest via women's financial autonomy, the second model incorporates financial autonomy as well. The hypothesized effects of background characteristics and financial autonomy are not unrelated in the sense that from previous studies we know they both have effects on autonomy, either independently or synergistically. Financial autonomy was not

significantly associated with sexual autonomy, and did not significantly change the import of socio-demographic background characteristics on the sexual autonomy of these women.

[Table 3 about here]

Of the socio-demographic characteristics included in both models, we find that women in polygamous unions were less likely to have sexual autonomy relative to women in monogamous unions (OR=0.25,  $p<0.05$ ). Further, for every unit increase in the power these urban poor women have in decision-making, they are about 42 percentage points significantly more likely to have sexual autonomy.

### ***Background factors and financial autonomy and their association with perceived reproductive autonomy***

We also tested how socio-demographic variables and financial autonomy play out in women's perceived reproductive autonomy in Ga Mashie and Agbogbloshie. Again, two models were generated; the first regressing socio-demographic background characteristics on perceived reproductive autonomy, and the second incorporating financial autonomy. Financial autonomy did not have any significant influence on the import of socio-demographic background characteristics on urban poor women's perceived reproductive autonomy.

The results shown in Table 4 indicate however, that in both models, of the background characteristics, urban poor women's parity, their perceived age gap relative to their partners', and duration of marital union had significant influence on women's perceived reproductive autonomy.



[Table 4 about here]

For these women, parity progression infers loss of autonomy; in other words, for each additional child a woman has, the less autonomy she has (OR=0.83,  $p<0.05$ ). On the other hand, women who perceive their partners to be much older than them are likely not to have perceived reproductive autonomy. Consistent with earlier assertions on marital duration and women's autonomy in several domains, evidence from the models reiterates this relationship, such that for each unit increase in the number of years in marriage, urban poor women are more likely to have reproductive autonomy.

***Background factors and financial autonomy and their association with actual reproductive autonomy***

The third and final regression analysis comprised of two models. Similar to the previous models, these regressions first tested socio-demographic background effects on actual reproductive autonomy. In the second model, financial autonomy was significantly associated with actual reproductive autonomy. When the decision about the use of a woman's money was made 'other than alone' (i.e. Either jointly or by her spouse only) that woman was significantly more likely to have actual reproductive autonomy (OR=3.989,  $p<0.10$ ). Ethnicity was significantly associated with reproductive autonomy (OR=2.46,  $p<0.05$ ). Ga-Dangme women are seen to be twice as likely as their Akan counterparts to have high reproductive autonomy. However, in the subsequent model, incorporating financial autonomy and its mediating role, the significant ethnic effect is slightly dampened. Again, we find that the longer women had been married, the higher

their reproductive autonomy (OR=1.09,  $p<0.01$ ). Finally, agreement or discordance on issues pertaining to contraception and fertility desires will likely have implications on women's reproductive autonomy. Findings show that the more women were in agreement with their partners on reproductive issues the higher their actual reproductive autonomy.

[Table 5 about here]

## **Discussion**

This study is one of the first to use survey data to investigate the levels of sexual and reproductive autonomy among Ga women, a patrilineal ethnic group in Ghana known for their financial autonomy, relative to women of other backgrounds in urban poor Accra. The study also examined the association between their financial autonomy and sexual and reproductive autonomy. The literature discusses the importance of women's sexual and reproductive health being predicated on their sexual and reproductive autonomy. Thus, it is important to understand these issues among women residing in urban poor settings where they are prone to certain risk-taking behaviours.

With levels of autonomy, results indicate that women scored better on the hypothetical scale of reproductive autonomy than on the scale for actual autonomy. We find that more women scored above the mean or did better regarding their perceived autonomy compared to their level of actual autonomy where most women scored below the mean. This may likely infer their desire or preference in status regarding their reproductive autonomy, but which may likely not be the case in their actual circumstances.

