

WOMEN, POVERTY AND HIV/AIDS IN THE ABURA-ASEBU-KWAMANKESE
DISTRICT.

by

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“Too often I have listened to women describe how their experiences are not part of the policy discussion. Whether talking about the unequal impact of globalization, the ravages of war and armed conflict, or the reality of living with HIV/AIDS, they feel marginalized and excluded from decision-making and resources that affect their lives. And yet, it is well-known that the most effective policy approaches come from listening to those who have experienced such problems first hand, who can provide needed perspectives, improve understanding and offer creative solutions so that resources may be used creatively”. —Noeleen Heyzer, Executive Director, the United Nations Development Fund for Women

DEDICATION

To my most dedicated father Mr. Benjamin Sebastian Poku, I have come this far thanks to your support, encouragement, dedication and love. I owe everything to you and the family.

To my dearest Nat, for your diligence in canvassing this space, what a friend you have been.

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ABSTRACT

This is about women, poverty and vulnerability of HIV/AIDS in Moree and Asebu in the Abura-Asebu-Kwamankese District in the Central Region of Ghana. The main objective of the study is to find out whether poverty actually makes women vulnerable to HIV/AIDS in the two communities, thus Moree and Asebu. The study employed the use of Actor Oriented theories such as agency, action, power and structures in structuration theory. It also makes use of risk theories, feminist geographies and the concepts of space, place and time.

Multiple methods within the qualitative approach were used, in the data collection. These included administration of a semi structured interview guide, which covered a purposive sample of 30 respondents of which 80 percent were female and 20 percent males who were ordinary local people in Moree and Asebu. 27 in-depth interviews using unstructured interview guide were conducted among key informants. Focus group discussion and observations were also conducted. The primary data was complemented with secondary data from the Ghana HIV Sentinel Surveillance Surveys, the Ghana Poverty Reduction Strategy, yearly report on HIV cases in the Abura-Asebu-Kwamankese District and the district profile of Abura-Asebu-Kwamankese District.

The study further reveals that the triggering effect of poverty to HIV infection is something that cannot be done away with. Women were seen to be worst affected with poverty. These poor conditions have led to these females adapting to various coping strategies with life, which make them vulnerable to HIV/infection. This is because women are more at risk and are likely to adopt risky sexual behaviours that could put them in high-risk position for infection. The study reveals that the masculinity of the society has made females dependent on males and this constrains them from entering into any economic venture and negotiating for protective sex.

It was realised also that the causes of female poverty and the coping strategies that were likely to be adopted by the people within the fishing community is slightly different from females in the farming community. Majority of the findings were analysed qualitatively, however, I quantified only a few. Based on the findings, conclusions and recommendations were drawn.

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LIST OF ABBREVIATIONS

AAKD	Abura-Asebu-Kwamankese District
AIDS	Acquired Immune Deficiency Syndrome
ASIP	Agricultural Sector Infrastructural Programme
CSW	Commercial Sex Workers
EU	European Union
FHH	Female Headed Household
FIDA	Federation of Women Lawyers Association
GDHS	Ghana Demographic and Health Survey
GHS	Ghana Health Services
GNACP	Ghana National AIDS Control Programme
GPRSP	Ghana Poverty Reduction Strategy Programme
HDR	Human Development Report
HIPC	Heavily Indebted Poor Countries
HIV	Human Immuo-deficiency Virus
ILO	International Labour Organisation
JSS	Junior Secondary School
MOH	Ministry Of Health
NGO	Non- governmental Organisation
NTNU	Norwegian University of Science and Technology
PAMSCAD	Programme of Action to Mitigate the Social Cost of Adjustment
PANAFEST	Pan African Festival
PPAG	Plan Parenthood Association of Ghana
SAP	Structural Adjustment Programmes
SIF	Social Investment Fund
SSS	Senior Secondary School
STIs	Sexually Transmitted Infections
UNAIDS	The joint United Nations Programme on HIV/AIDS
USD	United State Dollar
VCT	Voluntary Counselling and Testing
VIP	Village Infrastructural Programme.

WAJU

Women and Juvenile Unit

WID

Women In Development

CHAPTER ONE: GENERAL INTRODUCTION

1. BACKGROUND TO THE STUDY.

HIV/AIDS was first identified in the United State in the 1980s. The public health officials thought by informing people about the virus and its transmission mechanisms, and how they could protect themselves, could help halt its spread. This approach to prevention was successful in politically organized communities with access to information and resources. In the late 1980s as the epidemic surged and shifted from specific groups with high-risk behaviour to the general population especially to the marginalized and the poor, public health professionals realized they needed to better understand the causes of individual infection and the broader determinants of the pandemic. They knew HIV transmission was linked to specific risky behaviours, but they also realized that these behaviours were influenced by many political, economic, social and cultural facets of life, such as poverty and powerlessness, which determine vulnerability to HIV/AIDS, especially, for women, children and young adults. Women's rates of new infection now surpass men's, especially, in countries where women live in poverty and have relatively low status. In sub-Saharan Africa, there were 12 to 13 infected women for every 10 infected men in 2001. The gender gap is especially pronounced among Africans younger than 25 (Population Bulletin, 2002). It is realized that females are not able to negotiate for the use of condom on their partner's fidelity because of economic disparities and gender, norms, age difference and power relations et cetera.

The first reported cases of 42 Human Immuno-Deficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) in Ghana were recorded in 1986, mainly among women who had traveled outside the country. By the end of December 1999, a cumulative total of 37,298 cases had been recorded. Nearly 90% of all reported cases from 1986-1999 are between 15-49years of age, with 63% of the cases being females. This was attributed to the return of migrant female sex workers from La Cote D'Ivoire. Most of these women came from the Eastern region. The female-to-male HIV/AIDS infection ratio, is however gradually attaining parity, changing from 6:1 in 1987 to approximately 2:1 in 1998. The peak ages for infection are 25-29 years for females and

30-34 years for males. The national prevalence rate of HIV rose from 2.6% in 1994 to 4.6% in 1998 then declined to 3.6 in 2003 and in 2004, it declined further to 3.0% (Ghana HIV Sentinel Surveillance Report 1998, 2003 and 2004). HIV Sero-prevalence among Sexually Transmitted Infections (STIs) patients and blood donors is recorded to be 17% and 4%, respectively. Among commercial sex workers (CSW) in Accra and Kumasi, it has been found that 75.8% and 82%, respectively, are HIV positive (National AIDS Control Programme, 2004). However, the National AIDS Control Programme (NACP) projected the average national prevalence rates to increase to 6.4% by 2004, 8.2% by 2009 and 9.5% by 2014 if the current trend continues. Heterosexual transmission of HIV accounts for 75-80% of all HIV/AIDS infection. Vertical transmission (from mother to child) accounts for 15% while transmission through blood and blood products accounts for 5%. The former is the most commonly found with the subtypes A and D.

In Ghana, Eastern region has consistently reported the highest levels of HIV infections. Currently the Central region is second among the high prevalence rates of 5.4%. The number of AIDS cases reported for females in the 15-24 age group is much higher than males within the same age group. As indicated by Oppong and Agyei-Mensah (2004) young people have become more vulnerable, especially young females. Ankomah (1998) attributes this vulnerability of young females to their inability to negotiate for condom use in premarital sexual exchange relationships. Their vulnerability can also be attributed to earlier sexual activity and the fact that they often have older partners who provide them their basic needs. (Disease Control Unit MOH March 1999).

In the present difficult economic situation in Ghana, many women have to exchange sex for material favours, for daily survival, in semi-formal relationships. For some women this may be the only way of providing for themselves and their children. While men are seeking for younger partners, women are expected to have relations with or marry older men, who can support them, and who are likely to be infected. This financial or material dependence on men means women cannot control when, with whom, and in what circumstance they have sex (UNAIDS 1999). This coupled with cultural factors including lack of opportunities for women, especially, in inheritance system that prevents females from inheriting land and property, compel them to migrate and “survive by selling sex”. Inadequate health facilities, together with the structural adjustment policies, with its introduction of the “cash and carry” system, prevent the very poor (women) from the

complete treatment of STIs, this coupled with the biological make up of women, is known to facilitate the spread of HIV.

Central Region is second among high HIV prevalence areas with a rate of 5.4% to the Eastern region (6.1%) (HIV Sentinel Surveillance Report, 2003). It was recorded that some of the data on reported HIV/AIDS cases in the Cape Coast Regional Hospital were gotten from people from the surrounding towns and villages, which include Moree and Asebu, these two towns are under Abura-Asebu-Kwamankese District. Suspected cases reported in the District hospital at Abura Dunkwa and the hospital in Moree were referred to Cape Coast regional hospital. Central Region is also second to the three Northern Regions in poverty. In Moree and Asebu, poverty has made many parents unable to cater for their children, exposing them to the risk of contracting HIV/AIDS, since, they develop all means including, exchanging sex for money to enable them survive.

1.2 PROBLEM STATEMENT

Poverty has been viewed as a measure of social class and sex inequality in industrial societies, with women and lower-class households experiencing the greater level of it. Similarly, poverty has been regarded as an indicator of inequitable economic dealings between the developed and the developing nations, with the poverty of the developing world being linked to the accumulation of wealth-the so-called north-south divide.

Even though poverty levels have been estimated to drop from 36% in 1987/88 to 29.4% in 1998/99, there are regional as well as rural-urban variations (Ghana Poverty Reduction Strategy, 2003). Poverty and other economic pressure on individuals in the country constitute major factors to the spread of HIV/AIDS. For example, high youth unemployment, limited job opportunities and the rising cost of living, are aspects of the poverty cycle that promote transactional sex and early sexual relations. Throughout the world, prevailing views about masculinity encourage men to undertake risky sexual behaviours, thus, multiple sex partners, alcohol consumption prior to intercourse and sexual violence that make women more vulnerable to HIV and other STIs. It must be noted that HIV infection is not confined to the poorest only, even though the poor account absolutely for most of those infected in Africa. There is limited evidence for a socio-economic gradient to HIV infection, with rates higher as one move through the

educational and socio-economic structure. It follows that the relationships between poverty and HIV are far from simple and direct and more complex forces are at work than just the effects of poverty alone. Indeed many of the non-poor in Africa have adopted and pursued life styles, which expose them to HIV infection, with all the social and economic consequences that this entails. It follows that, the capacity of individuals and households to cope with HIV and AIDS will depend on their initial endowment of assets-both human and financial. The poorest by definition are least able to cope with the effects of HIV/AIDS so that there is increasing immiseration for affected populations. Even the non-poor find their resources diminished by their experience of infection (morbidity and death), and there is increasing evidence in urban communities of an emerging class of those recently impoverished by the epidemic.

What is now being experienced by these populations are levels of Life Expectancy, which were typical of the 1950s. This is not confined to those living in poverty, but, nevertheless is concentrated on those living in poverty who account absolutely for most of those who die from HIV-related illnesses. These data reflect HIV infection, which occurred in the late 1980s and since then in many countries HIV prevalence has intensified rather than diminished. Thus, the outlook for further declines in Life Expectancy is bleak indeed, both in the aggregate and for those who are the poorest.

In rural areas, sixty-six percent of Ghana's population live there and levels of poverty are high, because, the majority of the people are employed mainly in primary agricultural production. According to the Human Development report, it was realized that in Ghana, female-headed households were common and a majority of them produce 70 percent of crop production and also, play critical roles in rural economic activities and in the urban informal economy. Also, female poverty is related to the structural transformation of the new globalize economy. Furthermore, structural adjustment programs have impacted women's work by favouring male dominated occupations in the modern sector rather than strengthening traditional female's occupations. Hence, women's economic positions are often marginalized, even eroded, leading to increasing poverty and vulnerability. Directly and indirectly this contributes to the worsening of women's health, for example, in Ghana some of the maternal deaths reported, were based on the fact that, those women thought they could not afford the hospital bills. Hence, resorted to the help of non-professional traditional birth attendants, or deliver in the house with the help of their

relatives or deliver in a place called “garden” a spiritual church, which is believed to cure diseases caused by spiritual factors. Some people call such churches the Twelve Apostles church. Socio-economic factors, including women’s lack of access to education or personal income, perpetuate women’s lower status and create even greater vulnerability to HIV infection. This is exhibited in the popular Ghanaian adage “ the women’s office is in the kitchen” Many women fear that they will be abandoned by their husbands or supporting partners if they try to exert control over how and when they have sex and whether he uses a condom. Moreover, widespread poverty drives some women into the sex industry (Population Bulletin, 2002,), sexual trafficking and worker rotations promoted continued exposure of new sex workers and their clients to HIV. In most developing countries the feminisation of poverty is a common phenomenon. The low education attainment of women limits their entrance into well-paid jobs and therefore forces them to look for alternate sources of complementary income. The dependence of most women in Sub Saharan Africa on men for the financial and material needs for their very survival, compromises the position of such women in matters relating to sexuality with their partners as well as families.

It is also not uncommon for some women, especially those who are engaged in cross-border trading, to have transactional sex in lieu for favours from government officials. Furthermore, there are some women who cannot cope with the harsh economic conditions of life, therefore indulge in prostitution, which puts them at a high risk of HIV infection. Central Region placed second among regions in Ghana that experienced increase in poverty levels (Ghana Poverty Reduction Strategy Papers, 2003). It has been observed that many people live in poverty in the Abura-Asebu-Kwamankese District. Women are nearly half of the population and are victims of inequality, disparity, discrimination and exploitation. Some reasons attributed to this is dependence on others, religious fanaticism, lack of education, lack of income earning opportunity, superstition, child marriage, marriage without registration, negative attitude of the local people, disparity in property inheritance. Gender dimension of poverty is therefore because women and men experience poverty differently and unequally.

Abura-Asebu-Kwamankese District lies within the dry equatorial region; as a result, the land is not conducive for cultivation of cash crops. Only a few food crops are cultivated. There are not enough factories there; hence, there is high unemployment rate. Although

the two communities have tourism potentials, it has not been developed. It is during their festivals (Abangye and Apayem) and PANAFEST that people and sometimes foreigners visit places like the fort in Moree, Asebu Amanfi's stool in Asebu and the slave grave. During these times, the people residing in Abura-Asebu-Kwamankese District, especially, women either migrate to Cape Coast to give themselves to men (foreigners) for money or favour. Some of the women give birth outside marriage and young mothers would have to cater for the children themselves. It has also been realized that cultural traditions such as forced marriages (at times parents force their daughters into relationships for money or favour), older men's preference for young women, contribute to women's lack of power. There is a gender dimension of poverty where the poorest households are often female headed; In the Abura-Asebu-Kwamankese District a significantly large group in the poverty-stricken population consists of single mothers and their children; these families account for about one-third of all poor people (District Profile, Abura-Asebu-Kwamankese, 2004). Not only do women who work outside the home generally earn less than men, but also a single mother often has a difficult time of caring for children, running a household, and earning an adequate income. It is based on these that I seek to find out factors contributing to the marginalisation of women in economic ventures, causes of poverty and how it relates to women's health and whether poverty and socioeconomic status of women actually make them vulnerable to HIV/AIDS.

1.3 STATEMENT OF OBJECTIVES

Generally, the study seeks to examine the relationship existing between women's poverty level and HIV/AIDS.

Specifically, I hope to

- ❖ Identify causes of female poverty, and how it relates to women's risk of contracting HIV/AIDS.
- ❖ Assess the relationship between poverty and women's vulnerability to HIV/AIDS.
- ❖ Identifying poor women's coping capacity and capability¹ of poverty reduction.

¹ Capability –refer to how poor women are knowledgeable of the vulnerability in their society and hence apply their knowledge to their benefit. Poor women form informal organisations from which they

- ❖ Identify appropriate policy interventions to improve and strengthen women's positions.

1.4 RESEARCH QUESTIONS

- ❖ What are the political, economic, cultural factors that impede women's ability to enter into any economic venture
- ❖ What are the causes of female poverty, like marginalisation of women in economic ventures
- ❖ What are the coping capacity (mechanism) and capability that poor women use to reduce poverty
- ❖ How does poverty make women vulnerable to HIV/AIDS and how does poverty lead to the spread of HIV.
- ❖ What are the policies or legislations that have been put in place to improve and strengthen women's position?

1.5 Presentation of chapters

Chapter 2 examines the theoretical underpinning used as in interpretative guide to the study. Theories include Giddens structuration theory, risk theory and feminist geography which helped in discussing how women act as agents who are enabled and at the same constrain by social structures.

Chapter 3 presents reasons for the choice of qualitative methodology. It also discusses the methods and techniques employed in data collection as well as analysis and its appropriateness to the objectives of the study.

Chapter 5 reviews certain background characteristics of respondents. Chapter 6, 7, and 8 demonstrates the main finding regarding the objectives and research question of the thesis. Chapter 6 analyses the perception of respondents on the concept on poverty people's perception, marginalisation and vulnerability leading into the causes of female poverty and vulnerability of HIV/AIDS.

Chapter 7 looks into the concept of capacity and capability as well as coping mechanism employed by women to reduce poverty. It finally discusses further the factors that

collectively contribute to helping one another to reduce poverty. Example is the Nnobia and Susu groups in Ghana (Okine Vicky, 1993)

impede on women's ability to enter into economic ventures which is a major cause of female poverty.

Chapter 8 looks into the policies and legislations put in place to reduce poverty and the spread of AIDS which is in the conclusion and recommendation for the study.

CHAPTER TWO: CONCEPTS AND THEORETICAL UNDERPINNING

2. INTRODUCTION

Theories can be used as interpretative guide to reality. It must be noted that no single theory is capable of fully capturing the complexity of reality. Different concepts and theories are used for choosing a methodological approach, as well as, for developing analytical tools for the research. Many social science researches have been set forth to either confirm or contest pre-existing theories either through logical argumentation or collection of empirical facts, as though reality were single faceted. As Charles Pierce argues, reality is multi-faceted and multi-layered (Noth 1990). Theory will be used as an interpretative guide rather than as an object for confirmation or confrontation. Theoretical perspectives and concepts that will be used to explain the perception of females, about their vulnerability to poverty and HIV/ AIDS include, agency, action power and structures with in the structuration theory, risk theory and feminist geographies as well as space, place and time theories.

2.1 SPACE, TIME AND PLACE

Space and time have basic roles in the constitution of everyday life and through the medium of human actions, spatial structures are produced and reproduced (Holt-Jensen 2003). Space is a cultural or human construct (Shummer-Smith and Hannam, 1994). It is clear from the above definition of space that Shummer-Smith and Hannam accorded importance to perceptions and meanings. Space is therefore something that is not object reality but an intersubjective between humans. My use of space is space as relational since the concept of relational space will be very important to understanding of how poverty leads to vulnerability (risk). Sack (1980) asserts that, place and space help constitute our actions as they constrain and enable us. He identified elements of relational analysis namely the realms of meaning, which constitute theories that seek to describe how our ideas, values and beliefs influence our actions. Women ability to enter productive economic ventures and also controlling their own bodies depends on believes, values of the society they find themselves in. How these beliefs directly or indirectly serve as risk exposure factor for women's contracting HIV/AIDS. The realms of social relations analyses how factors such as class, gender, government policies or modes of production influences us. Thus it is worth focusing here on the impacts of structural adjustment policies (SAP) on traditional women's occupations and also impacts on poor

peoples (women) exposure to risk. Income level influences women health as well as increase women's dependence on men for economic support hence reducing their power to decide on the use of their bodies. Patriarchal norms leave women in positions where they do not have the power to protect themselves from HIV. Time like space is very important in geographical studies. Holt-Jensen (2003) asserts, "space and time are the basis for our existence". Time is a key factor in understanding changes in spatial structures (Curry, 1996). In this wise time is important for any social change. There was a stronger focus on poverty as a socio-economic problem after the World War two. Different approaches and developmental theories have been applied to reduce/alleviate poverty. It will thus be interesting to find out the different approaches, which have been applied, and how it has reduce/alleviate poverty throughout the years/decades. Giddens used the concepts of time and space in his later work on structuration. According to Giddens, 1991, an individual to be able to act means to move in time and space. This enables a researcher to look at individuals and the creative act, as a chance of challenging structures (Giddens 1991). Hence, social systems are not only structures of rules and structures, but time and space are also part of the action.