Just over one-third of the respondents had sexual autonomy. This may not entirely be a cultural influence but more generic, bordering on universally accepted sexual scripts of how women should be more passive than assertive. Fine and colleagues lament about the missing discourse of desire in sexuality education over the decades (Fine, 1988; Fine & McClelland, 2006). Within the discourse, expressions of desire by way of initiation and negotiation during sex remains silent along with all the things that matter for women when it comes to sex – desire, pleasure, sexual entitlement. When these things are spoken about, they parallel with negative consequences (teenage pregnancy, STIs) and not the positives such as the ensuing pleasures of sex. The author implies how for females, their expressions of sexuality, and thus, their voices in this regard is even stripped from them at the very beginning of their socializations from childhood to adulthood. This is evident in Ghanaian cultural scripts, where it is acceptable for men to be sexually experienced before marriage, but women are expected to remain ‘chaste’ and inexperienced. Even within marriage, the sanctions for extramarital sex are much greater for women and lesser or non-existent for men. Thus women, even before coming into their sexual selves, are stripped of their sexual autonomy.

Regarding the association between ethnicity and autonomy among these urban poor women, it was realized that, ethnicity was significantly associated only with actual reproductive autonomy. Patrilineal Gas have more actual reproductive autonomy than matrilineal Akans, even though the latter are assumed to have more freedom and are the lesser controlled, sexually, of the two lineage systems. However, our findings allude to financial autonomy as a stronger “predictor” of actual reproductive autonomy than ethnicity. Ethnicity was significant at  $p < 0.05$  until financial autonomy was included in the model, and then its significance reduced to  $p < 0.10$ . Ga women are unique - historically known to be independent and hardworking and hold their

own when it comes to building businesses. Hence this could be the reason for their autonomy. Although regression models with interactions between ethnicity and financial autonomy were conducted, the small sample size did not allow us to truly notice the effect.

Ideally, economic autonomy empowers a woman towards self-efficacy in other spheres (Kabeer, 2001; Kim et al., 2007). Hence, strategies to empower women often include wealth creation components. However, this did not play out fully in this context. Studies in some other contexts have shown similar findings. For example, empowerment and cash incentive studies in some low and middle income countries have revealed that women's economic empowerment does not necessarily translate into reduced intimate partner violence (Vyas & Watts, 2009), psychosocial empowerment and greater household status (Fox & Romero, 2017). In our context, of the three dimensions studied, it is only for actual reproductive autonomy that financial autonomy matters and rather, it is women who make joint decisions with their partners that have more autonomy. This leads us to wonder about other social and cultural factors which may have an influence on women's autonomy in these spheres. For instance, the role of bridewealth payment and how that potentially makes women's financial autonomy a minor factor when considering their sexual and reproductive autonomy cannot be underestimated (Horne et al. 2013; Dadoo & Frost 2008). Future studies need to explore how social and cultural factors influence women's sexual and reproductive autonomy.

An additional goal of the paper was to highlight key socio-demographic and -economic characteristics of urban poor women related to their sexual and reproductive autonomy. One variable that was always significantly related to women's reproductive autonomy was their marital duration. The longer one stays married, the more autonomy one has, which suggest that autonomy may be "built up" or acquired over time.

There was significant association between general household autonomy (power in relationships) and sexual autonomy as well as between agreement with partner on reproductive issues and reproductive autonomy. This, coupled with the fact that marital duration (another variable that is often associated with greater equality between partners) is significantly associated with both perceived and actual reproductive autonomy suggests that greater egalitarianism in marriage bodes well for women's autonomy in these spheres. Contrary to what the western literature has said about the conservative nature of African women when it comes to sex, it appears that despite the missing discourse, women can convey their sexual needs to their partners. Qualitative studies discuss how low income women in SSA can tell their husbands when and how they want to have sex (Fiaveh, 2017; Muhanguzi, 2015). Further studies need to explore and understand the concepts of sexual autonomy and reproductive autonomy among African women further.

This study is not without limitations. First, we cannot generalize findings to all women in Ghana and have made no claims to do so. The study was undertaken in a particular urban poor context and so the findings are related to this setting. We cannot also infer causality due to the cross-sectional nature of the data but we only state associations, and the relationships could be bidirectional in some instances. We have noted these and interpret the results as appropriate. The small sample size being used is also a major limitation to the study. Only 172 women were in the sample, hence limiting the types of analyses to use and also giving more ground to commit a type I error where the statistical significance may not reflect a significant relationship when in fact there is one. Further studies need to address these limitations in the data.

In addition, as with much survey data, errors may have occurred with misreporting during face to face interviews. The autonomy questions are quite sensitive and women may be

embarrassed to say what truly happens in their homes. Women may also deem it politically correct in the given context to imply their husbands have more power in the home when in fact they do not. Further, given the interest in financial autonomy, a measure of access to (regular) resources would have been a more appropriate control than occupation or work location.