Place could be considered as a portion of geographical space occupied by a person or a thing. Place here could refer to the specific physical space, for example occupied by the study villages in this thesis (Moree and Asebu in the Abura-Asebu-Kwamankese district). My use of place is place as 'the location of experience, the container of shapes, power, feelings and meanings. Place of residence is important in identifying the causes and various degrees levels of poverty and vulnerability. The new regional geography focused on the 'persistence of regional diversity in the face of homogenizing tendencies within capitalism (Johnson 1997). My second use of place is 'a woman's place' an essay written by Massey and McDowell (1994). Our actions may be understood partly as a reflection of our own development and roots in places that have formed us, since we are all socialized into places and in spite of modern communication, we are rooted as social beings in places we have grown up in and have developed our social life (Holt-Jensen 2003). Massey and McDowell (Holt-Jensen 2003) assert that capitalist relations in production disrupted the traditional relation between women and men. To them, capitalism presents patriarchy (male dominance). This is related to the structural transformation of the new globalised economy, which has influenced women's work by favouring male dominated

occupations at the modern sector leading to the marginalisation of women's economic position increasing female poverty and vulnerability. According to Agnew and Duncan (1989) in their book "Power of Place", they explain that, it is the practical nature of everyday life which creates the context within which people act, and which is the environment they create through their actions. The cultural context within which the population in my study area find themselves will definitely have impact on how they perceive poverty, their poverty levels and vulnerability levels. Hence, to understand poverty and how it makes women vulnerable to HIV it is necessary to look at the uniqueness of the place in terms of cultural, economic, social and political settings.

2.2 ACTOR-ORIENTED PARADIGM

The actor-oriented paradigm began to dominate the development discussion from the 1980s. Long (1992), asserts that there has always been a kind of counterpoint to structural analysis and this is what he called actor-oriented paradigm. Long and Long (1992) assert that actor-oriented approach require a full analyses of the ways in which different social actors manage and interpret new elements in their life-worlds, an understanding of the organising, strategic and interpretative elements involved, and a deconstruction of conventional notions of planned interventions. Long (2000), introducing the concept of social actors, argue that nourishing (either explicitly or implicitly) this interest in 'social actors' is the conviction that although it may be true that certain important structural changes result from the impact of outside forces (due to the encroachment of market or the state), it is theoretically unsatisfactory to base one's analysis on the concept of external determination. All forms of external interventions necessarily enter the existing life-worlds of the individual and social groups affected, and in this ways are mediated and transformed by these same actors and structure. This can be viewed in the on-going poverty reduction strategy, for example, the Ghana Poverty Reduction Strategy Programme by the government to reduce poverty in such deprived regions as the Central region. This is because of an observed increase in poverty levels and increases in HIV/AIDS prevalence rate in the region. Long (2001), further assert that a more dynamic approach to the understanding of social change is therefore needed which stresses the interplay and mutual determination of 'internal' and external factors and relationship, and which recognizes the central role played by the human actions and consciousness. Giving a detailed description of the concept of social actors, Long

indicated that these should simply not be seen as disembodied social categories (based on class or some other classification concept) or passive recipient of intervention, but active participants who process information and strategies in their dealings with various local actors as well as with outside institution and personnel.

The precise paths of change and their significance for those involved cannot be imposed from outside, nor can they be explained in terms of the working out of some inexorable structural logic. The different patterns of social organization that emerge result from the interactions, negotiations, and social struggles that takes place between several kinds of actors of which human agency forms an integral part (Long and Long 1992).

2.3 STRUCTURATION THEORY

Long (2001) asserts that the actors ability in making a decision, acting on them and finding or experimenting upon it, is his property. The message he wanted to convey is that actors' role in society is socially constructed and it varies as different societies and social groups have different lifestyles, cultures and traditions. Hence agency is constructed differently in different cultures. Thus for Long, the role of an actor becomes very important when discussing human agency. Within Giddens structuration theory, there are several important concepts in discussing the role poor people play as active agents or actors.

According to Webb (1997) human behaviour is an important tool for analysing the behaviour of individuals within their social, economic and cultural environments. Therefore, Giddens structuration theory gives an understanding of what can influence behaviours and also the differences between places, gender and their socio-economic characteristics. Giddens structuration theory has been used to understand the social epidemiology of HIV/AIDS; as such analysis has its core centered on human behaviour and motivations. The content in a particular environment do not cause a special behaviour, but rather influence behaviour to some extent and this depends on an individual. There are many variables that can explain the actions of people. The willingness of a person to engage in risky health behaviours differ over a range of factors;

Giddens illustrated the interaction between the broader social, economic and political structures that mould and determine the health and lives of real people. Campbell, 1997 also asserts that activities like education-based programmes could aim at providing information about the dangers associated to particular behaviours such as having unprotected sex. However, social structures may constrain them from making choice of behaviour for instance Patriarchal relations with men dominating in decision making may lead to unprotected sex.

One most important concept in structuration is action. Action is a continuous involvement of different autonomous human agents (Cloke 1991). Actions are routine activities of daily life (Giddens 1994). Actions are based upon knowledge that a person is able to express and also upon knowledge that a person may have difficulty in expressing. Motives also supply overall plans within which a range of conducts is enacted. Much of our daily conduct is not directly motivated and unconscious motivation is significant a feature of human conduct. While reasons refer to grounds for action, motives refer to wants which prompt it (Giddens 1991). Individual actions are shaped by cultural contexts within which they find themselves. While cultural norms constrain women from gaining control over resources, material constraints are crucial in promoting prostitution as a desperate way of earning money.

Human actions also imply power (Giddens 1991). Power is therefore relational and means that the wider context has to be taken into account. This implies that human actions can also eventually influence and reconstitute structures. Also the extent to which one can influence is limited by the resources that one has. As a component of the theory of agency, power refers to “the capability of actors to secure outcomes where the realisation of these outcomes depends upon the agency of others” (Giddens, 1987:15). Long (1992) comes out with the concept of power in terms of the organisational capacity of agency. Due to its effective nature Long believes the organisational capacities of the actors will give them the power to influence others.

Structures is defined by Giddens (1984) as certain kinds of rules (constraints) and resources (capabilities) which set the conditions for human actions and are also the result of human actions (Giddens 1984). Economic structures can constrain women from access

resources (capabilities) while such economic conditions influence the risk of unsafe sexual behaviour. Individuals are born into societies that entrap them into social structures, which both constrain and also enable them. Thus, in Giddens' theory agents are not merely puppets swept along by circumstances and structures in place, but conscious and unconscious interpreters who transform the empirical world. An instance is that an individual may gain ability through various factors such as income, ethnicity, gender, class and caste; however all of these aspects at the same time can also become constraints. Extreme poverty makes it rational for some desperate women to allow their partners to practice unprotected sex.

Human agency and social structures both shape individual decisions and health behaviour. Agency, according to Giddens 1984, refers not to the intentions of doing things but to peoples capabilities and their related activities and behaviours,' but not the agents themselves. Human beings have reasons for their behaviour no matter how skilled and competent they may be, yet their knowledge is always limited to some extent (Giddens, 1984). That is, agents are also influenced by others as they are by rules and limitations of structures (Giddens, 1984). However, agents have some choices to make. Thus women must make choices within the context of economic and social network resources available to them individually and also through the family (Young 1996). In this case, the scheduling choices can be judged against the time-space frame of reference set by a woman's own health status and the division of labour market and caring responsibilities in her home. This situation implies that women by virtue of their nature are burdened with work given to them by the society. However, there are also resources available to them to act in ways that suits them in every society in the same way. According to Giddens structures through a number of institutional arrangements constrains and again enable human actions, while human agents, by their behaviour reconstitute institutional arrangements and structures. Giddens theory provides the chance to understand how individual health behaviour changes in relation to their sense of place of wherever they find themselves (Webb1997). As Giddens explained in the interaction between structures and human agency, it is understandable that human beings behave in certain ways based on certain purposes and intentions. Therefore, as asserted by Webb 1997, observed behaviours are useful for analysing individual behaviours within their social, economic and cultural environment.

2.4 RISK THEORY

The word risk over the century has changed its meaning and it has become far more common and applies to a plethora of situations. Risk can mean different things in different contexts. The concept of risk according to Yates and Stone (1992) is slippery concept and has been described in different ways by authors. Yates (1992) asserts that risk should be viewed as a multi dimension concept which as a whole refers to a prospect of loss (Yates 1992). According to Carter (1995) since risk assessment rely heavily on probabilistic reasoning, the idea of risk also points to possibility of gains rather than being a loss. However, at its core, risk is the possibility of loss. Risk is also an inherently subjective construct. This is due to the fact that what is perceived as loss is peculiar to the person concerned and so are the significance of the loss and its chance of occurring. Though several scholars have argued that there is no single definition of risk, risk can generally be conceived as the likelihood of a range of possible outcomes resulting from a decision or course of action (Johnstone et al 2000: 717).

Unfortunately, we often define and study risk in a narrow manner, focussing on the individual who is at risk (or takes risk) rather than on the broader context that generates and sustains the risk or support high-risk behaviour (Kronick 1997). Thus among other things risk also involves both probability and the consequences of an action. More precisely: risk is the likelihood of an unwanted event times the consequences. Furthermore, how people access these relationship depends also on their degree of worry about the risk. Thus people can suppress or neglect the risk. As a result Moller (2002) asserts that risk is a normal part of every day's life; there is no such thing as a lifestyle with zero risk. Thus, even though we can view some actions as involving more danger than others, there is no behaviour without some risk. The challenge is to optimise or to take some level of risk rather than to eliminate it (Wilde, 2002). However, public health debate on risk can be put into two groups. The first is environmental risk and considers the risk to a particular population to 'environmental hazards' such as pollution. The second is 'lifestyle risk', which is viewed as a consequence of "lifestyle" choices made by individuals, and emphasises self-control. Based on this, health persuasion strategies are designed and transmitted through appropriate media to warn people based on the assumption that people becoming aware of the dangers of certain lifestyles will lead to

them avoiding such lifestyles. Lifestyle choices such as unprotected sex are considered as risk behaviours in the case of the spread and contracting of HIV/AIDS. To be successful in such persuasions aimed at discouraging people depends on the risk perceptions and risk tolerance levels of the people involved.

2.5 RISK PERCEPTION AND FACTORS INFLUENCING RISK PERCEPTION

Moller (2000) defines risk perception as one's opinion of the likelihood of risk (the probability of facing harm) associated with performing a certain activity or choosing a certain lifestyle. Thus the term risk perception can be used to mean how people react to various risks, and these reactions have a number of dimensions. It must be noted that one's perception of risk is often influenced by what one feels in control of a perceived risk. Specific lifestyles such as having multiple sex partners and unprotected sex are viewed as risk behaviours in the issue of HIV/AIDS. Though education on the consequences and how people should change from such behaviours are embarked by health experts, their end result depends on the risk perception of individuals and the level of risk tolerance people can afford.

Exponents of the cognitive science approach, for example, the dominant approach in the social sciences are primarily interested in using various psychological models of human behaviour to identify the way in which people respond cognitively and behaviourally to risk. From this perspective came certain models, such as the Health Belief Model, which dominates ideas about risk perception in the fields of health promotion and health education (Lupton, 1999). According to the model, a number of perceptions have to be in place before an individual will take steps to protect him or herself from a health threat. Individuals must see themselves as vulnerable to the threat, they must perceive the threat as having serious consequences, they must believe that taking preventive action will be effective and they must believe that the benefits of the actions will outweigh the cost.

The perception of being at risk of HIV/AIDS infection was emphasised in a socio-psychological literature on health related behaviour as one of the reasons for the prescription of acceptable health behaviour amongst vulnerable people. According to Rene 1997, sensitivity to risk depends also on other factors than knowledge of infection mechanisms and behaviour, as individual awareness of HIV/AIDS and the perception of

the general health status. There is a believe that the perceived value attached to the consequences of actions and to the balance of gains and losses behavioural choices imply is influenced by individual's risk assessment. Also Bernardi (2002) reiterates that if the magnitude of potential loss is perceived as small enough, the acceptability of undertaking the action is higher. Thus when people are educated on the dangers of HIV, people would be more likely to exercise retrain. How people perceive HIV as a risk depends on a range of factors. Thus the capability to assess the relationship between behaviour and modes of transmission and safety control measures; what people in an environment conceive about a particular activity and the influence of that activity over their lives. The perceived control of an individual's capability to take preventive control against HIV/AIDS and actual behaviour is dependent on individual risk perception.

Risk perception is again affected by the degree of control people have on their behaviour. It must be noted that though people have uniform information about the risky nature of an activity, perceived risk is not uniform (Wilde, 1994, 2002). The risk of contracting HIV/AIDS can be reduced better based on the society's ability of accept information on HIV and its prevention measures than the society that is adamant to changes. A disease whose origin cannot easily be explained is given a supernatural explanation. Diseases of such nature may be attributed to the commission of an offence against one's spirits, the ancestors or gods or an omission of duty on the part of an infected person (Awusa-Asara and Anafi 1997). It could also be attributed to a curse from a jealous neighbour, co-wife and even a family member or somebody who has been wronged. Such, explanation of diseases causation make it difficult for some people to accept HIV/AIDS as a disease caused by a virus via sexual intercourse.

2.6 SOCIO-CULTURAL RISK THEORIES

Human geographers and sociologist just like anthropologists; in recent times argue that risk perception is socially constructed as such developed the social risk theories. These have been dominated by sociologists like Ulrich Beck (1991) and Anthony Giddens (1991). The socio-cultural perspective on risk emphasise the very aspects that psychological theories have been criticised for neglecting that is, the social and cultural contexts in which risk is understood and negotiated. Cultural perspective of the risk theory is concerned with groups and institutions instead of individuals, since individual

perceptions are shaped by the cultural contexts within which they find themselves. However, there have been some difficulties with this perspective as it fails to explain how groups and individuals may change their risk perceptions over time.

Social risk theories of recent times assert that material constraints and social interests and as a matter of fact cultural factors are important in shaping perceptions as well as their management (Lupton, 1999). Social risk theories further explain lay people perceptions about risk differ from that of experts, however, the most important issue here is that lay people scrutinise what they hear from experts and may reject them if there are inconsistencies. Several factors come to play in understanding the social construction of risk. However, considering HIV/AIDS risk, they are put into three groups.

2.6.1 Knowledge of the mechanism of the spread of HIV.

Under this, risk perception is dependent on the capability to assess the relationship between behaviour and modes of transmission of the AIDS virus. Individuals may have a correct or incorrect understanding of what is the actual agent that causes HIV infection. As a result, correct information about infection mechanisms, including information about possible ways of protecting oneself against acquisition of the virus are provided by health workers or centres or by specific programs aimed at enforcing the adoption of preventive behaviour.

2.6.2 Behaviour control and actual behaviour

Individual risk perception depends on the individual perceived control of his or her capability to take preventive measures against infection as well as on actual behaviour.

Risk perception is also affected by the degree of control people feel they possess on their own and that of their partner's behaviours. Hence if preventive measures are not possible or viable, their knowledge does not help, reducing the chance of being at risk (Bernard, 2002).

2.6.3 Social networks

Social networks are also important in shaping individual risk perception. Individual risk perception is dependent on the perception held by other members of that individual's

personal network. In as much as social interaction allows information exchange and its validity, individual risk perception as well as individual knowledge, is likely to be subjected to influences from the social environment.

False beliefs about HIV/AIDS infection, as well as considerations of what is considered an acceptable risk, may originate and diffuse in informal networks rapidly than those of correct beliefs enhanced by programs. Similarly it is plausible to assume that informal exchanges transform the content of messages coming from official information from campaign programs promoting preventive behaviour. Risk theories have been applied in several researches by several researchers in their quest to explaining ways by which HIV is spread and how the virus can be prevented from spreading and from this several other perspectives has come to the fore.

2.7 RISK OPTIMISATION (HOMEOSTASIS)

Risk homeostasis proponents start with plausible notion that individuals' perceptions of risk can influence behaviour. In the quest to understand the concept of risk, researchers seem to agree or argue on a view that individual seek to optimise instead of eliminate the risk they are exposed to in their daily life. According to Pitz (1992) quoting Wilde's argument, people have a 'target level of risk', a level at which they estimate that the ideal balance of benefits and costs is achieved. Wilde (1994), assert that human being is seen as a strategist, a planner, who attempts to optimise, not minimise, the level of risk-taking for the purpose of maximising benefits-economic, social, biological, and psychological-that may be derived from life. That is in any activity, people accept a certain level of subjectively estimated risk to their health, safety and other things that they value, in

exchange for the benefits they hope to receive from the activity. This means that individuals continue to check the amount of risk they feel they are exposed to and compare this with the amount of risk they are willing to accept, and try to reduce any differences between the two (perceived amount of risk and accepted risk) to obtain zero risk. Thus if the level of perceived risk (that is subjectively experienced risk) is lower than the acceptable (benefits) people tend to engage in actions that increase their being at risk of a danger. Alternatively, when the level of subjectively experienced risk (loss) is higher than is acceptable (benefits) people tend to take a great deal of precaution. Hence

people turn to adjust their actions by weighing the perceived amount of risk whether they match that of the accepted (ibid).

It can be deduced from the above discussion that, individuals tend to accept a certain level of risk in order to maximise the overall expected benefit from an activity. In this wise, people try to target a level of risk that is above zero and that provides a maximal net benefit from the behaviours chosen. A variety of factors are identified by Wilde (1994), that determine the optimal, or target, level of risk that different people are willing to take during any given period of time and that same people are willing to take at different time periods. These include: 1. The expected advantage of comparatively risky behaviour options, 2. the expected costs of comparatively safe behaviour options, 3. the expected benefits of comparatively safe behaviour options, 4. the expected costs of comparatively risky behaviour options. These factors imply that when expected benefits of risky behaviour are high and the expected costs are perceived as relatively low, the target level of risk will be high. However, the target level of risk will decrease with an increase of the variables of factors 3 and 4 as listed above. Wilde further asserts that there are variations in target (optional) risk between individuals. Among these are variations which have long term effects such as those with cultural values, the state of the economy, and socio-economic status of a person, level of education, gender and age. Wilde also identifies within the same individual variations short term variations including such factors as current preoccupations with stressing life events, being under the influence of alcohol, mood of fatigue. Thus variations in the level of risk targeted by individuals as a result of variation in time imply that risk taking behaviour has a time perspective.

As asserted by Carter (1995), risk assessment rely heavily on probabilistic reasoning, individuals may tend to take greater risk today when they perceive the benefit to be very great but the consequences to be very far (perspectivistic shortening). When as a result of poverty sex is commodified, women may only be interested in the current financial benefits, but may perceive the effect of acquiring HIV/AIDS far from today. This is also in the case of the economic dependency of women on men, this places women in a situation where they cannot negotiate for safe sex as this may end them loosing the financial benefits otherwise overlooking the effects of HIV infection.

2.8 TRANSTHEORETICAL MODEL

This theory posits that people progress through five stages of change (Perloff, 2001: 69-70). The model assume that people relapse, regress to early stages, and recycle through stages several times before maintaining long term change. People who are in the stage of planning a behaviour change had to be motivated both socially and economically so that they can take the action needed for a complete behavioural change. This can be the case of the interrelation between poverty and HIV in the sense that to reduce women's vulnerability to HIV infection there is the need to empower them both socially and economically. Empowerment is the act of having the right to make one's own choices and of having the ability to act on them. Poverty lowers women's status both socially and economically and hence their rights (sexual) and also compel some women to enter into prostitution.