However, the available data did not have such measures.

Finally, the dependent variables are constructs and one can argue that they do not have content validity. Unfortunately, the data are limited in terms of what the constructs that we are intending to measure really mean. Particularly, with sexual autonomy, there were no measures to include the ‘who’ and ‘when’ to have sex which all measure sexual autonomy, we simply addressed the ‘whether’ to have sex. We recommend that further studies can include these other facets of sexual autonomy to get at the entire concept of sexual autonomy. Despite this limitation, validity assessments have shown that the scales were associated with appropriate measures ensuring construct validity with the measure.

## **Conclusion**

In this paper, we have investigated the relationship between financial autonomy, and sexual and reproductive autonomy of women in Ga-mashie. We found that financial autonomy was only significantly associated with actual reproductive autonomy and not sexual autonomy or perceived reproductive autonomy. Even in the case of actual reproductive autonomy, the hypothesized relationship between financial autonomy – that women who made decisions on their earning all by themselves – was found to be false.

It appears, therefore, that strategies to empower women in the sexual and reproductive spheres that use the pathway of economic security for the women will likely not work in this context, unless other factors are taken into account. Of note, is the role of factors that hint at

egalitarianism and marital closeness – women feeling they have more marital power, agreement with partners about reproductive issues and marital duration, in particular.

## REFERENCES

- Agarwala, R., & Lynch, S. M. (2006). Refining the Measurement of Women's Autonomy: An International Application of a Multi-dimensional Construct. *Social Forces*, 84(4), 2075–2098.
- Ahmed, S., Creanga, A. A., Gillespie, D. G., & Tsui, A. O. (2010). Economic Status, Education and Empowerment: Implications for Maternal Health Service Utilization in Developing Countries. *PLoS ONE*, 5(6), e11190. <http://doi.org/10.1371/journal.pone.0011190>
- Atiglo, D. Y., & Codjoe, S. N. A. (2018). Meeting women's demand for contraceptives in Ghana: does autonomy matter? *Women & Health, just-accep*. Retrieved from <https://www.tandfonline.com/doi/abs/10.1080/03630242.2018.1500413>
- Atobrah, D., & Awedoba, A. K. (2017). Men Play, Women Break the Town: Gender and Intergenerational Asymmetry in Sexual and Reproductive Worldview Among the Ga of Ghana. *Sexuality & Culture*. <http://doi.org/10.1007/s12119-017-9426-x>
- Codjoe, S. N. A., Owusu, G., & Burkett, V. (2014). Perception, experience, and indigenous knowledge of climate change and variability: the case of Accra, a sub-Saharan African city. *Regional Environmental Change*, 14(1), 369–383. <http://doi.org/10.1007/s10113-013-0500-0>
- Coggins, C., Blanchard, K., & Friedland, B. (2000). Men's attitudes towards a potential vaginal microbicide in Zimbabwe, Mexico and the USA. *Reproductive Health Matters*, 8, 132–141. <http://doi.org/10.1097/00002030-200102001-00043>
- Crissman, H. P., Adanu, R. M., & Harlow, S. D. (2012). Women's Sexual Empowerment and Contraceptive Use in Ghana. *Studies in Family Planning*, 43, 201–212. <http://doi.org/10.1111/j.1728-4465.2012.00318.x>

- Do, M., & Kurimoto, N. (2012). Women's Empowerment and choice of contraception method in selected African countries. *International Perspectives on Sexual and Reproductive Health*, 38(1), 23–33. <http://doi.org/10.1363/3802312>
- Dodoo, N. D. (2011). Ghanaian Females' Decision-Making Autonomy and Their Weight Status. *Ghana Social Science Journal*, 8(1&2), 74–91. Retrieved from [http://ss.ug.edu.gh/sites/ss.ug.edu.gh/files/journals/GSSJ \(1\) Vol 8.pdf#page=77](http://ss.ug.edu.gh/sites/ss.ug.edu.gh/files/journals/GSSJ%20(1)%20Vol%208.pdf#page=77)
- Dyson, T., & Moore, M. (1983). On Kinship Structure, Female Autonomy, and Demographic Behavior in India. *Population and Development Review*, 9(1), 35–60.
- Fayorsey, C. K. (1992). Commoditization of childbirth: Female strategies towards autonomy among the Ga of Southern Ghana. *The Cambridge Journal of Anthropology*, 16(3), 19–45. Retrieved from <http://www.jstor.org/stable/23817380>
- Fiaveh, D. Y. (2017). "Daddy, today we have a match!" Women's agentic strategies in initiating sexual intercourse in an urban Ghanaian community. In J. Bennett & S. Tamale (Eds.), *Research on Gender and Sexualities in Africa*. Dakar: CODESRIA.
- Fine, M. (1988). Sexuality, Schooling and Adolescent Females: The Missing Discourse of Desire. *Harvard Educational Review*, 58, 29–54.
- Fine, M., & McClelland, S. I. (2006). Sexuality Education and Desire: Still Missing after All These Years. *Harvard Educational Review*, 76(3), 297–338. <http://doi.org/10.1177/0959-353505049702>
- Fox, L., & Romero, C. (2017). *In the Mind, the Household, or the Market?* (Social Protection and Labor Global Practice No. WPS8079). Retrieved from <https://openknowledge.worldbank.org/handle/10986/26951>
- Gage, A. J., & Hutchinson, P. (2006). Power, control, and intimate partner sexual violence in Haiti. *Archives of Sexual Behavior*. Retrieved from <http://link.springer.com/article/10.1007/s10508-006-8991-0>
- Ghuman, S. J., Lee, H. J., & Smith, H. L. (2006). Measurement of women's autonomy according to women and their husbands: Results from five Asian countries. *Social Science Research*, 35(1), 1–28. <http://doi.org/10.1016/j.ssresearch.2004.06.001>



- Gipson, J. D., & Hindin, M. J. (2007). "Marriage means having children and forming your family, so what is the need of discussion?" Communication and negotiation of childbearing preferences among Bangladeshi couples. *Culture, Health & Sexuality*, 9(2), 185–198. <http://doi.org/10.1080/13691050601065933>
- Grace, K. T., & Anderson, J. C. (2016). Reproductive Coercion: A Systematic Review. *Trauma, Violence, & Abuse*, 1–20. <http://doi.org/10.1177/1524838016663935>
- Jejeebhoy, S. J. (2000). Women's autonomy in rural India: Its dimensions, determinants, and the influence of context.
- Kabeer, N. (2001). Conflicts over credit: Re-evaluating the empowerment potential of loans to women in rural Bangladesh. *World Development*, 29(1), 63–84. [http://doi.org/10.1016/S0305-750X\(00\)00081-4](http://doi.org/10.1016/S0305-750X(00)00081-4)
- Kabeer, N. (2005). Is microfinance a 'magic bullet' for women's empowerment? Analysis of findings from South Asia. *Economic and Political Weekly*. Retrieved from <http://www.jstor.org/stable/4417357>
- Kalu, W. J. (1981). Modern Ga Family Life Patterns: A Look at Changing Marriage Structure in Africa. *Journal of Black Studies*, 11(3), 349–359.
- Kamiya, Y. (2011). Women's autonomy and reproductive health care utilisation: empirical evidence from Tajikistan. *Health Policy*, 102(2–3), 304–313. <http://doi.org/10.1016/j.healthpol.2011.04.001>
- Kim, J. C., Watts, C. H., Hargreaves, J. R., Ndhlovu, L. X., Phetla, G., Morison, L. A., ... Pronyk, P. (2007). Understanding the impact of a microfinance-based intervention on women's empowerment and the reduction of intimate partner violence in South Africa. *American Journal of Public Health*, 97(10), 1794–1802. <http://doi.org/10.2105/AJPH.2006.095521>
- Klugman, J., Hanmer, L., Twigg, S., & Hasan, T. (2014). *Voice and agency*. Retrieved from [https://devpolicy.crawford.anu.edu.au/sites/default/files/events/attachments/2014-10/jklugman\\_voice\\_and\\_agency.pdf](https://devpolicy.crawford.anu.edu.au/sites/default/files/events/attachments/2014-10/jklugman_voice_and_agency.pdf)
- Malhotra, A., & Schuler, S. (2005). Women's empowerment as a variable in international development. *Measuring Empowerment: Cross*. Retrieved from