2.9 SITUATED RATIONALITY APPROACH

This approach argues that a particular situation may influence an individual's willingness to tolerate or take a particular risk which may be irrational to others, however rational to the individuals' point of view. This is dependant on several factors such as sex, age, and experience. People who are relatively young are daring and could easily engage in adventurous sexual activities prone to risk than the elderly who are also at the same time much experienced. The youth during the process of transition from childhood to adulthood grow up in confidence, autonomy and feeling of invulnerability. At this stage, the youth, could take personal decisions without permission of the adults. Towing the line of some of the psycho-social theories discussed above, the situated rationality approach stress on the immediate benefits of risk behaviour. Thus the immediate incentives of risk-taking may outweigh the more distant benefits to safety precautions. This approach has attracted much importance as empirical studies have reveal why some women enter the 'entertainment business' or why people continue to practice unsafe sex in this era of HIV. It is evident that under extreme poverty as in Africa, it becomes rational for some women to allow their partners to practice unsafe sex. They may be aware of the risk involved; however, the fact is that the conditions under which sexual relations take place are not in the control of women.

The above-discussed theoretical perspectives of risk capture the wider processes in understanding how different aspect/dimensions of poverty (that is the socio-economic status of women) exposes women to the risk of contracting HIV. Thus it will be worth capturing the risk perspective about the poverty related-consequences of HIV/AIDS from experts and the wider population under study. The assertion that, the economic dependency or the socio-economic status of women (poverty) also influences their risk perception will be captured that is used to examine how the socio-economic status of women in general influences their risk perception about HIV/AIDS.

The social and cultural perspective of the risk theory will be very important in capturing how the socio-cultural context in the form of material constraint shapes and exposes women to HIV/AIDS hazards. In the case of the risk optimisation and situated rationality, the practice of unprotected sex may be as a result of a constraint. Therefore it will be worth looking at how poverty lowers the socio-economic status of women and puts them in a situation where they find themselves not practicing safe sex in spite of the awareness of HIV/AIDS. Since the interrelations between HIV/AIDS and poverty can operate at several levels, it will be relevant to find out whether there are actions to alleviate poverty itself as much as for interventions, which is disproportionately targeted towards the poor, the weak and the marginalised as recommended by the stage and the Tran theoretical models.

2.10 FEMINIST GEOGRAPHY

Feminism stands for a political commitment to women and to changes that women desire for themselves and for the world (McDowell, 1999). Without placing too much emphasis on feminist-specific theories, I decide on the use of feminist geography as it addresses such issues as gender relations and gender identity, which are rather important in dealing with any social group.

Gender is both an individual identity and a social relation that positions men and women differently in different spheres of life. Henshall-Momsen (2004), identify the term as the socially acquired notions of masculinity and femininity by which women and men are identified. In the human society, women and men do not live completely independent of each other. Hence in all aspects of life, gender or social constructions, with regards to

who and/or what a woman or a man should be and do persist. Thus, gender identity is relational and is something that can be created through dialogue, enabling one to know what is possible to do or what is not possible to do.

Gender identity is in many ways inherently geographical, positioning people in relation to others in respect to the political, cultural, economic, and social spheres of life in various ways. One's identity as a male or a female determines the position and roles one plays in a society. Gender approaches argue that women's self-esteem is grounded in interpersonal relationships—in forging strong connections between self and others (Amaro, 1995; Miller, 1986). A woman needs a husband for the establishment of a social identity. The problem, feminist theorists maintain, is that “women are taught that their main goal in life is to serve others—first men, and later, children” (Miller 1986). Thus where women's role in society is defined purely in reproductive terms, education is seen as equipping girls to be better wives and mothers or increasing their chances of getting a suitable husband. Though these are legitimate aspirations, given the realities of the society, they do little to equip girls and women to question the world around them and the subordinate status assigned to them and also provides them with employment. This situation puts women in a position which makes them dependent on men and this overdependence on men makes them become prone to poverty and put them at risk of contracting HIV/AIDS. Women require a heterosexual relationship with a man to gain social status.

As such women become unduly reluctant to challenge men to practice safer sex for fear that such behaviours would disrupt a valued romantic relationship (Perloff, 2001) and this put women at risk of contracting HIV and other STIs. Though power is often considered patriarchal or domination (masculinity) gender relations can also and more constructively so, in looking at how power is produced in different situations. Gender relations are clearly the fundamental sites of the subordination of women as a gender, and in them women subordination may take a literally patriarchal form, with women directly subjected to the authority of the father, their own or their children's. This asymmetric power relation between males and females prevents women from taking initiatives in the form of taking decisions that concern their own lives especially those that will improve their well being. Female would have to consult males before taking any decision or initiatives. Men decide on the kind of economic activities that women should undertake

and even when females are into paid jobs their incomes go to the males who decide what it would be used for. Female become prone to poverty as they lack power to control their own income and other family resources. This situation also put women in a state whereby they lack power to decide to have safer sex and this puts them at risk of contracting HIV. Feminists assert that, the everyday routines traced by women are never important, because the seemingly banal and trivial events of the everyday are bounded into power structures which limits and confine women. The limits on women's everyday activities are structured by what the society expects women to do. The everyday is the arena through which patriarchy is created and contested (Rose, 1993). The preference for males has placed men in the situation whereby they are the heads at both the family and community level. They exercise control over the valued resources in the society. Such valued resources include a wide range of resources such as: wealth, income, credit, knowledge (in terms of literacy and education as well as information), technology, valued skills, valued income-generating activities, food, health, power, and prestige.

Gender roles especially women's additional reproductive roles and their household workload which account for an important share of their time exclude women from decision-making. This put women in a situation where their needs their needs, interests and constraints are often not reflected in policy-making processes and laws. Women become powerless and vulnerable and can not escape from poverty. This process put women in a position where they lack power to protect themselves from HIV. The above trends continue to the present. Coupled with the fact that several studies have identify women as the most vulnerable in everyday life, this situation of poverty must present special added challenges, as such the decision to make them the object of research. However, this does not mean underestimating the seriousness of poverty and its impacts on "men" as a whole. At this point it has to be noted that feminism is a political movement that seek human liberty for both women and men alike by challenging power relations that favour men and masculinity or superiority over and above women and femininity in different spheres of political, cultural, economic and social life. Thus in order to change the widely accepted marginalised position of women, men need to be changed, hence the need to involve men not for their own sake, but for the sake of the women whose gendered positions can only be turned around in full context with men. This can also go a long way to help reduce women's risk of contracting HIV/AIDS. With

this in mind, I seek to interview two poor male-headed households for firstly their views on both male and female poverty and within the contest of the issues at stake.

Feminist geography has contributed to research methodology as it recognises that women all over the world are not the same and therefore the need to conceptualise differences. This is the same in the case of poverty. Different people experience poverty in different ways, which are not similar as each person's experiences and knowledge is situated within a different cultural, social and spatial context. Hence, the need for a methodology that is subjective to sensitivities and the individual voice. One of the reasons for drawing on feminist geography is its contribution to methodology.

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3. INTRODUCTION

Kitchin and Tate (2000, 1) assert that, for the human geographer, research is the process of trying to gain a better understanding of the relationships between humans, space, place and the environment. In order to accomplish the above, a researcher needs a set of methods or a methodology. Research methods are a description of how a researcher collects data from the field or at his or her desk and how the researcher analyses and presents such a data as a research report. To make one's research process easy and efficient it is necessary to identify certain principles (which are flexible) throughout the entire research process. These principles can be defined as "methods". Kitchin and Tate (2000), defines methodology as a coherent set of rules and procedures which can be used to investigate a phenomenon or situation.

The study is qualitative. Quantification nevertheless, to some extent played a role in the study as well as in gathering data on the socio-demographic background of the informants. The purpose of the study which is to identify or discover the factors that makes women vulnerable to poverty and HIV/AIDS and contributes to the spread of HIV/AIDS in Ghana. Its endeavours to investigate the little-understood phenomenon of high HIV/AIDS infection rates and increments in HIV/AIDS cases in spite of high awareness levels that people have about the mode of transmission and the nature of HIV/AIDS, in Ghana.

3. 2 CHOICE OF METHODOLOGY AND THE STUDY DESIGN

Geography as a discipline has always spanned a wide range of methodological approaches and there are many different schools of thought as to how geographical research should be undertaken. A researcher may have preference for qualitative or quantitative methods. However, the methodology mainly depends on the research objectives. Owing to the fact that both qualitative and quantitative methods have their strengths and weaknesses, my preference will be for a triangulation method as an effective way of getting the best out of any research endeavour. Nevertheless, my choice of one method over the other is not an attempt to dismiss its quantitative usefulness. In general, it is the substance of the matter (the question to be answered) that guide the

researcher in the selection of the methods and not otherwise or vice versa (Mikkelsen 1995). Therefore the nature of the research would determine which methods can be used. As a result of the sensitive nature of my research topic, there was the need to apply maximum experience and skills in order to achieve my research objectives and questions. I therefore employed the use of the triangulation method which encompasses the use of multiple methods of data collection. I employed the use of the drawn from “within methods” approach where I combined different qualitative methods of data collection including interviews-both semi-structured and unstructured interview guides, focus group discussion and participant observation.

Owing to the strength and weakness of the above mentioned qualitative methods, it was worth combining them in order to check the weaknesses of one by the alternative methods. Mikkelsen (1995) asserts that, triangulation or multiple strategy is used to overcome the problems associated with researches that rely solely on one theory, single methods and single set of data. However, my use of the “within method” strategy of triangulation was not only because the methods would compensate one another but each method was carefully used to serve the needs of the research problem and objective as well as making the study much more comprehensive. Kitchin and Tate (2000) classify qualitative technique into two generic classes: Interviewing and observation. For the purpose of the study I employed the use of interviewing (in-depth) as the main method of enquiry and it was backed with participant observations and focus group discussion.

3. 3 QUALITATIVE METHODS

The qualitative method of research includes “methods and techniques of observing and documenting, analysing and interpreting attributes, patterns, characteristics and meanings of specific, contextual or gestatic features of phenomena under study” (Leininyer, 1985, p.5), through approaches “which seek to uncover thoughts, perceptions and feelings experienced by informants” (Minichiello et al.,1995, p.10). Limb & Dwyer (2001) asserts, “Qualitative methodologies explore feelings, understandings and knowledge of others through various means. They also explore some of the complexities of everyday life in order to gain a deeper insight into the processes shaping our social worlds. It is also a means of understanding people, enabling us to engage in-depth with the lives and experiences of others.” McCracken (1988:10) interestingly claims; qualitative methods

may have the power to take the investigator into the minds and lives of respondents, to capture than warts and all". In this study, I am seeking the understanding of the poor and their perceptions on issues pertaining their lives as poor people and how they feel they are vulnerable. Johnson et al. (2000) asserts that qualitative methods are concerned with how the world is viewed, experienced and constructed by social actors. Qualitative methodology sees the social world as something that is dynamic and changing, always being constructed through the intersection of cultural, economic, social and political processes. The emphasis when using qualitative methodologies is to understand live experience and to reflect on and interpret the understandings and shared meanings of people's everyday social worlds and realities. The method seeks subjective understanding of social reality rather than statistical description or generalisable predictions (Limb & Dwyer, 2001). The study may thus also reveal how people within that society have an understanding of their own situations, and problems, and what their priorities are.

It further provides access to the motives, aspirations, class, caste and power relationships that account for how places, people and events are made and equally represented. The qualitative research process has variously been described as iterative, emergent, simultaneous and flexible. Repstad (1993) likewise indicates that a feature that characterises much of qualitative research is the flexibility of the methods. He further argues that, where it is methodological sin to change a quantitative questionnaire unless the whole selection has been questioned, a researcher conducting qualitative interviews will not see this as problematic. As I am also dealing with concepts like "poverty" for example I had to consider the current developmental debates on the conceptualisation of poverty. Earlier, poverty was measured mainly in terms of income. However, in recent times the dimension of poverty is different. It includes indicators that can not be quantified.

The qualitative approach also provides an understanding of the social processes that are involved in shaping health-related behaviour and outcomes. Patton (1990), explained qualitative methods as consisting of three kinds of data collection techniques namely; in-depth, open ended interviews; direct observations and documents. In a qualitative approach, the main aim of the research is to investigate the depth of the topic and not seeking to study a representative sample of the population, as such it employs the use of a

small sample size. The method is said to be inductive, interpretative and natural and seek to obtain deeper meaning and understanding of specific situations. This is said to be ideographic. Emphasis is placed on processes and meanings rather than on measures of quantity, intensity and frequency (Denzin and Lincoln 1998). Bodgan and Taylor (1975) assert that when we reduce people to statistical aggregates, we lose sight of the subjective nature of human behaviour. My use of qualitative method enabled me to know the people I studied personally and had the chance of seeing them as they develop their own definitions of the world especially how they define poverty and vulnerability in their own world. Qualitative method enable us explore concepts as beauty, pain, faith, suffering, frustration, hope and love whose essence is lost in other research approaches and can be studied as they are defined and experienced by real people in their everyday lives. The main setbacks of qualitative methods are that, it tends to be subjective, difficult to replicate and also the method is not good for generalization and prediction (Patton 1990; McCracken 1988). In the qualitative approach, the interviewer himself is the instrument in the qualitative research. Therefore the quality of research and the subsequent output of the work is very much dependant on the in-depth experience, knowledge and skills of the researcher. As a result, the respondent might be subjected to a time consuming and privacy endangering exercise especially dealing with a very sensitive topic such as HIV/AIDS. Subsequently, this could lead to bias and lack of responses. However, in spite of the setbacks of the qualitative approach, I saw it best suited for a study of this nature considering my research questions and stated objectives. In view of this, and for all the reasons outline above, I believe qualitative methods are the best suited to my present research as I sought an in-depth, intensive and inter-subjective approach rather than an extensive, numerical one (Limb and Dwyer2001). Nevertheless, qualifications to some extent played a major role in the study as well as in gathering data on the socio-demographic background of the informants.

3. 4 SOURCES OF DATA

The data for this study was obtained from both primary and secondary sources. The main source of data I relied on was primary data. Kitchin and Tate (2000) argue that, by using primary data one knows exactly how the data were produced. Nevertheless, the data obtained will be more content-dependent on the study. The primary data I used for this research was collected from a field survey I conducted in the months of June and July

2005. With primary sources of data I employed the use of in-depth interviews (semi-structure and unstructured interview with individuals), an interview guide (for key informants) focus group discussion was used for women in different women's groups as well as women in the villages who share similar background.

3. 5. PRIMARY DATA SOURCES

3. 5. 1 Qualitative Interview

The qualitative interview is said to be a construction site for knowledge. An interview is literally an inter view, an inter-change of views between two persons conversing about a theme of mutual interest (Kvale, 1996). Hay (2000) points out that, an interview is 'a face-to-face verbal interchange in which one person, the interviewer, attempts to elicit information or expressions of belief from another person or persons (Maccoby & Maccoby 1954). Hay further asserts that an interview is a data gathering method in which there is a spoken exchange of information. Bauer and Gaskell (2000) define qualitative interviewing as interviews of a semi-structured type with a single respondent or a group of respondents (the focus group). These forms of qualitative interviewing can be distinguished on the one hand from the highly structured survey interview, in which a predetermined series of questions are asked; and on the other hand from the less structured ongoing conversation of participant observation or ethnography, where the emphasis is more on absorbing the local knowledge and culture over a longer period than on asking questions within a relatively confined period. It is also a method that requires some form of direct access to the person being interviewed. Hence according to Hay, interviews in a subject as geography are so much more than 'having a chat'. Interviews could fill that gap in knowledge which other methods, such as observations or use of census data are unable to bridge efficaciously.

The qualitative interview therefore provides the basic data for the development of an understanding of the relationship between social actors and their situation. The method is used to investigate complex behaviours and motivations. This makes interviews people-oriented and allows interviewees to construct their own accounts of their experiences about HIV/AIDS and poverty by describing and explaining their own sexual behaviours and practices as well as their understanding and experiences of poverty and how they are

able to overcome their poverty problems in their own words. Qualitative in-depth interviews give the interviewees more scope to describe and explain their own experiences of poverty, health and illness, perhaps rising issues that had not occurred to the interviewer. Interviews are also suitable for the collection of a diversity of opinions or debates within a group, but they can also reveal consensus on some issues (Hay 2000,). While opinions and experiences vary enormously between people of different class, ethnicity, age and sexuality, interviews have allowed me to understand and come out with how the meaning of poverty, vulnerability, capacity and capability differ among people. Interviews enable one to gain insight into different opinions and can be used to counter the claims of those who have presumed to have discovered the public opinion. This I did in my research by seeking out the opinions on poverty as a likely determinant of HIV/AIDS infection in the Moree Sub-District of the Abura-Asebu-Kwamankese District of different groups, mostly marginalised groups whose opinions are rarely heard. Nichols (2000) also stated that, interviews are suitable for work on attitudes or opinions and for dealing with sensitive issues related to risky health (sexual) behaviours and practices resulting into HIV/AIDS. Most of the questions posed in the interview allowed for an opened response. In this way, each informant could advise me as a researcher about events or opinions in their own words. As a result, the interviews enabled me discover what is relevant to the informant.

Qualitative interviews, aim at arriving at a fine-textured understanding of belief, attitudes, values and motivations in relation to the behaviours of people in particular social context. Therefore in this study, individual in-depth interviews were used for the targeted population being researched. The main concern was to treat those interviewees as people whose values, beliefs, and feelings are more respected and valued as legitimate sources of data to inform the study. Due to the face-to-face inter-change used in interviewing the informants were able to tell me if a question is misplaced. Furthermore, my own opinions and tentative conclusions were checked, verified and scrutinised. This disclosed significant misunderstandings on my part and also on issues that I had not previously identified (Scheonberger 1991). As the study area is a rural district in a developing country (Ghana) qualitative interviews were suitable method of data collection as the literacy level of respondents is very low. The method can be suitable for both the educated and uneducated where issues could be explained vividly to the respondents to

understand and to give appropriate responses to the various questions confidently. The method is very flexible and promoted a frank discussion on controversial issues. Grbich (1999) identifies three main interview structures: informal, guided and structured. Due to the nature of my research objectives, questions, the topic and the purpose of the research I employed the use of a combination of interview structures, that is 'guided or semi structured', 'unstructured' and 'structured' interview techniques.

3. 5. 2 Guided Interviews

The guided interview (in this case, semi-structured) comprise of a set of broad-ranging questions derived from the theory I used. Thus the guided interview consist of issues such as: poverty and HIV prevalence, coping strategies being adopted to control poverty and HIV/AIDS, major factors that impede on women's ability in entering into any economic ventures, level of involvement of government and local leaders in designing and implementing poverty reduction strategies, people's perception about and participation in these programmes, achievements made in reducing poverty, policies and legislations put in place to strengthen women's positions in the Abura-Asebu-Kwamankese District. The interviews were done from a stand point of an equal partnership between the respondents and I. The guided interviews were undertaken in such a way that provided a minimally directive framework that enabled the informants and I to identify important areas which were relevant for the study.

I used three separate interview guides for collecting data. One of the interview guides was targeted at informants comprising mostly District Assembly officers such as the assembly members and organisations working in the villages of Moree and Asebu (See appendix 1). The second interview guide was mainly for chiefs and religious leaders in the two communities (See appendix 2). The third which is a structured interview guide was for individual informants in the two communities being studied (See appendix 3). Strenuous efforts were made, to observe the ideas expressed by Nichols (2000) that, the purpose of open-ended interviews is not to put things in one's own mind but to access the perspective of the person being interviewed, when drafting the interview guide. As a result the respondents were able to express themselves freely. Mikkelsen (1995) asserts that any survey statistically have a chance of other sources of biases which are termed as non-sampling errors. In-depth and open-ended interviews attempt to reduce the non-

sampling errors by paying attention to putting the respondent at ease, asking questions in a number of different ways to reduce the chance that the question was misunderstood and eliciting longer answers to ensure that the researcher understands what is being said. However, it remains difficult to be sure that the informant is typical, unique and unusual or expresses a universal condition. The structured interview included some close-ended questions that will be statistically analysed. Close-ended questions such as to what extent do you tolerate the risk of contracting HIV/AIDS in this village were used to strengthen the information gathered. Such responses were followed by the open-ended question: what do you think pushes people in this village to have unprotected sex? The interviews were very flexible and relaxed and a lot of issues that were not actually covered in the interview guides popped up.

3. 5. 3 Sampling Procedure and Justification

In all 57 interviews were made which included both key informants and local people. Out of the 57 interviews 27 were conducted among key informants (officials). The break down includes is illustrated in the table below:

Table 3.1 Sample size of key informants (officials) of various types in the Adura-Asebu- Kwamankese District, 2005.

Key Informants of various types	Sample size
District Assembly Officials	7
District Health Officials	4
Elders	4
Regent	2
Planned Parenthood Association of Ghana (secretary)	1
Moree Town Council Members	3
Asebu Unit Committee Members	3
Religious Leaders	3
Total	27

Field work, 2005.

The 27 key informants are officials working with the District Assembly, health sector and traditional council within the district and in the two communities. Out of the 27 key informants 3 religious leaders comprising of one each from the Traditional religion, Islamic religion and an elder of the 12 Apostles church “Awoyo” represented respondents from the religious side. 7 Assembly officials including District Coordinating Director, District Planning Officer, District Health Director, District HIV/AIDS Coordinator, and 3 Assemblymen 1 in Moree and 2 in Asebu were interviewed. 4 health officials including 1 Doctor, 1 Medical Assistant and 2 nurses both of whom are HIV/AIDS counsellors were also interviewed. 3 members of the Moree Town Council and 3 Unit Committee Members in Asebu were also interviewed. It was quite difficult getting the chiefs to be interviewed as the paramount chief of the Asebu Traditional Area consisting of Asebu Area Council, Moree Town Council, and Amosima Area Council had travelled to the United State of America and the chief of Asebu is also currently a student at the university. After making several fruitless efforts to interview the Asebu chief, I had to eventually settle down for the regent who stands in for him while he is away. 4 elders 3 in Asebu community and 1 in Moree community were interviewed also interviewed.

As at the time of the research, Moree had no chief. This was because of a long lasting chieftaincy dispute after the death of the chief some 5years ago. However I had the chance of interviewing the regent of the town. Even with the Regents I had to pass through a lot of traditional courtesies before getting an appointment. At each meeting too there were long introductions and this was time consuming. However, the detailed information obtained from these people was worth the suffering. In the study the Regents as well as the elders interviewed are people from royal lineages and highly learned in the culture of the area and also are senior citizens in the community who are respected and generally consulted in times of crisis for counselling. The interviews that I conducted were more composed and easy-going on issues than other that of the male assistant. Although some of these elders tended to talk for so long a time and this were time consuming, nevertheless, they gave detailed explanations of conditions, which was quite profitable.

Such in-depth interviews conducted among key persons (assembly members, health officials, chiefs and elders) were not for their beliefs and/or their experiences but because

they are knowledgeable about some factual information on HIV/AIDS. The programme secretary of the Planned Parenthood Association of Ghana (PPAG) in Moree was also interviewed. The secretary of the PPAG local branch in Moree as well as the HIV/AIDS counsellor in the Moree health centre has carried out a community based education on HIV/AIDS through peer educators. The two were in-depthly interviewed on specific issues relating to migration patterns especially of local people and the sexuality of the people in the Moree Township which is atypical fishing community. It is rather unfortunate that, the Asebu community as deprived as they are had no health facility (both public and private), Non-Governmental Organisation and Community Based Organisations hence much of such information had to be collected or gotten from the nearest health centre which is about 30 kilometres away. Nevertheless, the basic understanding of the migration patterns and sexual behaviour of the local people explains how poverty is contributory factor to the spread of the pandemic. Key focal figures including the District’s HIV/AIDS coordinator, religious leaders, members of Assembly, elders and health personnel formed part of the interview group expressing their wider views on the issue. Semi-structured interviews for key informants helped to understand the rationale, motivations and attitudes that direct people’s actions and behaviours (Mikkelsen 2002). It can provides in-depth and inside information if trustful relationship is established with the informants. However, it is susceptible to biases, which are caused by selection of informants. In spite of the above limitations, key interviews helped in generating descriptive information for planning and decision-making.

30 ordinary people were interviewed using the structured interview guide. The breakdown is illustrated in the table below:

Table: 3. 2 Sample size of ordinary local people in Moree and Asebu, 2005.

Village	Sample size and respondents				Total
	Females			Males	
	Married Women	Female-headed Households	Single Women		
Moree	4	4	4	3	15
Asebu	4	4	4	3	15
Total	8	8	8	6	30

Field work, 2005.

All the 30 respondents are individuals from the two communities under study. Out of the 30 respondent 15 were from the fishing community of Moree and the other 15 from the farming village of Asebu. Out of the 15 respondents from the two communities, 12 each were females and 3 were males. Out of the 12 females from each village 4 were married women, 4 were Female Headed Households and 4 were single women.

As stated in my general objective, the aim of the research is to assess the relationship between women's poverty levels as a factor to their risk or being vulnerable to the spread of HIV/AIDS in the Abura-Asebu-Kwamankese District (AAKD) in the Central Region of Ghana. The research also intends to unveil the realities surrounding the HIV/AIDS situation in the AAKD by illustrating the cultural, social and economic factors that expose women to infection. Although it is widely accepted that HIV/AIDS as an infectious disease is mainly spread through sexual intercourse and hence can put every one at risk of the infection, it is widely agreed that women are more physically susceptible to HIV infection than men, making them more vulnerable to HIV infection. Data from a number of studies suggest that male-to-female transmission during sex is about twice as likely to occur as female-to-male transmission, if no other sexually transmitted infections are present. Moreover, young women are biologically more susceptible to infection than older women before menopause. Also young women of child-bearing (15-49 years) age are twice likely to be infected as men in the same age group

(http://www.unaids.org/bangkok2004/GAR2004_html/GRA2004_02_en.htm#P165_14330).

Based on the above explanations and considering my research topic and objectives it is clear that my focus is typically on women. This explains the unequal distribution of respondents in terms of gender. Nichols 2000, underlines that it is important to choose the group of people that the researcher is most interested in. This is however based on the objectives and the research questions. Based on this the research targeted mainly women within the ages of 18 to 25 who fall within the high risk group and in Ghana a person is considered to be an adult who can vote and also marry at the age of 18 years. However, there was no age limit for men as in Ghana women tend to marry older men and HIV infection rate is high among men between the ages of 44 and above. The interview

conducted among men was not for their sake but mainly for their perception on issues affecting women. The choice of this age category has been influenced by an understanding of the fact that HIV/AIDS is more serious within this age group and as such identified as the most vulnerable group. My choice of selecting women with different social status was because I wanted to discover the various perceptions different women with different societal status have on the subject at stake. I had the chance of interviewing people who have a history of traveling outside the villages to neighboring big towns and even La Cote D'Ivoire and households headed by females, single parents and women in serial monogamous marriages who constitute the most vulnerable group.

This vulnerable group was purposefully selected using the snowball method of non-random sampling. Purposive sampling also known as judgmental has been identified by Kitchin and Tate (2000) as the most subjective sampling method. The term snowballing according to Flowerdue and Martin 2005, describes using one contact to help you recruit another contact, who in turn can put you in touch with some-one else. In this method the initial contact may be a friend, neighbour, or someone from a social group, or formal organization. This technique helped me overcome one of the main obstacles to recruiting interviewees, gaining their trust. It is worth the mention here that Miles and Crush (1993, p.85) rightly observed: “the interpersonal context of an interview (especially the power relations of class, race and gender between interviewer and interviewee) may significantly affect the content and nature of the information which emerges.....It is thus illusive for researchers to claim that they are objective and neutral collectors of “facts”. Its disadvantage is that it introduces biases into the system and it is not representative. An instance is that, there are other age groups such as women in the ages of 26-34 years who also fall within high-risk group.

I was able to establish a good rapport with the respondents though it seemed difficult at the onset. Most of the villagers demanded to know who I was and mission there since they claim they have had encounter people who identified themselves with various Non Governmental Organizations, promising them development for which they never realize it. After disclosing my identity as a student and making them know that the work was just to help in policy formulation and to understand their lives intellectually, they gained confidence and trust and views were forthcoming. I was able to seek out more easily

interviewees with particular experiences or background and also it was possible for me to access the respondents I chose for the study. I was also able to accumulate more respondents by making use of each respondent as a source of getting the others. I however employed the use of the Multiple Initial Contact Point (Persons) method to avoid recruiting informants from a very narrow circle of like-minded people. It is said that one problem with this technique is that interviewees recruited will often try and persuade the researcher to tell them what their friends said when talking to them. However, in my case none of the respondents was interested in knowing what another informant or a friend said though they were eager to know much about me and my mission in their community. In this way therefore, the confidentiality of the each interview was maintained. Though the Multiple Initial Point (Persons) involve a wide range of persons who possess the required information needed for the study, however it also involve choosing those who meet a criteria of the poor and most vulnerable.

The village of Moree is a fishing community with population over 15,000 people while Asebu is a farming community with population over 5000. This means that the choice of snowball sample gave me the opportunity of recruiting informants who possessed the requisite information to advance the study. Though all respondents who were approached agreed to take part in the interview, 3 interviewees comprising of 2 females and 1 male refused to take part. Both the 2 females and the male who refused to take part in the interview argued that several people claiming to be researchers and NGOs have been in their community on many occasions to conduct researches but they have not benefited in any way from such researches. Furthermore some were shy to talk with me. Additionally some people thought I was coming from the Criminal Investigation Department or tax office either to investigate or arrest somebody or put huge tax levy on them. For instance one lady said she needed permission from her mistress before she could participate. As a result they were very skeptic talking to me. However, I think their refusal was due to the fact that some of the questions were very sensitive and privacy endangering. The excuses given were that they were busy and had no time to spare for such an exercise.

I realized that, the number of people who refused might have affected the study negatively because; they could possess other views and information, which could be relevant to inform the study. Also their refusal to answer could affect the trustworthiness of the data and the “true” picture of the outcome of the study. There were also cases

whereby some respondents were not willing to answer certain questions. Some respondents did not answer questions on the number of sexual partners they have apart from their permanent one and also number of extra-marital affairs they have had in the past 12 months. This particular question was also not applicable to respondents who were single. It is, however, worth mentioning here the good words that the Assemblymen in both villages put in on my behalf, even introducing me personally to some respondents in most instances. This, to an extent, influenced my being accepted by most people; something that was possible I first contacted and actively sought the permission of the “gate keepers” in charge of the two communities, in this case, the Assemblymen. An official letter from NTNU was also very instrumental in my being accepted in the two communities.

3. 5. 4 How I went about my interviews using the semi-structured interview guide

Two people conducted the interviews, a male assistant who is a teacher in the district under study and I. This reason, being that there is a debate among researchers on issues of sex of interviewers in sexual or reproductive studies. Agyei Mensah (1997) assert that traditionally female interviewers, have been preferred to men for conducting fertility and family planning surveys in Ghana, however the situation appears mixed now. The Ghana Demographic Health Survey (GDS) of 1988, 1993 and 1998 used interviewers of both sex. In a survey, Verral (1987, cited by Agyei Mensah 1997) argue that no differences occurred among respondents in cooperation or refusal rates. I realised that at the onset of the interviewing most of the males felt at ease with the male assistant. I have to mention here that I never felt comfortable with the male respondent and I realised they also felt the same. This may be due to the culture of our society. The assistant was given some form of training before the survey. The two of us moved together, however, in each house we entered, the male interviewer presented the questions to the males while I concentrated on the females. Respondents were interviewed separately and all attempts were made to make sure that it was impossible for other people apart from the particular interviewer to listen or overhear the respondent. Questions from the semi-structured interview guide were read to all respondents by translating them as literacy rate is very low in the two communities. The local language of the communities was used to conduct interviews with local ordinary people. This state of affair was very useful, as the questions were well understood by respondents.

3. 6 FOCUS GROUP DISCUSSION

With this method the interviewer guide a conversation among a small group of six to ten members of the community of interest. The group members meet to discuss a topic of mutual interest and they usually represent particular positions or interests. Focus group discussion was used, to learn about the concerns and opinions of community members, during these meetings fresh topics were raised in connection with developmental projects and wellbeing in the community and also what their priorities are. Focus group discussion was held among women's groups, in the two communities, members of the community mostly women between the ages 18-25 years and the 5 unit committee members at the local level. The number of participants for the women's focus group discussions was 8 women for each community. This enabled me obtain a wide range of community opinion concerning the topic under study.

Considering the nature of the topic, research objectives, and research questions, it was worth it using focus group discussion with women's groups and also mostly women in the community. This state of affair is indicated by Nichols (1998) that it is advisable to arrange for members of a group to be of the same sex and also, those who share similar background. The women who came for the focus group discussion were picked out of those who were interviewed with the semi-structured interview guide. They comprised of single mothers, married women and single women within the age group of 18-25 years. The women who came for the focus group discussion felt at ease with one another and stated their views on poverty especially on the Micro financing project both in Moree and Asebu being implemented by the Abura-Asebu-Kwamankese District Assembly and some political parties who come in the name of NGOs.

3. 7 PARTICIPANT OBSERVATION

Participant observation is a technique that involves living, working or spending periods of time in particular "community", here the villages of Moree and Asebu, in order to understand people's experiences in the context of their everyday lives (Valentine, 1999) Marshall and Rossman (1995) assert: "observation then entails the systematic noting and recording of events behaviours and artefacts "social setting". Walcott (1995) assert that in interviews "you get nosy" whilst in observation, one watches as events unfold. Kitchin

and Tate (2000) therefore assert that, it thus relies on the observer's ability to interpret what is happening and why. They further stated that it involves sharing life experiences and becoming a member of the observer's social world. Grbich (1999, p.123) adds: "it involves a researcher spending time in an environment observing behaviour, action and interaction, so that she/he can understand the meanings constructed in that environment and make sense of life experiences". It requires much time to do this.

From the third week of July and first week of August, I undertook the my observation at the two villages and especially at a popular junction linking these two villages called the Yamuransa Junction which is also on the main road from Takoradi (Harbour town) in the Western region and the Northern region of Ghana. This junction serves as the major resting place for long distance truck drivers plying the route between the Takoradi harbour, Kumasi and Burkina Faso at night. I observed how these long distant truck drivers spend their leisure time when they make a stop over at Yamuransa especially how they interact with the young female petty traders in the area. The course of the reconnaissance surveys and the first few days I spent in the two villages, I covertly observed the layout, and organisation of both communities to acquaint myself with the surroundings and life there in general. This served as a foundation for the actual observation I undertook and enabled me get some useful contacts in the two villages. There were several people who were willing to offer me accommodation after I had been introduced by the Assemblymen of both villages. I settled down for those ones at the centre of the villages. This afforded me the opportunity to observe life from all angles. However, for the most part of my stay in the villages I overtly observed the people especially women's heavier time burdens, such as cooking and fetching of water. I also witnessed incidence of wife battery and instances of conflict between a husband and this wife. Beside the normal interview schedules, I often visited their homes as I walk about each village, ate "Etew" and fish a typical staple food in most "Fante" communities and roasted corn especially in the farming village of Asebu. The villagers became fond of me and in the process took the opportunity and had many informal conversations that will provide me with contextual insight into the lives, beliefs, experiences of the villagers.

At Asebu I was invited to the marriage ceremony of the Assemblyman and his wife. I also had the chance of witnessing several market days and the various activities that goes

into such days. I also had the chance of witnessing several funeral ceremonies in both communities. This is because the traditional councils in most regions have set specific weekends within each month for families who have lost a relative to perform the funeral rites. It is very interesting when one observes the general indiscriminate behaviours at Yamunansa Junction and also during such public ceremonies which is characterised by alcoholism and high courtships. I noticed some changes in the behaviour of some respondents any time I was in their homes. A few respondents in Moree portrayed as if they were in severe poverty especially through their lamentations, however, I was able to detect through observation some household belongings such as television set, sound system and the way they spend on funerals or festive occasions. Respondents in Asebu especially a few of the female headed households pretended as if they were their living conditions was good but I also detected from observing the dilapidated buildings they live in and lack of access to electricity in their homes. There is the tendency for respondents to exaggerate information about their real life situation, thus the use of observation to verify some of the data regarding practices and beliefs. Photographs were also taken on the field to capture some details about objects and activities in kinds like poverty situations and coping strategies being adopted in the area of study. The combination of methods including the interviews, focus group discussion and participant observation served as a check one on the other since no single method is deemed to be complete on its own and this ensured that the research has a higher degree of validity.

3. 8 SECONDARY DATA SOURCES

According to Flowerdew and Martin (2005), secondary data means information that has already been collected by someone else and, which is available for, the researcher. To supplement the primary data, I gathered information from secondary sources. These included already existing literature on HIV/AIDS, poverty especially from the Ghana Demographic and Health Surveys (GDHS) 2003. I also sought data from text books, pamphlets, newsletters, leaflets magazines, articles, journals, internet sources and other published and unpublished books. It was very easy and smooth getting access to secondary data from official documents. In fact, those officials at the institutions I gathered the secondary data were interested in knowing the purpose of my study. The District Health Administration gave me statistics on the incidence and prevalence of diseases including the top 5 diseases of which HIV/AIDS is included. The District

Director of Health also provided me with data on the number of CHIP zones, staff strength among others. The District Planning Officer also provided me with data on the number of schools, staff strength, enrolment rates, and performance of students over specific period and made available to me their 5-year development plan for the district. I have to mention here that, there are limitations regarding the use of secondary data in researches. Kitchin and Tate 2000 assert that, secondary data has been collected some years before. An example such a data used in this my study is the Ghana Demographic and Health Surveys. In 1993 when one was undertaken it was until 1998 that another was undertaken and the next since then was undertaken in 2003. Much of the data on poverty and HIV/AIDS situation that I have used for this study has been based on the 1998 and 2003 GDHS reports.

Almost all the secondary data for instance the Demographic and Health Surveys are unlikely to have been collected with the goal of this study in mind as they represent the overall situation of Ghana. In spite of the limitation discussed above, such data have been of great help in assessing the subject under study. As such, combining the state-of-art document in the field with in-depth interviews with officials yielded a pool of information and the contextual understanding required to back the individual in-depth interviews conducted.

3. 9 DATA PROCESSING AND ANALYSIS

The semi-structured interview guide I used was reviewed and revised before I left for data collection in Ghana. Mikkelsen (2002) argues that there are no strict formulas for analysis qualitative data as for analysis of quantitative data. The procedures are neither “scientific” nor “mechanic”. However, this does not imply that the data gathered there are not organised. I came back from the field with recorded interviews on tapes and also field notes gathered from various respondents. This gave me a feeling that analysing qualitative data could be more difficult than quantitative data. This is because with qualitative data the researcher has a lot of data to deal with. However, it is worth the mention here that handling both qualitative and quantitative data has its own challenges, which every researcher must deal with.

I have processed the data I gathered by transcribing all the individual interviews. I intend to code the responses of the sampled married women, female headed households, and single women as well as the men interviewed to produce a matrix for the two communities. This will enable me compare responses from the two communities. In relation to my study objectives and research questions, I had to identify the themes which will suite the different stages of my analysis. I have to admit that selecting the above mentioned relevant themes was not an easy task for me as all themes cannot be included in the study. Hence I intend to settle on the following themes: societal perceptions on poverty and vulnerability, livelihood strategies, policy interventions to improve and strengthen women's positions Moree and Asebu. As a qualitative researcher, I will use words to explain perceptions, experiences, beliefs, motives and behaviour (Mikkelsen 2002). I employed the use of systematic sentence analysis to look at the occurrence of similar statements or expressions. In other words verbal presentation and interpretation of interviews, focus group discussions and observations was systematically done.