<http://elibrary.worldbank.org/doi/pdf/10.1596/0-8213-6057-4#page=93>

- Muhanguzi, F. K. (2015). "Sex is sweet ": women from low-income contexts in Uganda talk about sexual desire and pleasure about sexual desire and pleasure. *Reproductive Health Matters*, 23(46), 62–70.
- Mumtaz, Z., & Salway, S. (2005). "I never go anywhere": Extricating the links between women's mobility and uptake of reproductive health services in Pakistan. *Social Science and Medicine*. <http://doi.org/10.1016/j.socscimed.2004.08.019>
- Odutolu, O., Adedimeji, A., Odutolu, O., Baruwa, O., & Olatidoye, F. (2003). Economic empowerment and reproductive behaviour of young women in Osun state, Nigeria. *African Journal of Reproductive Health*, 7(3), 92–100. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/15055152>
- Pellow, D. (1978). Work and Autonomy: Women in Accra. *American Ethnologist*, 5(4), 770–785.
- Prata, N., Fraser, A., Huchko, M. J., Gipson, J. D., Withers, M., Lewis, S., ... Upadhyay, U. D. (2017). Women's Empowerment and Family Planning: A Review of the Literature. *Journal of Biosocial Science*, 1(31). <http://doi.org/10.1017/S0021932016000663>
- Rahman, M., Mostofa, G., & Hoque, A. (2014). Women's household decision-making autonomy and contraceptive behavior among Bangladeshi women. *Sexual & Reproductive Healthcare*, 5(1), 9–15. <http://doi.org/10.1016/j.srhc.2013.12.003>
- Razzu, G. (2005). Urban redevelopment, cultural heritage, poverty and redistribution: the case of Old Accra and Adawso House. *Habitat International*, 29, 399–419.
- Robertson, C. C. (1977). The Nature and Effects of Differential Access to Education in Ga Society. *Africa: Journal of the International African Institute*, 47(2), 208–219.
- Robertson, C. C. (1983). The Death of Makola and Other Tragedies. *Canadian Journal of African Studies*, 17(3), 465–495. <http://doi.org/10.2307/1229519>
- Saleem, S., & Bobak, M. (2005). Women's autonomy, education and contraception use in Pakistan: a national study. *Reproductive Health*, 2, 8. <http://doi.org/10.1186/1742-4755-2-8>
- Upadhyay, U. D., Dworkin, S. L., Weitz, T. A., & Foster, D. G. (2014). Development and

validation of a reproductive autonomy scale. *Studies in Family Planning*, 45(1), 19–41.  
<http://doi.org/10.1111/j.1728-4465.2014.00374.x>

Upadhyay, U. D., Gipson, J. D., Withers, M., Lewis, S., Ciaraldi, E. J., Fraser, A., ... Prata, N. (2014). Women’s empowerment and fertility: A review of the literature. *Social Science & Medicine*, 115, 111–120. <http://doi.org/10.1016/j.socscimed.2014.06.014>

Vyas, S., & Watts, C. H. (2009). How Does Economic Empowerment Affect Women’s Risk of Intimate Partner Violence in Low and Middle Income Countries? A Systematic Review of Published Evidence. *Journal of International Development*, 21, 577–602.  
<http://doi.org/10.1002/jid>

**TABLES:**

**Does Financial Autonomy Imply Reproductive and Sexual Autonomy? Evidence from Urban Poor Women in Accra, Ghana**

Table 1a. Descriptive statistics – central tendency measures for continuous independent and dependent variables

	Mean	Std. Dev	Median	Min	Max	Total
<b><u>Dependent variables</u></b>						
Perceived reproductive autonomy	2.01	1.56	2	0	4	172
Actual reproductive autonomy	3.14	2.39	2.5	0	6	172
<b><u>Covariates</u></b>						
Years living in community	18.5	13.9	17	0	49	172
No. of children ever born	2.90	2.20	2	0	14	172
Marital duration	10.6	8.20	8.5	0	32	172
Power in relationship	2.79	2.40	2	0	10	172
Egalitarian views	3.74	1.05	4	0	6	172
Agreement on reproductive issues	1.32	1.20	1	0	3	172

Table 1b. Descriptive statistics – percentage distributions of women across the independent, intermediate and dependent variables

Characteristics	Freq.	Percent
<b><u>Dependent variables</u></b>		
Sexual autonomy		