However, I have to mention here that, data gathered on the socio-demographic background of informants and such questions in the structured interview guide that demands yes and no answers will be quantified and presented using percentages and bar graphs.

3.9.1 Method of Transcription and Text Analysis

According to the BBC English Dictionary (Harper Collins Publishers Ltd 1992), transcription is a written text that has been made from a speech or from a piece of writing that was in a different form. Transcription is an interpretative process but styles of transcription vary considerably between researches and approaches and there are extremely detailed schemes that can be used-with notation for pitch, pause, length and pronunciations (Fine 1984). Different transcriptions are constructions of different worlds each designed to fit our particular theoretical assumptions and to allow us to explore their implication (Mishler, 1991, pg.271). Transcribing involves translating from an oral language, with its own set of rules, to a written language with another set of rules. Recording of respondents' responses and conversations on the tape being audible enough makes transcription possible. The people in the study area are in the Akan tribe and they speak the Fanti language. The selected respondents were interviewed in the local dialect

(Fanti). A tape recorder, semi-structured and unstructured interview guide were used. Questions were asked from the semi-structured and unstructured interview guide whilst the audiotape recorder was used for the voice recordings, and as other ideas emerged about the topics, they were noted down. However, some transcription was done while the research was on going through note taking. I chose these methods because the audiotape recorder for example will enable me to concentrate on the topic and the dynamics of the interview, thus the words and their tone, pauses and the like were recorded in a permanent form that could be returned to again and again for relistening. I was able to tape record and note take almost all the respondents including the key informants. To get these accumulated voluminous collection of tape recordings and notes presentable and readable forms, I had to transcribe so that they are at the least legible.

I transcribed in verbatim what was recorded on the tape into a written text by line or sentence at a time, trying to think about what each one meant or what was being done and why. I replayed the tape to listen to it again and again, as ideas emerged about the topics in the material, they are noted down alongside the text. I wrote down what they actually meant or what ideas they sparked off in a separate set of memos so that I could decipher them later, so that good ideas could be built up (theoretical memos). I formalised their responses by putting them into categories or codes. Almost same ideas were summarized, generalised and linked to the various theories. I then analysed their responses thinking through my topic and objectives. In analysing, I abridged the meanings expressed by the respondents into shorter or succinct formulations. Thus long statements were compressed into briefer statements in which the main sense of what was said were rephrased into few words. Secondly the rephrased interviews were coded into heading categories, indicating occurrence and non occurrence of a phenomenon. Thirdly the text was organised to bring out its meanings. Lastly the text was interpreted through an aspect of eclectic approach where charts and diagrams were used for some aspects and would be explained thinking through the objectives, research questions and topic.

3. 10 RELIABILITY AND VALIDITY OF THE STUDY

According to Kitchin and Tate 2000, all good studies aim to be valid and reliable. In this case a qualitative study is no exception. Discussing the reliability and validity of a study is imperative for every researcher. Silverman (1994 as cited in Kitchin and Tate 2000)

argues that issues of validity and reliability apply just as much to qualitative-based studies, however, this view is disputed. To some scholars, measuring the validity of qualitative methods in data collection is a mirage. This state of affair is due the fact that while qualitative methods favour subjectivity and takes exception to vigorous scientific objectivity. To me the former is as a result of the long influence of the qualitative revolution and the spatial science tradition which has dominated the academic research for a long time and created the wrong impression, that studies that does not make use of rigorous quantification is not scientific. I have to mention here however that, qualitative research is no less rigorous in seeking to employ methods that allow as much objectivity as possible as within the frame of any particular study. Reliability is the degree to which the finding is independent of accidental circumstances of research (Kirk and Miller 1986, Mikkelsen 2002). Kitchin and Tate have also defined reliability as the repeatability or consistency of a finding. Thus, there is the concern about the trust worthiness of the data being gathered, which can become more dependable if the researcher has kept careful notes.

Kitchin and Tate (2000) define broadly validity as concerning the soundness, legitimacy and relevance of a research theory and its investigations or practice. They further add that perfect validity is not even theoretically attainable. Validity is defined by Kirk and Miller 1986, as the degree to which the finding is interpreted in a correct way. Validity has to do with how valid or appropriate an approach or study is in view of the research problem identified. Several types of both validity and reliability have been identified by various writers. Kitchin and Tate distinguish between construct/external validity and internal validity. Construct validity relates to the methodological integrity of a study, which concerns whether data generation techniques used for the research are sound; and are able to measure the phenomenon without introducing errors or biases. On the other hand internal validity is related to the integrity of the conclusions drawn from a study and it concerns with whether the results from a study can be interpreted in different ways.

Several measures were undertaken in other to ensure higher validity as possible. I conducted the interviews with the women personally and this enabled me probe further, clear up any misunderstandings resulting from miscommunication and this ensured that the information had been accurately recorded. Follow up questions were asked to clear up

possible confusion. This was supplemented with tape recording of all interviews. The male research assistant used did not only conduct the interviews for the men but was also used to capture as much details as possible and to facilitate my observation of the non-verbal actions of informants. The above was imperative in ensuring agency between which is said and the actual practice, as these are not always complimentary or convergent. Interviews with key informants (official) involved a lot more time than I had anticipated as the interviews are interrupted many by such official duties as signing of important documents brought in by other lower staff members and also the officers had to attend to other officials who came in often to either discuss contracts and other issues. In the Moree community Tuesdays are resting days for both the fishmongers and the fishermen according to customs and traditions. During these days the females undertake a lot of household chores whilst the men (fishermen) also spend time mending their nets in preparation for the next days fishing expedition. As a result the interviews were conducted in the evenings when they are less busy.

In the food crop farming community of Asebu Thursdays are days set aside for rest by tradition. So interviews were conducted in the evening on Thursday and Sundays when they were also less busy. Though the focus of the study was on women; 3 men each from the two communities were interviewed. This I did to cross validate information gathered. Most of the informants preferred to be interviewed in privacy to avoid influence from other people. Conducting most of the interviews in and/or visiting their homes at various times also afforded me the opportunity to directly observe how they actually lived. All that have been discussed above was done to generate adequate data whose validity can be accepted. As explained earlier Kirk and Miller (1986) assert that although perfect validity is not even theoretically attainable, the data gathered will be presented in a way that there will be a correspondence between the interpretation and the empirical findings of the study. The data will be manually analysed even though I am aware of the need to employ the use of rigorous analytical tools that complement the methods used. This will ensure results that are representative of the data collected, which will further enable me draw appropriate conclusions that are not reflexive of my research concerns but which concern the views, perceptions and beliefs of the informants.

According to Kumar (1996), it is impossible to have a research tool that is perfectly accurate in the social sciences not only because a research instrument cannot be so, but because it is also impossible to control those factors that affect reliability. According to Lofgren (1996), questioning one's sources by assessing the extent to which the data collected reflects the reality one intend to study, questions like "will I interview the right people?", "will my observation be correct and adequate?", "is my material strategic and relevant?" "Can the data be technically accepted?" among others, are very relevant with this regard. However, by discussing the limitations of the research methodology I have used, and probably the ways I countered some of the limitations, I believe I have to an extent deal on both measures.

As mentioned by Mikkelsen (1995), biases do not disappear, but the use of triangulation for cross-checking information enhances the validity of the results. The issues of the researcher's personality vis-à-vis the respondents are also relevant because conducting fieldwork among people of different internal culture, coupled with the language challenge made me an outsider in many ways. Thinking in line with Mikkelsen's assertion, that, the use of different but complementary qualitative methods of enquiry, one on the other, is a reflection of my concern for both validity and reliability. This enhances cross validation of findings.

Assessing the various theories and concepts from human geography, especially that of space/place, actor-oriented and feminist geographies, has enabled me to pay attention to the subjective life experiences of the respondents. It has also enabled me to consider the implications that these theoretical considerations have with respect to policy implementation as well as their life choices. Although, a hundred percent reliability cannot be achieved in any study, I can say that by collecting and transcribing the data personally (manually), the information I will present in this study can thus be said to be reliable. Moreover, though my topic basically include issues of sexual behaviour which is a very sensitive one, being a female afforded me the chance to extract information required as the women felt more at ease to share their views with me than they would have probably been with the male assistant. In the same way, the males also felt likewise. Last but not the least, by honestly identifying myself and my intention to the gatekeepers and the people in both communities as a student researcher enabled the people accept me

into their community. All the same, this could, perhaps, limit some of the accuracy of information gathered. I have to mention here that, due to the fact that reliability is more related to quantitative rather than to qualitative studies, the emphasis placed on validity should be given higher recognition. In-depth interviews in combination with observation and focus group discussion provided a deep insight in the life of the respondents. There are, probably other method I could have employed but as I have sought to demonstration throughout the discussion, I believe the ones chosen suit my research intentions best.

3. 11 LIMITATION OF THE STUDY

As it is conversant with most studies, this study is saddled with limitations. The time frame within which the data was collected was not enough. With an extended period, other techniques could have been used. Getting Key informants for interviewing was time consuming due to their busy schedules even after I had booked for appointments. As Newman (2000) asserts, when questions are sensitive, respondents may do their best to portray a positive image of themselves to the researcher rather than providing correct answers. Very sensitive questions relating to their personal lifestyles were privacy endangering. Questions based on sexuality had to be related to other people rather than directly to the respondents and this was dependent on the personal experience of the male assistant. Respondents did not look themselves and were quite nervous about such questions. I also observed that those who show willingness to answer such question were very exaggerative.

Due to the snow balling sampling methods I used, I interviewed people with particular experience or background, thus respondents who have been identified as living in poverty. There was a form of biases towards the less poor who could have also informed the study about their perception about and poverty and HIV. This was because of the initial contact I made through the Assembly men, respondents might have made their choices based on the relationship they have with other respondents. The issue of time constraint is very crucial; the time allocated for this exercise was short to get the right information. The period also coincided with the lean season in Moree and most of the fisher folks had migrated to Axim, La Cote D'Ivoire, and Senegal in search for fish, At Asebu it was also during the rainy season and some of the key informants were actually

very busy on their farms. Some major respondents left their home at dawn to their farms and came back very tired in the evening therefore were not available to inform the study.

There were plausible biases due to this problem. However, in spite of the above limitations, the study has given some insight into poverty as a major contributory factor to the spread of HIV/AIDS among women.

CHAPTER FOUR: BACKGROUND CHAPTER

4. INTRODUCTION

This chapter focuses on the current physical and socio-economic conditions in the Abura-Asebu-Kwamankese District in the Central region of Ghana. It discusses how poverty acts as a causal factor for and a consequence of HIV/AIDS. This analysis of the current situation of the study area is very important in determining the relationship between poverty and HIV/AIDS.

4. 2 A BRIEF DESCRIPTION OF GHANA

Ghana is an independent Republic with a democratic government, which lies on the Gulf of Guinea and forms part of West Africa. Ghana is located only a few degrees north of the Equator covering a total land area of 238,540 sq. km and a land area of 230,020 sq. km. It is bordered on the South, by the Atlantic Ocean, East by Togo, on the West by La Cote d'Ivoire and in the North by Burkina Faso. The climate is tropical. It is hot and humid in the southwest, warm and comparatively dry along the southwest and dry in the north. The nature of the climate favours agriculture, therefore making it the backbone of the economy, contributing about 45% to Gross Domestic Product (GDP) and 60% to employment (www.ghana web.com).

4. 3 INCIDENCE OF POVERTY IN GHANA

The 1998/99 Ghana Living Standard Survey found 39.5% of Ghanaian population as poor or very poor as compared to a figure of 51.7% in 1991/92. Poverty has risen in the Central region from about 44.3% to 48.4% making it the fourth poorest region and second to the 3 Northern regions in Ghana. In the Central region, Abura-Asebu-Kwamankese District, according to the District Planning officer, is the third most deprived District in the whole of Central region. The planner, further attributed this, to the District losing its active labour force to other big districts within the Central and to Ashanti Region in the Southern and Northern boundaries, mainly due to lack of employable jobs. In Ghana the intensity of poverty, differ according to geographical location, place of residence, life cycle stage, occupation and gender. Ghana has majority of its poor people in the rural savannah, living below the poverty standard of one dollar per day set by the United Nations.

4. 4 GENDER AND POVERTY

Men and women experience poverty, differently, and this can be linked to family responsibilities individual's bears. Therefore, an understanding of the gender dimension of poverty is important for policy and programmes aimed at poverty reduction. Feminisation of poverty has been linked to, a perceived increase in the proportion of female-headed households. Female headed households increased from 26% in 1960 to 32% in 1998 (GDHS, 1999). Ghana, as a country has children, women, the youth and the infirm, identified as exceptionally vulnerable to poverty. Among the vulnerable group, women form the large percentage of the poor, especially, the rural poor. In Ghana, females represent 50.5% of the total population, with regional variations of 49% in the Western region to 52% in the Central region. Evidence also suggests that regions experiencing the least reductions (or experiencing increase) in poverty levels (Central, Eastern, Northern, Upper East, Upper West regions) also tend to have female population in range of 50-52%. Incidentally, these regions tend to have greater population concentration in the rural areas (GPRSP, 2003).

Gender inequalities, which is manifested in women having heavier time burden and more family obligations, lower rates of utilisation of productive resources, lower employment opportunities and lower literacy rates is a major cause of female poverty in Ghana. Nearly 35% of all household heads are females. Gender disparities exist with respect to access to and control of a range of assets including productive assets such as land and credit, human capital assets including education, health, and social capital assets such as participation at various levels, legal rights and protection. Women are also poorly, represented at all levels of decision-making. Out of the 230 parliamentarians in Ghana only 25 of them are females. Women's decision-making choices at the community and household level, especially, in rural areas, are constrained by cultural taboos and resistance from men.

4. 5 ADDRESSING POVERTY IN GHANA

The declines in poverty levels in 1998 and 2000 have been attributed to the activities of the Programme of Action to Mitigate the Social Cost of Adjustment (PAMSCAD). This includes, Women in Development (WID) component, designed especially, for women in

the small-scale agriculture and off farm income generating activities. The Ghana Vision 2020 is a national policy document aimed at an integrated programme of economic and social policies that provide a framework for accelerated growth and sustainable development.

The Ghana Poverty Reduction Strategy Programme (GPRSP) (2002-2004), a World Bank initiated document, under the HIPC initiative also aimed at reducing poverty by increasing production and gainful employment, programme for the vulnerable and the exclusion, good governance among others.

Other programmes have been targeted specifically at women and these include programmes to improve access to credits, programmes to increase the participation of girls in science and technology and reduce existing gaps in education. At the regional level, programmes aimed at capacity building of women in the area of skill training such as sewing, hairdressing, snail rearing and soap making. Provisions are being made to increase the enrolment of females into the second cycle and the tertiary institutions in the region.

In the Abura-Asebu-Kwamankese District in the Central region of Ghana, there have been a number of interventions in the agricultural sector, notably under the Agricultural Service Investment Project (ASIP), Village Infrastructural Project (VIP), European Union (EU) and World Bank Projects; however, the gains, have been skewed, not in favour of food crop farmers' majority of who are women.

4. 6 A BRIEF HISTORY OF HIV/AIDS IN GHANA

About 98% of Ghanaians have heard of the disease HIV/AIDS; its mode of transmission and how its infection could be avoided (GNACP 2003). In the absence of a cure and the rapid rate of infection, the disease poses a major challenge to the country now and in the future because of the consequences, it could have on the household and on the already poor economy. According to HIV sentinel survey report by Ghana Health Service (2003), the virus has infected 3.1% of the adult population. The disease continues to exert a heavy toll on the youth, for nearly 90% of the cumulative AIDS cases in Ghana from 1986–2002 have been reported in the 15–49 age group, with 63% of all reported cases

being females. The most vulnerable in this age group have been found to be the youth and women. The general peak age group is 15–34 years. The age group for females falls within 25–29, while that of males fall within 30–34. It was projected that by 2004, 550,000 people will be living with HIV/AIDS in the country (HIV sentinel survey report, 2003). There are regional variations in the HIV prevalence in the country. The northern sector has a lower prevalence rate than the southern sector. Even in the southern sector, the Eastern region has the highest prevalence rate, with Central Region being the second. The number of HIV/AIDS patients continues to increase in the Abura-Asebu-Kwamankese District (AAKD) as shown in the table below. There was a 60% increase in the numbers of HIV/AIDS patients in 2004 as compared to the year 2002.

Table 4.1 HIV Recorded Cases (Incidence) in Abura-Asebu-Kwamankese District (AAKD) in 2004.

Year	No. of clients counseled	No. of positive Cases	No. of males positive	No. of females positive
2000	24	13	5	8
2002	38	22	7	15
2003	86	38	13	25

Source: District Director of Health Service (AAKD, February 2004)

According to the District Director of Health for the district, the increases in HIV/AIDS patients seen at the district hospital may be attributed to the high level of awareness created about the disease. The estimated population of Abura-Asebu-Kwamankese as of the time of the research was 94,523, Moree was 15,000, and that of Asebu was 5000. From the table the total number of positive cases was 38 people, all things being equal, if the cases were to be evenly spread within the district, then, it could be said that 15.9% constituting 5-6 persons in Moree and 5% constituting 2 persons were included in the positive cases above. According to the district Doctor, those people suspected to have HIV do not return to the hospital with results after they had been asked to go for the HIV test. The reasons given were that, majority knows the symptoms of the disease, so they would not even return. Secondly, most also report with a full-blown HIV/AIDS disease, so when asked to go for test, they would not even go for the result and would die. The data the hospital gets does not show a true picture of the HIV prevalence rate with the district, but HIV exists highly within the district. Twice as many females are affected as compared to males. 76.4% of the patients are aged between 15-44years. The district

intends to organize more Behaviour Change Communication messages on HIV/AIDS. Community peer education programmes have been organised to change attitudes and perceptions of people on HIV/AIDS. Recently, more attention is given to voluntary counseling and testing (VCT). In an attempt to prevent HIV/AIDS in the Abura-Asebu-Kwamankese District, the Ghana Health Services have been organising durbars in the various villages; sensitization programmes are organised in the district by students from the University Of Ghana Medical School for the adolescents, sensitizing about the disease.

4. 8 BACKGROUND OF DISTRICT, POSITION AND SIZE

The Abura-Asebu-Kwamankese District Assembly was established in accordance with Part 1 of 462 [Vide L1 1589], as a body corporate with perpetual succession and a common seal. It was carved out of, the Mfantseman, Ajumako and Ekumfi local councils as existed in 1984, with Abura Dunkwa as the Headquarters and the major ethnic group is Fanti. The district has a total land area of 380 square kilometres. The District is located between four bigger districts. As a deprived district, its location has led to out migration of both its skilled, unskilled labour and elites to such bigger district as Cape Coast.

The district is also located along the Takoradi-Cape Coast-Kumasi-Tamale trunk road. The migration pattern of the people, coupled with the interaction of these long truck drivers from countries like, Burkina Faso, Niger, who ply this international route from the Takoradi harbour, poses threats for the control and management of HIV/AIDS cases and creates a situation which puts the people especially women into a situation that make them prone to poverty.

4. 9 POSITION OF MOREE AND ASEBU

Moree is located in the extreme southern portion of the Abura-Asebu-Kwamankese District. Moree covers relatively a small portion of the entire land in the district and it is the only town in the district, which is located along the coast, it is located between the Cape Coast Municipality on the west, the Mfantseman District on the east and the Amosima Area Council in the north (Fig 4.1). The population of Moree was 13,374 in 2000 (Population and Housing Census, 2000). Currently Moree's population is estimated to be around 15,000 (District Profile, 2004) constituting 15.9 percent of the total

estimated district population of 94, 523 people. Asebu on the other hand is located in the middle portion of the district. While Moree is about 4 km, drive from Cape Coast Asebu is about 17 km from Cape Coast. However, both towns lie along the Takoradi-Cape Coast-Kumasi-Tamale trunk road. Asebu's population, according to the Population and Housing Census, 2000, was 2,494. Currently, her population has been estimated to around 5,000 people constituting 5 percent of the total estimated population for the district.