<b>Characteristics</b>	<b>Freq.</b>	<b>Percent</b>
No autonomy	107	62.2
Autonomy	65	37.8
<b>Reproductive autonomy (perceived)</b>		
0	50	29.1
1	9	5.2
2	49	28.5
3	16	9.3
4	48	27.9
<b>Reproductive autonomy (actual)</b>		
0	41	23.8
1	4	2.3
2	41	23.8
3	11	6.4
4	10	5.8
5	8	4.6
6	57	33.1
<b><u>Independent variable</u></b>		
<b>Financial autonomy</b>		
No earnings	58	33.7
Self only	93	54.1
Joint/Partner only	21	12.2
<b><u>Covariates</u></b>		
<b>Work location</b>		
Not employed	28	16.3
Home	41	23.8
Away	103	59.9
<b>Ethnicity</b>		
Akan	40	23.3
Ga/Dangme	105	61.1
Other	27	15.7
<b>Occupation</b>		
None	27	15.7
Sales	99	57.6
Other	46	26.7
<b>Educational level attained</b>		
No education	20	11.6
Primary	59	34.3
Middle/JHS	63	36.6
Secondary/Higher	30	17.4
<b>Polygamous union</b>		

<b>Characteristics</b>	<b>Freq.</b>	<b>Percent</b>
No	144	83.7
Yes/Perhaps	28	16.3
<b>Reside with partner</b>		
No	74	43.0
Yes	98	57.0
<b>Perceived age gap</b>		
Younger/same	25	14.5
Little older	107	62.2
Much older	40	23.3
<b>Total</b>	<b>172</b>	<b>100</b>

*Note: Two missing cases on perceived age gap, and one missing case each on parity and marital duration were combined with the categories that reflected the responses of women of the same ages as those missing*

Table 2a. Percentage distribution of women's sexual autonomy by ethnicity

<b>Sexual autonomy</b>	<b>No autonomy</b>	<b>Autonomy</b>	<b>Percent</b>	<b>Freq.</b>
<b>Ethnicity</b>				
Akan	62.5	37.5	100.0	40
Ga/Dangme	62.9	37.1	100.0	105
Other	59.3	40.7	100.0	27
<b>Total</b>	<b>62.2</b>	<b>37.8</b>	<b>100.0</b>	<b>172</b>
<b>Pr = 0.942</b>				

Table 2b. Summary statistics indicating average levels of reproductive autonomy by ethnicity

<b>Perceived reproductive autonomy</b>	<b>Mean</b>	<b>Std. Dev.</b>	<b>Freq.</b>
<b>Ethnicity</b>			
Akan	2.05	1.50	40
Ga/Dangme	2.07	1.61	105
Other	1.78	1.50	27
<b>Total</b>	<b>2.02</b>	<b>1.56</b>	<b>172</b>
<b>Pr = 0.6871</b>			
<b>Actual reproductive autonomy</b>	<b>Mean</b>	<b>Std. Dev.</b>	<b>Freq.</b>
<b>Ethnicity</b>			
Akan	3.23	2.36	40
Ga/Dangme	3.46	2.36	105
Other	1.81	2.18	27
<b>Total</b>	<b>3.15</b>	<b>2.39</b>	<b>172</b>
<b>Pr = 0.0056</b>			

Table 3. Binary logistic regressions models showing the odds of respondents exhibiting sexual autonomy by socio-demographic and -economic characteristics, with and without financial autonomy

Characteristic	Odds Ratio [95% CI]			Odds Ratio [95% CI]		
	Model 1			Model 2		
<b>Economic autonomy</b>						
No earnings (RC)	-	-	-	1.00		
Self only	-	-	-	1.56	0.51	4.81
Other than self only	-	-	-	1.75	0.37	8.17
<b>Work location</b>						
No earnings (RC)	1.00			1.00		
Home	1.21	0.25	5.86	0.93	0.17	5.23
Away	1.17	0.28	4.94	0.89	0.18	4.45
<b>Occupation</b>						
None (RC)	1.00			1.00		
Sales	1.43	0.31	6.63	1.20	0.24	6.06
Other	1.88	0.38	9.21	1.62	0.31	8.52
<b>Educational attainment</b>						
None (RC)	1.00			1.00		
Primary	0.65	0.17	2.44	0.63	0.17	2.40
JHS/Middle	0.95	0.26	3.55	0.96	0.26	3.63
Secondary/Higher	0.74	0.17	3.24	0.74	0.17	3.23
<b>Age</b>	0.997	0.93	1.07	0.99	0.93	1.06
<b>Ethnicity</b>						
Akan (RC)	1.00			1.00		
Ga/Dangme	0.84	0.31	2.29	0.82	0.30	2.27
Other	1.47	0.41	5.18	1.40	0.39	5.00
<b>Years living in community</b>	1.02	0.99	1.05	1.02	0.99	1.05
<b>Polygamous union</b>						
No (RC)	1.00			1.00		
Yes	0.25*	0.07	0.86	0.27*	0.08	0.95
<b>Reside with Partner</b>						
No (RC)	1.00			1.00		
Yes	0.65	0.30	1.37	0.60	0.27	1.35
<b>Parity</b>	0.94	0.76	1.17	0.96	0.77	1.20
<b>Perceived age gap</b>						
Younger/same age (RC)	1.00			1.00		
A little older	0.54	0.19	1.58	0.55	0.19	1.62
Much older	1.44	0.42	4.93	1.42	0.41	4.85

Characteristic	Odds Ratio [95% CI]			Odds Ratio [95% CI]		
	Model 1			Model 2		
<b>Marital duration</b>	1.02	0.95	1.10	1.02	0.95	1.10
<b>Power in relationships</b>	1.42***	1.21	1.68	1.42***	1.20	1.68
<b>Egalitarian views</b>	1.26	0.896	1.76	1.29	0.91	1.81
<b>Agreement in reproductive issues</b>	1.11	0.82	1.50	1.09	0.80	1.48
<b>Constant</b>	0.088	0.004	2.065	0.100	0.004	2.423

*Note: N = 172; (RC) – reference category; +p <= .10; \*p <= .05; \*\*p <= .01; \*\*\*p <= .001*  
*Model 1: Pseudo R<sup>2</sup> = 0.1715; Model 2: Pseudo R<sup>2</sup> = 0.1745*



Table 4. Ordered logistic regression models indicating the odds of respondents exhibiting perceived reproductive autonomy by socio-demographic and -economic characteristics, with and without financial autonomy

Characteristic	Odds Ratio [95% CI]			Odds Ratio [95% CI]		
	Model 1			Model 2		
<b>Economic autonomy</b>						
No earnings (RC)	-	-	-	1.00		
Self only	-	-	-	0.999	0.41	2.44
Other than self only	-	-	-	0.92	0.28	3.02
<b>Work location</b>						
No earnings (RC)	1.00			1.00		
Home	0.71	0.22	2.32	0.71	0.19	2.64
Away	0.75	0.26	2.20	0.75	0.22	2.53
<b>Occupation</b>						
None (RC)	1.00			1.00		
Sales	0.65	0.20	2.14	0.65	0.19	2.22
Other	0.33+	0.10	1.14	0.33+	0.09	1.17
<b>Educational attainment</b>						
None (RC)	1.00			1.00		
Primary	0.89	0.31	2.53	0.89	0.31	2.54
JHS/Middle	0.57	0.19	1.67	0.57	0.19	1.67
Secondary/Higher	1.25	0.37	4.24	1.25	0.37	4.23
<b>Age</b>	0.995	0.94	1.05	0.995	0.94	1.05
<b>Ethnicity</b>						
Akan (RC)	1.00			1.00		
Ga/Dangme	1.29	0.58	2.87	1.31	0.58	2.94
Other	0.80	0.30	2.15	0.81	0.30	2.19
<b>Years living in community</b>	1.00	0.98	1.03	1.00	0.98	1.03
<b>Polygamous union</b>						
No (RC)	1.00			1.00		
Yes	0.45+	0.19	1.05	0.44+	0.18	1.05
<b>Reside with Partner</b>						
No (RC)	1.00			1.00		
Yes	1.53	0.83	2.82	1.56	0.82	2.96
<b>Parity</b>	0.83*	0.70	0.98	0.83*	0.70	0.98
<b>Perceived age gap</b>						
Younger/same age (RC)	1.00			1.00		
A little older	0.79	0.33	1.85	0.79	0.33	1.87
Much older	0.29*	0.10	0.79	0.29*	0.10	0.79
<b>Marital duration</b>	1.08**	1.02	1.14	1.08**	1.02	1.14