The location of these two communities, coupled with the fact that it is located in a deprived district, has implication for the risk of the people contracting HIV/AIDS. This is in the sense that, long truck distance drivers plying the route between Takoradi harbour, Kumasi, Burkina Faso as well as Niger stop to rest in these towns and especially, at the Yamuransa Junction at night. These drivers have the habit of having girl friends in each town along the route they ply and engaging in risky sexual behaviours.

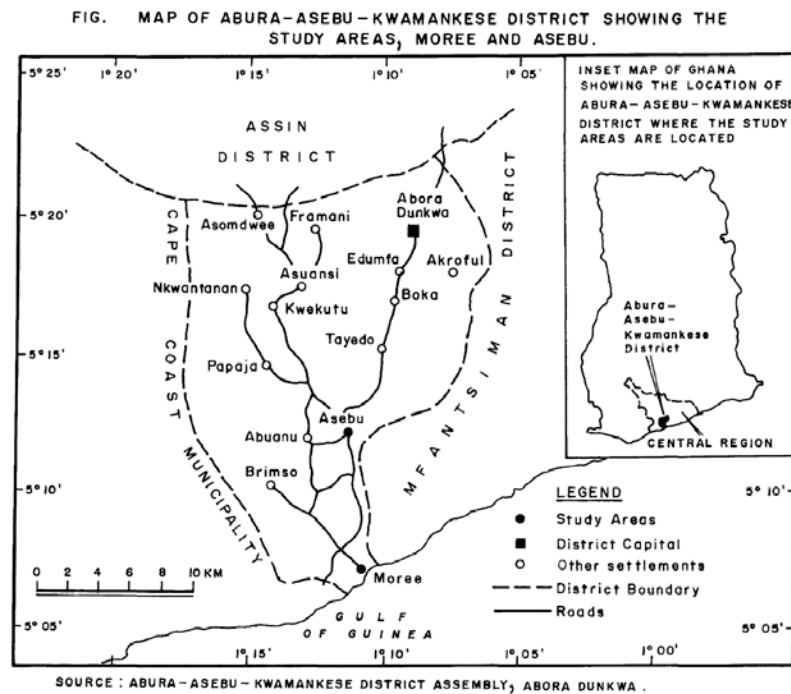
4. 10 PHYSICAL FEATURES, CLIMATE AND VEGETATION

The land for the district is undulating with a low relief between 20 and 85 metres above sea level. The vegetation cover, originally tropical rain forest, is gradually changing to tropical savannah. It is believed that, the entire area, was once forested, but most part of the forest has been destroyed through centuries of farming and bush burning. Moree lies within the dry equatorial climatic region. The comparative dryness of this area (driest part of Ghana) has caused the savanna to extend to the coast. There are other natural resources like kaolin, clay, sea sand and rocks for quarrying. Rainfall is the double maximum regime with mean annual amount of 740-890mm. The coastal position of Moree has made the indigenes to resort to fishing. The land is relatively salty making it difficult for the cultivation of crops. However, crops like potatoes and pineapple are grown in the area. The terrain is relatively hilly adding to cultivation difficulties. Asebu relatively stretches into the Wet Semi Equatorial climatic region. This region relatively enjoys some amount of rainfall of about 1250-1750mm than Moree.

This position has made the people in Asebu resort to farming, crops like cassava, oranges and coconut. Data on Asebu is however, not available, as the deprived community lacks health facilities. The physical characteristics of the whole district and at both Moree and

Asebu thus, exhibit a deprived area susceptible to environmental degradation and a healthy ground for the breeding of most diseases, potential for exacerbating poverty. The combination of environmental changes, high female unemployment rates, especially, in Asebu and seasonal employment for female fish mongers in Moree with the resultant poverty have negative implications for HIV prevention, as the deprived conditions prevent women from negotiating for safer sex. The widespread casual sex among youth has worsened the situation.

Fig 4.1 Map of the study area: Abura-Asebu-Kwamankese District.



4.11 POPULATION AND SETTLEMENT STRUCTURE

Population growth and density have determined the rate of unemployment in some agricultural communities in Ghana. The District population according to the 2000 Population and Housing Census was 90,093, representing 5.7 percent of the total population of Central Region. Out of this figure, 42,501 representing 47.2 percent are males while 52.8 percent are females. The population for the year 2003 was 95,889 (Population and Housing census, 2000). The district has a population growth rate of 2.4% and a population density of 252 inhabitants per square kilometre. Abura-Asebu-Kwamankese District has a youthful population with about 43% of its residents below the

age of 14, while 10% are between 15-19 years. It was estimated that, about 6% are above 60 years. In effect, there is a dependant population of 59%. The district has been divided into area and town council, based on the population of each sub district. The entire district has two Town Councils and six Area Councils. Moree is located in the Moree Town Council and Asebu is located in the Asebu Area Council. Educational infrastructure, water and sanitation, post and telecommunication, and roads are relatively non-existent or of poor quality. According to the Regent of Moree, the population of females in the community far outweighs that of the males, and he went further to estimate the female male ration at 5:1. However, such information was not available in Asebu as the Regent there was not educated, so could not provide any information about population estimates. Moree and Asebu exhibit a nucleated settlement pattern. Moree has clustered settlement nearer to the sea, while Asebu has its settlements far from the farmlands creating this form of nucleated settlement pattern. It is worth mentioning here of the fact that a greater percentage of the population of both communities are under 15 years of age. In addition, one feature peculiar to Moree is the high incidence of deformity among children below 10 years of age.

4. 12 SOCIO-ECONOMIC CHARACTERISTICS

The socio-economic characteristics were based mainly, on very complex network of cultural systems and extractive activities based on the sea at Moree and the land at Asebu. Crop production and fish farming are the major gainful activities with only a relatively few percentage engaged in formal and informal jobs such as trading, car mechanics, commercial driving (taxi and short distance-“rotor”, long distance), akpeteshie (alcohol) distilling and vulcanizing. The non-agricultural activities that sustain the lives of women include retail trade and commerce, tailoring, hairdressing are important areas of economic activities at both Moree and Asebu. However, palm oil and gari processing, soap making, are important areas of economic activities among others that could sustain the lives of the women in Asebu. One peculiar economic activity that sustains the lives of the women and gives them a strong position in the community of Moree is fish mongering.



Photo 4. 1: Women processing fresh fish for the market using traditional method in Moree

Source: fieldwork 2005

At Asebu, big trucks come from Niger and La Cote de Ivoire, to purchase oranges to bigger citrus factory for production. In the same vein at Moree people from various communities including those from sahelian countries come to purchase the smoked fish to their various homes.



Photo 4. 2: Women selling citrus along the Cape Coast-Kumasi trunk road in Asebu

This is because, the fishermen, though give the women the fish to process, it is the women who feed their husbands and the children out of the meagre profit made from the sales. While the first male child born was taught how to fish, the first female child was also taught fish mongering in the Moree Society. However, in Asebu the women are heavily dependants on the men. Males within the society, mostly own the Land, so females only get access to land to farm through marriages.

4. 13 EMPLOYMENT AND OCCUPATION DISTRIBUTION

Agriculture is the mainstay of the economy of Ghana and employs about 74.5% of the population (Ghana 2000) and includes primary production of citrus (orange and lime), oil palm fruits, and coconuts, food crops (cassava, yam, plantain, and many others), and vegetables such as tomatoes and garden eggs in Asebu. On the other hand, crops such as potatoes and pineapple are cultivated in Moree. Coconut farming was cultivated in Asebu. Agricultural activities are predominantly on a small-scale and old and crude methods are employed in both crop cultivation in Asebu and marine fishing in Moree.

Photo 4. 3: Men going fishing with their canoe in Moree



Source: fieldwork 2005

Moree is the only fishing community within the district and it is estimated that about 68% males and females of its economically active population are fishermen and fishmongers. The town has a reputation of being the centre for Marine Fishing along the West African Coast bordering the Atlantic Ocean. The fishermen and the fishmongers for generations are regarded as the most skilful and hard working people. Because of that, the president of Moree Fishermen Association is automatically the president of the Central Region Canoe Fishermen Association. Marine fishing is carried out throughout the whole year. The main fishing season is from June to August, the minor season covers the months of November to January, and the lean season is from February to May. The annual catch according to the Fisheries Department of the Ministry of Food and Agriculture was of the tune of 13,000 metric tonnes. In Asebu, though the rainfall season is twice within the year agriculture is still seasonal as the area experiences five months of dry season. On the other hand, Moree has four months of lean season. In the lean season, some fishermen groups migrate to Axim, Sekondi, Nyenyano, Winneba, Senegal, La Cote d'Ivoire and other areas where they can get fish. The women also travel as far as Tema, Axim and Sekondi to buy fish and smoke them in Moree. The seasonality of both crop cultivation in Asebu and marine fishing in Moree result in a mass exodus of the youth to the neighbouring bigger districts and towns such as Cape Coast, Assin Fosso and to such cities as Accra, Sekondi/Takoradi and Kumasi and most importantly to La Cote D'Ivoire during the lean season in search of menial jobs. This has adverse effects on the economic development of the town, since most of them return with the dreadful disease-HIV/AIDS. The most important single large-scale industry established in the district is the Fruits and Flavour Ltd popularly known as the Citrus Factory located in Asebu.

Photo 4. 4: Bill Board of the Citrus Factory in Asebu



Source: fieldwork 2005

Using capital-intensive technology, it is the largest of its kind in Ghana, processing lime fruits into concentrated limejuice, distilled lime oil and dried peel mainly and orange juice from sweet orange for the local market and for export. However, in recent time, the industry employs only 5% of the entire population of Asebu and these workers are given meagre salaries, which worsens the deprived situation of the people and the community at large.

4. 14 HOUSEHOLD SIZE

The 2000 population and housing census indicate that, the district has an average of 6 persons per household. However, household sizes vary at the Town and Area Council. The district being a rural one and having quite a considerable number of Muslims has large household sizes. Moree community has the largest household size in the whole district with an average of 8 persons per household. Asebu on the other hand has an average household size of 6 persons per house. This state of affair brings untold hardships in terms of meeting the basic needs for survival in the two communities.

In Moree, the traditional household structure which was suppose to be based on male-headed units of extended family system consisting of one or more wives with several children currently consist of female headed households with quite a number of children due to social change. This, was because husbands spend days and even months at sea, fishing. This situation is the opposite at Asebu where the household structure was based on male-headed unit of either the nuclear family or extended family system. I have to include here that both communities are polygamous; however, polygamy seems to be accepted and practised more in Moree than Asebu. Comparatively, in Asebu, women are

often mainly housewives. They are responsible for domestic chores such as preparing of family meals, nurturing of children and the aged, with men providing protection and security for the home, as well as the breadwinners. Moree on the other hand has its women occupying a strong position in the society because of their traditional occupation (fish mongering). The women in Moree smoke the fish brought in by their men and sell them in the bigger cities and towns in Ghana. Women in Moree have to combine this traditional occupation with domestic chores and performing roles of household heads. In spite of these prominent roles played by women, they are often marginalised in the area of resource allocation and decision-making. Women generally, lack control over economic resources like land, labour and capital and these have greatly influenced their limited ability to produce even for subsistence.

4. 15 GOVERNANCE

The two societies are both matrilineal based lineage that control access to land and exercise authority in marriages, funerals, religious and social ceremonies. At the local level, political governance is based on traditional set of microstates or chiefdoms. Both the Asebu and Moree communities come under the Asebu Traditional Council. In this traditional council has a paramount chief (“Omanhene”) who is elected and enstooled by the community. Moree has a smaller chiefdom under the paramouncy of the Asebu Chiefdom. The chiefs serve as a link between the people and the ancestors and therefore the spiritual head that perform the traditional rites to the ancestors, settle disputes, arguments and sanctions wrong dowers. Politically, both Moree and Asebu fall under the Abura-Asebu-Kwamankese District and belong to an electoral area where they have representatives who are assembly members in the Abura-Asebu-Kwamankese District. The District Chief Executive is the political head flanked by the District Coordinating Director and other staff members.

4. 16 EDUCATION AND HEALTH

The Abura-Asebu-Kwamankese District has 70 public schools, 52 Junior Secondary Schools and 4 Senior Secondary/Technical Schools. Due to the deprived nature of the district, basic education is free. Moree has 4 primary schools, junior secondary schools and one senior secondary school. Asebu on the other hand has only one primary, a Junior Secondary School with no senior secondary schools. Girl’s enrolment decreases at the

Junior and Senior Secondary School level. This state of affair is due to the fact that, girls have to learn the trade of fish mongering and take over their mother's profession which does not require any educational qualifications and due to high teenage pregnancy rates as a result of parents' inability to cater for both material and emotional needs of the girl child. The staffing level is still in the existing schools inadequate. There is a hospital at Abura Dunkwa and about 7 community clinics and 2 health centres in the District. There are also seven other private clinics in the District. The hospital does not have a well-furnished laboratory and it lacks an X-rays department. Accommodation for staff of the hospital, clinics and health centres is insufficient. Drugs are received from the Regional Medical stores and are supervised by the regional Health Team. Moree has a health centre, which does not meet the standards of a health centre.



Photo 4. 5, the District Hospital in Abura Dunkwa,
Source: fieldwork 2005



Photo 4. 6: Health Centre in Moree

Asebu on the other hand has no health facility. Due to the above problems faced by the district hospital and the health centre at Abura Dunkwa, most of the people in Moree prefer to visit hospitals and clinics within the Cape Coast Municipality. The lack of health facility in Asebu and its distance from the district hospital as well as other health facilities, make most of its people make use of traditional medicine and some pregnant women are taken care of at home by traditional birth attendants.

4. 17 ETHNICITY

Both the Asebu and Moree communities fall under the Asebu Traditional Area. The predominant tribe in the area is the Fanti. In both Moree and Asebu there are people professing the Islamic and Christian (dominate) faith, with majority in the Orthodox Churches. In Moree, most of the inhabitants have superstitious beliefs about uncertainties in life and hence prefer spiritual churches. Such spiritual churches are popularly referred to as “garden” and most of the people preferred the 12 Apostles Church, an old and

popular spiritual church popularly known as “Awoyo”. Among the people of Asebu and Moree, traditional marriage involves payment of bride price including an amount of money in cash for the bride’s parents and brothers. This amount varies according to the status of the bride and his family in the society. Though the people in both communities practice Islamic and Christian marriages, the concern is that tradition must be observed. The bride price is relatively higher and includes money, drinks and material items for both the bride and her family. The dower payment is expensive that most families are unable to pay the full bride price due to poverty. Both Asebu and Moree exhibit the matrilineal type of inheritance where the woman still belongs to her family even when she marries. This system of inheritance also enables the woman to have access to family resources such as land. The child the woman bears with the man goes to the woman’s family, though, it is the man, who give, the children names. However, in recent times, it is realised that the high cost of dower appears to have silenced the women folks and simply reduced them to mere “servitudes” under their husbands. Parents are unable to take their daughters back when their husbands maltreat them. This is due to the high cost of the bride price and poverty. At Asebu and Moree all lands are said to be, communally owned, but in practiced its acquisition for both developmental projects and for domestic purpose are normally for sale by either lease or freehold. Therefore, women do not have access to land resource any more as tradition demands under the matrilineal lineage and they either have to purchase land or work on lands that have been purchased by husbands. Due to this state of affair women can only get access to degraded or unfertile lands on which they can only cultivate food crops. The above explained situations further weakens women’s ability to negotiate safer sex with their husbands as they become “properties” of their husbands and this put them at a higher risk of contracting HIV. The only available resource in Moree is the sea and fishing is considered males job not females job, hence women are not allowed to go fishing. A woman can have access to the fish only if she has her husband, brother, or “lover” among those who brought the catch, especially those women who do not have money (capital) to buy the fish. In such a situation women especially female headed households have no other choice than to compromise with men (some of the fishermen) to get some of the catch to sell to earn a living. Men tend to be more promiscuous, because of the above state of affair. This situation puts the women in a tight position where they are unable to question the fidelity of their husband or partners and many are afraid to ask their partners to change their sexual behaviour or to use

protection putting them at a higher risk of contracting HIV/AIDS and a further spread of AIDS in the two communities.

CHAPTER FIVE: BACKGROUND INFORMATION OF RESPONDENTS

5. INTRODUCTION

This chapter deals with the demographic and personal information of respondents, which was gathered using the semi-structured interview guide. This demographic and personal information include; gender, age, marital status, religion, level of education, ethnicity, household size, occupational status. This information about respondents influences how they perceive things that go on in their lives and the world around them. A presentation of a very small sample, however, could shed some on general patterns in the two communities.

5.2 BACKGROUND INFORMATION OF RESPONDENTS BY AGE AND SEX

Kalipeni et al 2004, points to that age and sex have become foci of HIV/AIDS researches for the ominous implications indicated by recent trends influencing HIV/AIDS infection. It is agreed that females are more at risk due to their biological make up especially the structure of their vagina. Other factors that are worth noting are the fact that females and males have different life expectancies, different reproductive concerns and different incidence of diseases. The above conditions therefore further put sex as the basic principles of gender roles in societies and influence the degree of exposure of especially women to the risk of contracting HIV/AIDS. Owing to the above, I was to some extent bias with the sex distribution of respondents. Out of the 30 respondents from the two communities 80% were females while 20% were males. As stated in the methodology chapter, 24 women, 12 each from the two communities and 6 men, 3 each from the two communities were interviewed. The women were specifically chosen from the ages of 18 to 25 years. This state of affairs was due to the fact that women within this age group are at the early stages of their reproductive life, are among the most sexually active group who are at a higher risk of HIV infection. Table 5.1 below gives a representation of the age and sex structure through the semi-structured interview guide.

Table 5.1 Age and sex of local ordinary respondents in Moree and Asebu in percentages, 2005.

Area	Female (%)			Male (%)			Total (N)
	18-24	25-29	30-45	18-24	25-29	30-45	
Moree	73	7	0	0	13	7	100 (15)
Asebu	67	13	0	0	13	7	100 (15)
Total	70	10	0	0	13	7	100 (30)

Source: Field work, 2005.

It was very easy getting young women within the ages of 18-25 year to inform the study, though respondents within this age group were expected to be in school at the time I was undertaking the interview. It came up that some of these young women for one reason or the other have never been to school before and the majority have dropped out of school as a result of teenage pregnancies and parents' inability to provide their educational need. This firstly confirms the fact that, both communities have a very low level of education and secondly, most of these young women are at risk of HIV/AIDS infection. As indicated in the table above, most of the females interviewed were within the ages 18-24 year group though, there were differences in the age percentage distribution of females between the two communities. Moree had slightly more respondents (11 people) within 18-24 year group representing 73% than Asebu (10 people) representing 67% of females and males. 3(20%) and 4(26%) of females and males were within age 25-29 years in Moree and Asebu respectively. Moree exhibits a more youthful population than Asebu because the total percentage of respondents within the female cohort group tends to decline with increasing age. The same applied to the males, this could be attributed to the fact that the people of Moree tend to give birth early in their lives and it is typical of the population diagram of Ghana, which resembles a pyramid, with a wide base indicating a youthful population and a steeply tapering top. I could not get any respondent within the older age groups for males and this can perhaps be attributed to the youthful nature of the population and lower life expectancy at birth.

5.3 BACKGROUND INFORMATION OF RESPONDENTS BY MARITAL STATUS AND SEX

It is widely accepted in most parts of the world that single people are more likely to engage in sexual activities with multiple partners than married people. The GNACP, 1999 have revealed that a greater proportion of the unmarried making up of 27% females

and 18% of males have had sex before marriage. Studies have also pointed to a high level of premarital sexual activities, extramarital relationships and sexual violence even in legalised marriages. This makes spouses at a higher risk of contracting HIV/AIDS and other STIs. As a result of the above, marital status is important when it comes to the kind of sexual behaviour that a person adopts. Female headed households consisting of especially widows, single mothers and divorced women are even at a higher risk as they are likely to seek and be sought by prospective partners. Table 5.2 below depicts the information on respondents according to marital status.