Characteristic	Odds Ratio [95% CI]			Odds Ratio [95% CI]		
	Model 1			Model 2		
<b>Power in relationships</b>	1.05	0.92	1.18	1.05	0.92	1.19
<b>Egalitarian views</b>	1.04	0.79	1.37	1.04	0.79	1.37
<b>Agreement in reproductive issues</b>	0.93	0.73	1.18	0.93	0.73	1.19
<b>/cut1</b>	-1.902	-4.416	0.612	-1.886	-4.407	0.635
<b>/cut2</b>	-1.622	-4.130	0.886	-1.606	-4.121	0.909
<b>/cut3</b>	-0.249	-2.745	2.247	-0.232	-2.736	2.272
<b>/cut4</b>	0.243	-2.256	2.742	0.260	-2.247	2.767

*Note: N = 172; (RC) – reference category; +p <= .10; \*p <= .05; \*\*p <= .01; \*\*\*p <= .001*

*Model 1: Pseudo R<sup>2</sup> = 0.0691; Model 2: Pseudo R<sup>2</sup> = 0.0692*

Table 5. Ordered logistic regression model indicating the odds of respondents exhibiting actual reproductive autonomy by socio-demographic and -economic characteristics, with and without financial autonomy

Characteristic	Odds Ratio			95% CI		
	Model 1	Model 2	Model 2	Model 1	Model 2	Model 2
<b>Economic autonomy</b>						
No earnings (RC)	-	-	-	1.00		
Self only	-	-	-	1.16	0.47	2.95
Other than self only	-	-	-	3.98+	0.997	15.93
<b>Work location</b>						
No earnings (RC)	1.00			1.00		
Home	0.34	0.08	1.41	0.28+	0.06	1.26
Away	0.28+	0.08	1.03	0.25+	0.06	1.01
<b>Occupation</b>						
None (RC)	1.00			1.00		
Sales	2.43	0.64	9.17	2.05	0.52	8.01
Other	3.74+	0.93	15.09	3.99+	0.95	16.78
<b>Educational attainment</b>						
None (RC)	1.00			1.00		
Primary	1.04	0.32	3.32	0.90	0.27	2.99
JHS/Middle	1.14	0.35	3.70	1.03	0.31	3.44
Secondary/Higher	0.57	0.15	2.20	0.49	0.12	1.94
<b>Age</b>						
	0.98	0.93	1.04	0.97	0.92	1.04
<b>Ethnicity</b>						
Akan (RC)	1.00			1.00		
Ga/Dangme	2.46*	1.07	5.66	2.21+	0.95	5.11
Other	0.41	0.13	1.26	0.34+	0.11	1.08
<b>Years living in community</b>						
	0.98	0.96	1.01	0.99	0.96	1.01
<b>Polygamous union</b>						
No (RC)	1.00			1.00		
Yes	1.28	0.52	3.12	1.54	0.62	3.81
<b>Reside with Partner</b>						
No (RC)	1.00			1.00		
Yes	1.52	0.78	2.97	1.23	0.61	2.46
<b>Parity</b>						
	0.87	0.72	1.05	0.88	0.73	1.07
<b>Perceived age gap</b>						
Younger/same age (RC)	1.00			1.00		
A little older	1.14	0.46	2.81	1.09	0.44	2.74
Much older	1.70	0.59	4.91	1.70	0.59	4.94

Characteristic	Odds Ratio			95% CI		
	Model 1			Model 2		
<b>Marital duration</b>	1.09**	1.03	1.16	1.08**	1.02	1.15
<b>Power in relationships</b>	0.998	0.88	1.14	1.01	0.88	1.15
<b>Egalitarian views</b>	1.02	0.75	1.39	1.07	0.78	1.46
<b>Agreement in reproductive issues</b>	4.29***	3.04	6.07	4.24***	2.99	6.02
<b>/cut1</b>	0.234	-2.470	2.938	0.073	-2.668	2.814
<b>/cut2</b>	0.427	-2.278	3.132	0.268	-2.473	3.009
<b>/cut3</b>	2.117	-0.619	4.854	2.004	-0.765	4.773
<b>/cut4</b>	2.569	-0.180	5.318	2.478	-0.304	5.259
<b>/cut5</b>	2.997	0.236	5.758	2.914	0.121	5.708
<b>/cut6</b>	3.347	0.577	6.117	3.264	0.461	6.066

*Note: N = 172; (RC) – reference category; +p <= .10; \*p <= .05; \*\*p <= .01; \*\*\*p <= .001*

*Model 1: Pseudo R<sup>2</sup> = 0.2093; Model 2: Pseudo R<sup>2</sup> = 0.2184*

---

[1] Four respondents out of the 172 fell in this ‘not applicable’ category.

---