Table 5. 2 Marital status of local ordinary respondents in Moree and Asebu by sex in percentages, 2005

Area	Female (%)			Male (%)			Total (N)
	Single	Cohabitation	Married	Single	Cohabitation	Married	
Moree	54	13	13	7	0	13	100 (15)
Asebu	40	13	27	0	0	20	100 (15)
Total	47	13	20	3	0	17	100 (30)

Source: Field work 2005

Table 5.2 above indicates that, comparatively, out of the 30 respondents interviewed 4(26%) and 7(47%) of female and male were married while 9(61%) and 6(40%) of females and males are single in Moree and Asebu respectively. Only a few were cohabitating in both communities. One major reason given for the above marital status in the two communities is lack of economic resources on the part of men to cater for the mother and the child and also their inability to marry. Most of the males interviewed were married and this can be attributed to the fact that, in most local cultures in Ghana men are expected to be sexually active while women are supposed to be at the receiving end. It was observed that those single respondents together with those co-habiting are the at-risk population. Poverty will lead such single mothers (female headed households) to seek and be sought by other prospective partners. Lack of commitment to any relationship will more likely cause them to adopt health risk behaviours. None of the respondents were either widowed or divorced.

5.4 BACKGROUND INFORMATION ACCORDING TO ETHNICITY AND RELIGIOUS AFFILIATION

The predominant ethnic group in both communities is Fanti with 15 respondents in Moree and 14 respondents in Asebu; only one person was from the Denkyira ethnic group. Out of the 30 respondents interviewed, while 6 (20%) of them did not belong to any religious affiliation, 24 (80%) people had religious affiliation. 11 (36%) respondents attended spiritual churches popularly called “garden” and 13(43%) people attended other Christian churches. In Moree, while 3 (20%) were not affiliated to any religion, 7 (47%) people belong to the spiritual churches and 5(33%) people belonged to the Christian faith. At Asebu 8 (53%) people were Christians and 4 (27%) belonged to spiritual churches. 3 (20%) respondents did not belong to any religious affiliation. Religious practices and beliefs could promote HIV infections as most of these religions do not permit the open discussion of sex. Spiritual churches do not believe in the fact that HIV infections are clinical cases. They view such infections in a more spiritual way as curses. In this wise religious affiliation has serious implication for the spread of AIDS.

5.5 BACKGROUND INFORMATION OF RESPONDENTS BY EDUCATIONAL ATTAINMENT

The people of Moree and Asebu enjoy a free compulsory basic education in the entire District, owing to the fact that the district is the most deprived in the whole of the Central region. However, education in both communities looks expensive as parents had to provide school uniforms, food and books for their wards. In Moree the inability of parents to purchase school uniforms for children especially female children make them go to school with torn uniforms and most at time these girls are shy of going to school with such uniforms, also, refusal to pay for the token examination fees means being driven out of the classroom. Educational facilities are inadequate, pre-schools are owned by private individuals, which require more payment of fees. Generally, people in both communities have very low educational levels. The table 5.3 below indicates the level of educational attainment by sex ratio.

Table 5.3 Educational level of local ordinary people by sex in Moree and Asebu in percentages, 2005.

Area	Female (%)			Male (%)			Total (N)
	Middle /JSS	Primary	No formal education	Middle /JSS	Primary	Non formal education	
Moree	40	7	33	7	0	13	100 (15)
Asebu	20	27	33	20	0	0	100 (15)
Total	30	17	33	13	0	7	100 (30)

Source: Field work 2005

Table 5.3, indicates that 6 out of 12 females and 1 out of 3 males interviewed have attained middle/Junior Secondary school education in Moree. 3 out of 12 female and the 3 males have middle/Junior Secondary School education Asebu. 1 out of 12 females and 2 out of 3 males have attained primary in Moree whilst 4 out of 12 females have attained primary in Asebu. Also, whilst 5 out of 12 females and 2 out 3 males have no education in Moree, 5 females have no education in Asebu. The above discussed educational levels can be supported by the fact that females are slightly less privileged. From observation, it was realised that the local ordinary people in both communities have very low educational status. The low level of education can be related to the type and nature of job available in both communities, their income level and their vulnerability to poverty and risk of HIV/AIDS and other STIs. This shows interplay of poverty and HIV infection or how poverty has a consequence to the risk of contracting HIV and the spread of AIDS.

5.6 OCCUPATIONAL STATUS AND INCOME LEVEL OF RESPONDENTS.

An analysis of occupational characteristics is significant to the study because it has been realised that low level of employment especially amongst the females has a link with HIV/AIDS prevalence.

5.6.1 Employment status of respondents

Modern employment deals with having certificate or educational achievement or skills. The level of education in both communities is very low. Most of the people in the formal sector are not indigenes of the towns. They are migrants from other cities and their level of education is quit high.

Table 5.4 Level of employment of local ordinary people by sex in Moree and Asebu in percentages, 2005.

Area	Female (%)			Male (%)			Total (N)
	Yes full time	Yes part time	No	Yes full time	Yes part time	No	
Moree	20	27	33	13	0	7	100 (15)
Asebu	27	13	40	13	0	7	100 (15)
Total	24	20	36	13	0	7	100(30)

Source: field work 2005

From the table above 5(33%) and 6 (40%) of both female and male respondents interviewed are into full time employment in Moree and Asebu respectively. 4 out of 12 females in Moree are into part time employment. In general, it is my impression that employment status among respondents in Moree can be attributed to the fact that most first born sons are taught how to fish whilst the females are thought to become fish mongers in the early stages of their lives. The fish mongers become actively employed during bumper harvest but unemployed during the lean season. 6 (40%) and 7 (47%) of female and male respondents are unemployed in Moree and Asebu respectively. More females in my small sample were unemployed in Asebu. Those female respondents who are into full time employment in Asebu are those working in the Citrus industry peeling oranges. People in part time employment, especially those into petty trading sometimes loose all their capital. This make them become vulnerable to poverty and in the quest for survival may be prone to risky behaviour which may lead to HIV infection. Unemployed female are in adverse poverty and are likely to trade sex for material gains. Depending on the kind of sexual partner and his believe, they would lack negotiation power over condom use. Unsafe sex is more likely to lead to HIV/AIDS infection.

Table 5.5 Occupation of local ordinary people by sex in Moree and Asebu in percentages, 2005.

Area	Sex	Formal sector	Non formal sector	Petty trading	farming	fishing	student	unemployment	Total (N)
Moree	F	0	0	27	0	20	0	33	100 (12)
	M	0	7	0	0	13	0	0	100 (3)
Asebu	F	7	0	33	0	0	0	40	100 (12)
	M	0	7	0	7	0	0	7	100 (3)
Total		4	7	30	4	17	0	40	100 (30)

Source: field work 2005

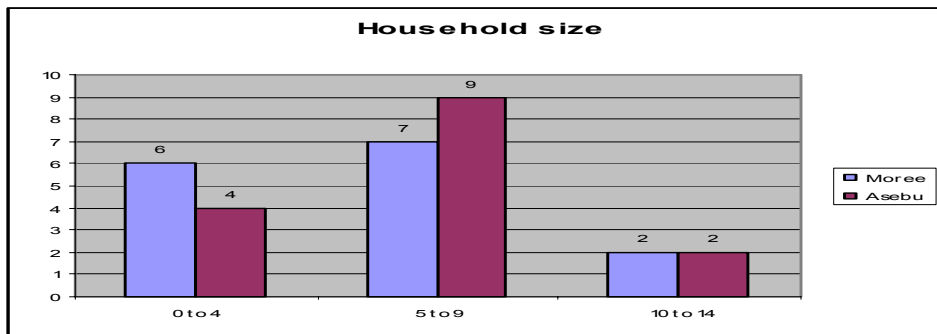
From the table above, 3 (20%) out of 12 females and 2 (13%) out of 3 males interviewed were in the fishing industry in Moree. Also, 4 (27%) out of 12 females and 5 (33%) out of 12 were into petty trading in Moree and Asebu respectively. 5 (33%) out of 12 females and 6 (40%) out of 12 females were unemployed in Moree and Asebu respectively. From my small sample, it was realised that unemployment level is higher among female respondents in Asebu than in Moree and also those into petty trading are more in Asebu than in Moree. At Moree, fishing activities is undertaken mainly by the youth and they see it as a legacy which they inherited from their forefathers for which they are proud of. Looking at the geographical location, topography and the type of soil of Moree, crop farming would be very difficult. However, the soil in Asebu is very rich for farming activities but the youth have refused to utilise this land. Almost all the youth think of white collared jobs, thus working in the office and petty trading though their educational level is low. As a result most of them migrate to the two nearby districts: Assin Fosu and Twifo Henmang lower Denkyira district. This is because the living expenses in the aforementioned district is less expensive and the service sector like schools, communication centres, banks and market facilities are well developed. Occupation and income is a very important indicator of standard of living in most countries especially Ghana. This is evident in the Human Development Report (HDR, 1990) that states “Income is one of the many factors which people consider necessary to improve their living conditions”. The majority of the people in both communities have low educational attainment hence have resorted to indigenous activities such as farming and fishing.

The people perceive females to be of less important hence they are marginalised when it comes to job acquisition. Some parents would prefer to educate their male children in disfavour of the female children because it is considered that the office of the woman is in the kitchen. It is evident in the table 5.4 that majority of the females in my small sample are not having jobs and have no income. Those who try to survive are exposed to high risk behaviour and are highly vulnerable since their petty trading might not satisfy their basic needs. This unemployment level among females has tremendous consequences for HIV/AIDS spread in both Moree and Asebu.

5.6.2 Household size of respondents in Asebu and Moree

A household is a small part of larger extended families that live together in the same house or compound; they share the same house keeping arrangements and are catered for as one unit. A household is usually formed when sons of the older household live their family of orientation to their family of procreation, thus, gets married and begin to take care of their own families.

Figure 5.1 Household size of local ordinary people in Moree and Asebu, 2005.



Source: field work 2005

The figure above confirms that majority of households in Asebu and Moree is large, as most of the respondents live in households with a household size ranging from 5 to 9 people. 6(40%) respondents and 4 (27%) respondents interviewed in Moree and Asebu respectively said they live in a household with household size of 0-4 people. Fishing communities in Ghana are normally polygamous and have very large family or household sizes and this is due to the fact that during the fishing season when there is big catch (bumper harvest) more hands are needed to prepare the fish for the market. However, this

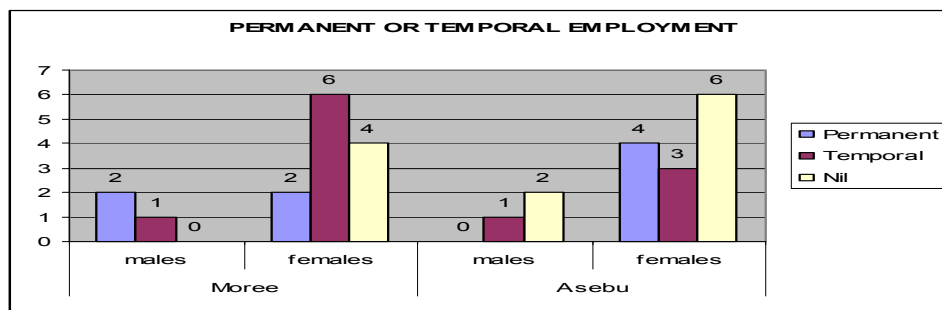
has an implication on poverty and their vulnerability to HIV/ AIDS because during the lean season when there is no catch they are unable to afford certain basic need of life such as a balanced diet and three squared meals a day. This pushes female to exchange sex for money and favours in order to meet the basic needs of their family.

From observation, it was realized that female households go through miserable life after giving birth because they cannot work to earn a living to provide for the needs of themselves and their babies. So they end up borrowing until their babies grow up to an age where they can be left home on their own. According to the District profile (2004), the household size in Moree was on the average of 8 persons per household while Asebu has a household size of about 6 people's household. Through observation it was realized that a lot of efforts have been made by the assembly members through educational programmes to help reduce the large household sizes especially among the fisher folks. This situation is however different in Asebu where nothing is being done to reduce the large household size by the district and the local assembly members. The household is the key living unit in both Moree and Asebu that controls decision making, production and expenditure. Potter et al, 1999, asserts that, households pass through a developmental cycle during which their size and composition change and the all important ratio between workers and dependants change over time. Every household may be under pressure at certain stages and this could affect the quality of life of the whole family. Perhaps the household size either put pressure on income or reduces pressure on income. High household size normally put pressure on income and this can generate into a risk taking behaviour to providing for the family.

5.6.3 Duration of employment among respondents in Moree and Asebu

The duration of employment, whether permanent or temporal, determines the ability of an individual to absorb shocks in the present economic situation.

Figure 5.2 State of employment among local ordinary people by sex in Moree and Asebu, 2005



Source: Fieldwork 2005

From my small sample, it is evident from the figure 5.2 above that 6(40%) out of 12 females in Moree and 3 (20%) out of 12 females in Asebu were into temporal employment. A greater number of informants in Asebu from my small sample thus 6(40%) out of 12 females and 2(13%) out of 3 males had no employment. Those with temporal employment in Moree are fishmongers and their job is seasonal. In Moree the majority of the respondents were into a form of employment whether temporal or permanent. The case is different in Asebu where majority of them could not state whether their employment was temporal or permanent. It can be said that the unemployment level in Asebu is comparatively very high for both men and women than Moree. It is clear that both communities have some of the major causes of poverty related to low education, unemployment, lack of accessibility to arable land and credit facilities. Observation clearly manifested that unemployment and unavailability of sources of generating income are critical factors that drive women into risky sexual behaviour.

Table 5.6 Income level per month of local ordinary people by sex in Moree and Asebu in thousand cedis, 2005.

Area	Female (%)						Male (%)						Total (N)
	5-249	ϕ250-349	350-449	450-549	550-649	Missing case	5-249	ϕ250-349	350-449	450-549	550-649	Missing case	
Moree	33	7	13	0	0	27	0	13	0	0	7	0	100 (15)
Asebu	40	13	0	0	0	27	0	0	13	0	0	7	100 (15)
Total	36	10	7	0	0	27	0	7	7	0	3	3	100 (30)

Source: field work 2005

Income is an important indicator in the standard of living. Ghana's annual minimum wage is now ₵4,050,000 (442 USD) which was stated in March 2005 and it must be noted that educational attainment tends to raise the income level in Ghana. Comparatively, from my small sample, those in Moree earn relatively better income than those in Asebu. It is clear from the table that the majority of the respondents interviewed fall within the lowest income earning group, thus, 5 (33%) out of 12 females in Moree and 6 (40%) out of 12 females in Asebu, earn between ₵ 5,000–249,000 (0.5-27 USD) in a month. Majority of the female informants could not disclose their income level because they are unemployed. From the table most of the males from my small sample earn above ₵249,000 per month. Only two (13%) females could earn a little above ₵100,000 (9 USD) out of these one of them works with the Citrus Industry in Asebu. In both communities most people, especially females have no skills or are semi-skilled that could help them generate enough income for strengthening their life situation. With reference from figure 5.2, most of the respondents said they were not into neither temporal nor permanent jobs and this is evident in the table above. This shows that men in the study have higher income earning power than females. This indicates a form of vast inequality in the income level between males and females on individual levels. People with low or no income may be vulnerable to poverty or prone to HIV infection. Such people especially females are more likely to engage in risk taking behaviours leading to HIV infection.

5.7 SUMMARY OF THE CHAPTER

The focused on females within ages 18-24 year group however there was no limit for the few males involved. The small sample size of 30 was structured to cover married females, female-headed households, single women, and few male. Within the small sample size, there were more married females in Asebu than Moree. In general respondents from my small sample have very low level of education. Females in Moree had attained education up to the Junior Secondary School than females in Asebu. The men within the small sample size have attained Junior Secondary School and have skills. Unemployment level was very high among females in both communities. This situation has a serious implication for the spread of HIV/AIDS in both communities. The predominant ethnic group among informants was Fante. Distribution of the informants according to religious affiliation favours Christianity. Most of the small sample size

respondents were living in large household sizes and majority of the informants earned less than ₺249,000 (27 USD) per month. This was revealed to be insufficient and respondents being rational would find means top up their income level. This situation makes females prone to poverty and vulnerable to the risk of contracting HIV/AIDS.

CHAPTER SIX: SOCIETAL PERCEPTIONS ON POVERTY AND VULNERABILITY IN MOREE AND ASEBU

6. INTRODUCTION

This chapter seeks to give the people of Moree and Asebu a voice to enable them comprehend their perception on poverty and vulnerability. This was done by presenting as much of their own words (interviews) as possible, in line with the objectives that the research seeks to analyse, as well as other relevant issues related to these. Considering the fact that poverty compels people to adopt health risk behaviours in life that can generate into risk for HIV infection, respondents were asked several questions. They were related to their perception on poverty, the causes of female poverty and how it relates to women's risk of contracting HIV/AIDS.

6.1 POVERTY AND MARGINALISATION IN MOREE AND ASEBU

It was realised in the course of the interviews that both communities, as a whole, had an innate understanding of the signs and causes of poverty. These features were observed in the low level of living conditions of majority of the people of Moree and Asebu. This was evident in their physical appearances, dwelling places, the physical environment and social facilities. Asebu and Moree are not accorded equal socio-economic services by the government as in other towns in the district.

Respondents in Asebu and Moree perceived poverty differently. In Asebu, poverty was perceived by both females and males to mean lack of access to social facilities, security, employment and social inclusion. To them lack of social inclusion means deprivation in the form of lack of recognition, respect, being seen as inferior and not heard in terms of decision making. The respondents in Asebu feel they are marginalised or left out especially in decision making process and are deprived from many facilities such as schools, health care centre, post office, police stations and banking services among others. The unequal distribution of services like health, clinics and other public facilities in Moree and Asebu is dependant on the areas leaders' negotiation power and political problems and Asebu has a lower catchment area (population) than Moree does. These results in high illiteracy rate especially among women, high maternal death, increasing migration and violence against women, which leads to the risk of HIV. The respondents

from Asebu understood the meaning of poverty to mean something more than just a mere lack of food and shelter. To them with education one is able to access lots of opportunities as evidenced below:

“Poverty is a situation when somebody due to lack of certain factors like education is unable to access what he or she wishes to”. A 23year old female from Asebu

The above indicates that their definition is related to subsistence poverty (basic needs) and relative deprivation (Heisenberg 1993). The respondents from Asebu recognised poverty and marginalisation to be two sides of the same coin. Marginalisation was understood as being exempted from development. From the above definitions and discussions it can be said that Asebu is deficit in public or collective resources both material such as schools, health centres, banks and post office and immaterial resources such as social networks and negotiation power.

In Moree to the contrary, the meaning of poverty was focused on lack of money and resources, food and clothing among others. They actually emphasised on lack of food as indicated below:

“Poverty is when someone is unable to find food to eat, has to beg for food, and cannot buy clothes ...” A female from Moree.

However, the respondents in Moree said, they were not marginalised, in terms of public infrastructure. This was confirmed, by the Moree Assemblyman, who said, the community has quiet a number of social facilities, such as schools, health centre, bank and post office and a number of females have benefited from credit facilities from the bank in the community and from the district assembly’s micro financing programme. This definition above, can be related to food poverty (absolute poverty or starvation) (Heisenberg 1993). The above, shows that, respondents in Moree, lack individual resources, both material such as food, clothing and money and immaterial such as social, psychological (Mental attitude).

The reason for the disparity in the definition of poverty among the respondents from the two towns was, attributed to their location in space and basis of physical resources. The location of a person relatively influences his or her needs. Moree is located nearer to a bigger town like Cape Coast; as a result, they have access to certain facilities like

schools, banking facilities, police station. This urges them to place their priority on access to food. Moree has access to fishery resources, which they sell to bigger town but lacking access to some agricultural resources or products such as cassava, plantain and vegetables. On the other hand Asebu with a longer distance to a big city and relatively having access to food crops and other protein foods like bush meat (like grasscutter) and meat from the rearing of domestic animals like goat were interested in accessibility to social amenities.

In both communities, some of the respondents' especially, female headed household understood poverty as hardships: thus, a persistent situation in which "*one survives marginally*" with "*problems following you*", "*living from hand to mouth*" and in "*perpetual need*", "*due to a lack of basic necessities*" of life and the "*means of production*", lack of social support and the feeling of negativity, frustration and "*powerless*" to "*influence the things*" around one, "*because one has no source of life*".

The breakdown of the social network or support in both communities lead to people making statements about their poverty such as "*a situation in which one is tortured silently, yet without help*". Social exclusion either by one's self or by members of the community, discrimination, lack of respect and neglect, were also seen as a feature of poverty experienced by orphan, uneducated youth and especially single mothers. The feeling of negativity cited by respondents in defining poverty includes *hopelessness, helplessness, uselessness, worthlessness, resignation, defenceless* and with "*nothing to do*" this, has been summarised in the following quotation:

"Poverty is being unable to help yourself; it is having no choices to make in life. It is a state of helplessness". An eighteen-year-old single mother in Asebu.

Furthermore, others also perceived poverty to be mental attitudes. Mental attitude in terms of laziness thus, lack of motivation, incentives, resignation and low self-esteem that inhibits participation as, they are presented or in searching for opportunities for production or for developing human capital. This is evident in the expression by one key informant:

"Poverty is basically lack of material needs that make one uncomfortable; to me it is a state of mental attitude in the form of laziness, having low self esteem and low self-efficacy". The District Coordinating Director, AAKD.

Poverty was, perceived as, being apathetic or ignorant. It was, observed that, the people of Moree seemed to have less concern about their well-being, and so, they are not so worried regarding risk situations. This makes men especially become so over optimistic and some, based on their poor living conditions migrates living their family behind to other towns without thinking about the risk involved in moving, such as indulging in extra marital sexual activities. In addition, discrimination and exclusion by others is relevant.

6. 2 CAUSES OF FEMALE POVERTY

There are always multiple interlinked and overlapping factors causing and maintaining the state of female poverty. The causes of female poverty manifest itself in the marginalised positions that women find themselves in. For the purpose of the study the empirical evidence gathered on the causes of female poverty, such as marginalisation of women in economic ventures can be put into different causes thus social structure (economic, socio-cultural), agency (political), causes and more specific geographical causes.

6.2.1 Social Structures

Social structure is a system of social relations. Social structure, in the two communities is in the form of institutions and norms, which shape the actions of individuals in society. It presents an idea that, society is, grouped into structures with different functions, meanings or purposes. The various institutions I identified within the two communities are family system (marriage), economic, religion, laws (norms), political (chieftaincy and governance) and education. This is, related to the idea of social stratification, which refers to the idea that society is, separated into different strata according to social distinctions such as race, class or social position and gender. Social treatment of a person within the various social structures can be, understood as related to their placement within the various social strata. It was realised from observation that women's place within the social structure has put them in a subordinate position (thus men having the authority over them) where these women are marginalised. This holds the women, in, and prevents them from escaping poverty, hence increasing their risk of contracting HIV.

a. Economic Causes

The economic system is composed of people, institutions and their relationships. It deals with the allocation of material resources in a community. It is a mechanism, (social institution), which deals with the production, distribution and consumption of goods and services in a particular society. The allocation of individual resources at the household levels and community level in both Asebu and Moree was, based on the social stratification such as gender and class. Women in both communities mentioned lack of access to productive resources or productive capacity (physical strength, skills or knowledge) as one of the major causes of female poverty in both societies. Women in Moree as sellers of fish, fishmongers and wholesale buyers as well as those in Asebu as petty traders have limited access to resources because of the large gender inequalities, which exist in the two communities and it manifests itself in the differential access to resources for men and women. Such valued resources include a wide range of resources such as wealth, income, credit, knowledge (in terms of literacy and education as well as information), technology, valued skills, valued income-generating activities, food, health, power and prestige.

Married women in Asebu complained that they do not work and as such, they do not contribute to family upkeep and have access to family resources. However, female-headed households in Asebu said they sometimes help other people in their trade for a fee to get money to support their family. The norms in the society identify men as breadwinners. In-depth interviews revealed that women's access to income generated through visible means serve as a threat to men's status and identity. As a result, women, especially the married are, prevented from entering into income generating activities. This has led to high unemployment rate among women in the community. A 23 year old married woman lamented:

"I married at the age of 17years when I dropped out of school as a result of teenage pregnancy. As I could not finish my education I have no certificate to work with, I also did not learn any vocational skills. My husband takes care of my children and me. He pays for their school fees and provides housekeeping money. The money he provides does not satisfy all our needs. He does not allow me to cultivate or work outside the house. Therefore, I cannot earn an income to support the up keep of the house. He says I am a woman and I should be in the house to care for the children. Besides, I dropped out of school at a tender age and have never had the chance of learning a skill. He provides almost everything in the house even my underwear. I have no control over money in the house since he works. So whatever he provides whether sufficient or

*not I can't say anything as complaining about the situation means inviting trouble". **Field work, 2005.***

Lack of skills and lack of access to employment reduces women's access to income, the key resource that will increase women's autonomy. However, in Moree on the contrary, the woman work and thus earn income, but a man may demand this for his own use. In Moree, where men receive meagre incomes, women's incomes earn through their fish mongering activities are controlled by the men. This is evident below:

*"I am a fish monger and I get my fish from my husband who is also a fisherman. He counts the fish and gives the price he expects. After smoking and selling the fish, I am, expected to render account to him. In fact, he gives me nothing for my efforts. What I do is that I add a little to prices without the knowledge of my husband and keep it for myself to sustain". **A 24 year old fishmonger in Moree***

Vast gender inequality which manifest itself in discrimination against women in access to skills, employment and control over their own income, makes it even difficult for them to have control of family resources. This was cited as one of the major causes of female poverty and marginalised positions that prevent them from accessing any economic opportunities in both societies. This state of affairs also results in women experiencing lack of prestige or decision-making power as a function of such incomes and place women in a subordinate (suppressed) position where they cannot negotiate for safer sex especially in cases whereby they doubt the fidelity of their husbands. A male respondent confirmed the above expressed sentiments by the women:

*"It is the man who marries the woman so why should I allow my wife to work whilst my children are there. I married my wife so she will bare and care for my children, cook my meals, wash my cloths, she is supposed to be at home when I get back from work to welcome me. The woman's office is her kitchen. I am the breadwinner even the society accepts that". **A 40 year old married man in Asebu.***

Men have been found to resort to force and violence; they may even usurp the woman's earnings, even if they have to beat them up or they may become more domineering, authoritarian, repressive, and violent at home than before. This in order to ensure that the integrity of the existing patriarchal power structure is not in any way challenged by women's changing status (de Graft-Johnson, 1984).

Gender gaps in access to, ownership and control over resources make women more vulnerable to and difficult to escape poverty and HIV than men. In both communities, whether, the resources in question are land, labour, technology, credit facilities or

education, women's access has been substantially less than men. Girls have to earn income for the family at a very tender age by helping mothers in their trading. This situation keeps girls from attending school and learning a vocation. The following expression confirms it:

*“During the lean season in Moree, women migrate to coastal towns in the Western region such as Axim and other towns with their daughters to find fish to sell, so these girls leave school and travel with their mothers, as time goes on they drop out of school. In fact, mothers also want their daughters to help them during bumper harvest. Young girls end up not being uneducated and not having any vocational skills, they are unable to work to earn a decent living, make decisions and choices in their lives. They end up indulging in early sexual activities if they are not given in marriage early which put them at a higher risk of contracting the dreadful disease. Lack of access to education and skills is the major cause of female poverty and marginalisation in this community”. **Assemblyman Moree.***

Comparatively the same scenario is in Asebu where one female headed household with four children prefer to send her 3 sons to school while her 8 year old daughter assist her in her dough nut frying business especially during market days. The above circumstance shows a clear discrimination against girls and has increased illiteracy rate among females putting them in a marginalised positions where they cannot access opportunities such as employment and decision-making in both community.

Respondents in both communities complain of lack of appropriate technology used in the economic activities and market facilities as a major cause of female poverty and marginalisation. In Asebu, women complained that the crude method such as the use of the hoe and cutlass make farming difficult and unattractive. This is expressed below:

*“Farming could have been the best occupation for us, but the hoe and cutlass method used makes working difficult. Sometimes experiencing pains around the waist and in the palm. What is so annoying is that it is normally the buyers /middlemen who have been determining the prices of these food crops. They have been giving cheap prices and one has no choice, as the crops get rotten. This has made farming not so attractive to us the young females and males. We prefer to purchase items and sell then to go farming”. **From Focus Group Discussion in Asebu, 2005.***

*“The crude method used for fishing especially the use of canoe makes fishing so dangerous and scary. You know we females are easily scared by events. If they were using modern technology like the use of boats it would have enticed we the women to go fishing. Also, I grew up to hear that the sea god doesn't accept women at sea. This knowledge only scares us. As a result we only depend on the fish brought by these our men. Much of the fish also go bad when there is good season, and we run into losses since there are no cold stores here”. **Focus group discussion in Moree 2005.***

The scenarios above make them run into losses because they cannot accrue their initial capital and make profit. Women especially female headed households run into hardships. This leads to lack of valuable source of income, which leads to sales of assets. Female headed households and the pressure of maintaining the basic needs of their household compel women to keep multiple sexual partners for financial favours. Female households due to economic pressures engage in sexual practices, which limit their power to negotiate safer sex and thus make them run the risk of HIV infection. It is argued that, poor women may know the dangers associated with unprotected sex, yet they may still lack the resources to avoiding such sexual practice. Poor women may take maximum risk of engaging in unprotected sexual intercourse for financial favours to ensure their survival. In such circumstances the knowledge and perception of the dangers of unprotected sex does not count much towards risk reduction since the concern of the poor woman is solely survival (Bernadi, 2002) she therefore accepts a higher risk tolerance. Poor women therefore would accept or tolerate the probability of unsafe sex to gain more money. This, to some extent is related to the concept of risk as the possibility of losses and benefits.

Land reform programmes together with the break-up of communal landholdings have led to the transfer of communal land rights to males. Males who are heads of households ignore both the existence of female-headed households and the rights of married women to a joint share. Women can only work and provide unpaid labour on their husbands land. Women are therefore discriminated against, and this reduces their autonomy and places them in a marginalised position where they cannot enter into any economic venture. In Asebu where arable land is the major resource, the age of the woman was considered before land was given out. Young women were seen as lazy and were perceived to leave land to go waste when they are given.

Women focus group discussions revealed that women in both communities had a problem with accessibility to credit facilities. In Moree, the older fishmongers however could relatively access loans from the bank in the community as well as loans from the district assemble common fund, but in Asebu, which has no banking facility women can only rely on loans from the district assemble common fund. Though according to the District Coordinating Director a larger percent of credit allowances are extended to women,

mainly because national legislation and customary law do not allow them to share land property rights along with their husbands or because female heads of household are excluded from land entitlement schemes and consequently cannot provide the collateral required by lending institutions. Female respondents complained that the loans given them are not enough (¢500,000 about 55 USD) while the males receive (over one million) more than them. One female head exclaimed:

“This (¢500,000 equivalent to 5.5 USD) given to us as a loan is too small and cannot be used for any meaningful trading. In addition, we are expected to repay with interest. That is why some women use it to feed their children or pay for children’s school fees”. **Focus Group Discussion**

There are many conditions attached to the loans that are given. Some of these conditions given by one female respondent include, one should be in a successful business with a personal bank account. Furthermore, one should be able to prove that in case of bankruptcy one would be able to repay the loan with interest. In addition, one should have a good character and must be recommended by somebody. The female headed households expressed bitterness about such conditions as due to the societal perception about them no one would want to recommend them. Men therefore take control of development projects that exclusively benefit women as soon as they show some potential for generating a substantial income (Bekele, 1982). This is a clear sign of discrimination and marginalisation, which makes women heavily dependent on men and in turn compels them into types of risk taking behaviour hence increasing their vulnerability to HIV infection. Thus in such circumstances their body becomes the asset they use to make money for survival.

b. Socio-cultural causes

The learnt and shared values, the standards of behaviour especially codes of conduct and the kind of social interaction existing within both Moree and Asebu community was found to be a major cause of poverty. Women remain trapped in poverty because of cultural norms and sexual division of labour. Traditionally there are different roles men and women are supposed to play. At times, it was very weird to view a woman undertaking a male’s role. In-depth interviews with chiefs and elders in both communities revealed that within the community women are expected to be at the kitchen while men discuss important issues concerning the society. Normally, the society does not think of giving the girl a skill but always try to train the girl child to be a good wife and to serve

her husband and her children. Even if the girl child is to learn a vocational skill it would be in the area which is related to household chores such as catering and sewing. These norms tend to make women uneducated and therefore they cannot generate the attitude of saving and improving their lives. Males also believe that when you send a female to school she would automatically become pregnant and drop out of school. This is evident in the response below:

“I will never send my girl child to school. Ah! I, to send my girl to school? Never! This is because there is a probability that the girls may become pregnant and drop out of school. It is a waste of money and resources. After all when she grows up a man will come and marry her; she should help the mother in the house”. A 39 year old married man in Moree.

It was observed that the dual production and reproductive roles also impact on women’s well-being. The women in both communities complained of domestic activities such as fetching water and fuel wood as well as caring for children take much of their time and prevent them from working to earn an income putting them at risk of poverty. This is evident in the lamentations of these female respondents below:

“I am a fishmonger and I have to process the fish I get, sell them and at same time care for these my children. Sometimes I have to travel out of town to go and sell but because of these children, I cannot stay over night. I have to return immediately because my husband is always at sea. Especially during the lean season, he stays at sea for months before coming home. It becomes worse during the fishing season because he only brings fish to me to smoke and he goes back” a 24 year old married woman in Moree.

“I wake up early at dawn around 4:00am sweep wash my husband and children’s clothes, fetch water, get fire wood, and prepare the children for school. In fact, I normally complete the house duties around 3:00pm by then these children might have come back from school. I would have to prepare for the evenings meals. The customs does not permit men to cook even when I am sick I have to do all these housework without his help. I just do not have the time to rest; neither do I have the time to sell for an income to support the family. Sometimes I feel very tired during the day and I do not have time for my self. Though such norms and customs portray our culture and socialisation system however to me it is not the best as it exposes women like me to risk directly or indirectly. In fact, sometimes when I am sick and my husband says he has no money I have collected herbs to cook and drink to get better instead of visiting a doctor. If I was working and earning an income I’ll be able to visit the doctor without consulting him” A 23 year old married woman Asebu.”

Discrimination against women was observed in both communities. Patriarchal structures place males as the heads of decision making process especially within the home. Hence, power is put in the hands of men. This asymmetric power relation prevents women from taking initiatives in the form of decision making that concern their own lives especially those that will improve their well-being. Such patriarchal structures discriminate against women on the grounds of their gender identity especially in the form of resource

allocation. Women have limited access to resources such as education and skills. Those who have access to resources (men) have the decision making powers. Those who do not have access to resources in the case of poor women would not be able to negotiate for safer sex such as the use of condom as a mechanism for preventing HIV/AIDS infection in any sexual relationship.

The regent of Moree also mentioned the fact that females were given out for marriage at an early age to older men to get a bride price for the family not looking at the sexual history of such men because of child betrothal, which is a common and still being practiced in the Moree community. He explained and emphasized the fact that early marriages prevent girls in the community from acquiring skills or pursuing education in order to support themselves and their family. This makes them solely dependants on their husbands; as a result, in times of divorce they fall into hardships and become very vulnerable to poverty.

The practice of the payment of bride price by men was reported to be one of the major causes of female subordination in both Asebu and Moree. Comparatively, majority of the people in both communities earn less than a dollar (¢9,000) a day. However, the list of bride price (in the form of money and drinks), was estimated by elders in both Asebu and Moree to almost ¢10million (1,100 USD) (see appendix 5), if a man is able to purchase all these without the woman's contribution which is always the case, the man really feels he has purchased the woman. This put women in a position whereby they are abused very often at the least provocation of men as evident below:

*I normally heard rumours about my husband having affairs with other women in the community. Initially I never believed until one day I caught him red handed. In fact, the only thing I could do was to fight and threaten the other woman. Currently I am not working and he is the soul breadwinner of the family divorcing means packing and moving out not alone but with my 3 young children. When I think of not being able to cater for their needs alone, I decide to stay just for the sake of the children, though I know he can give me AIDS. **25year married woman in Asebu.***

One male respondent was quick to react on the above situation:

*“Traditionally, males are to perform marriage rite and pay bride price. Actually females are describe as sheep and should be obedient to men especially their husbands, men are suppose to protect these weak women”. **A 40 year old man in Asebu***

Women, who are normally abused, are at a higher risk of contracting HIV. Such women who are normally poor lack the resources to negotiate for safer sex especially when their husbands are promiscuous. Opting out of the marriage requires that the woman's family pay back the bride price to the man and it is believed that it is a disgrace and a curse to run from your matrimonial home for which no family is willing to accept. Though these women may have knowledge about dangers of unprotected sex, they may not count that towards risk reduction since refusal means severe beatings or husband's refusal to cater for the needs of such poor women and their children. The payment of bride price encouraged men to be polygynous. Mostly this put women in poverty situation since most polygynous men neglect their responsibilities of caring for their eldest wives and children. It was however observed in the Asebu community that, because most of the female respondents were not working and were dependent on men they had no control over decisions made in the house, females were seen as weaker vessels and that it is the man who has to direct her movement and actions. When it comes to discussion on the number of children to have, it is up to the man to make that decision.

"I have 3 children in addition to the one on my laps making 4. Their age difference is less than a year. Still my husband refuses to use condom or contraceptives when having sex with me. I remember one time I tried to convince him to use a condom, the way he beat me up. He said it means I do not trust and believe him or I do not love. In fact "awo ye yaw" child bearing is a difficult situation to be in but for the sake of these children and the marriage I have to be in it like that". A 24 year old married woman in Moree

Traditionally, the norms are that boys are permitted to explore sexually but a girl is suppose to be married a virgin. This has made men promiscuous and irresponsible, putting women in both communities in a subordinate position where they are discriminated against and run the risk of poverty and HIV infections.

An elder in Moree said it is a norm for a woman to care for the man and children by giving her money to the man and this gives them a stronger position in the society. The elder further explained that women have to work hard and give the money to the man. This related to the notion of masculinity embedded in the society of Moree and this state of affair make men tend to have power or dominate over women as this is expressed in the proverb given by one male respondent *"If a woman rears a goat it is the man who sells it"*. This puts women in a situation whereby they are discriminated against and cannot firstly save and engage in any meaningful economic venture and even use their own income to

improve their own wellbeing. The power relations exhibited in the Moree community reduces the decision making power of women and increases the risk level of women to poverty and HIV infections. In Giddens structuration theory, structures both enable and constrain agents. This implies that the various patriarchal structures embedded in the economic and socio cultural institutions serve as constraint to women gaining decision-making powers and prestige in the two communities. It also relate to the concept of gender identity which argues that the identity (sex) of a person determines the position and roles that individual plays in the society. Women's identity places them in a subordinate position where they are discriminated against and marginalised and are unable to access economic opportunities, which will enhance their autonomy and improve their well-being.

Gender discrimination was also reported by women in both communities during focus group discussions to make women susceptible to poverty in the society. However, it was the women in Moree who complained bitterly about this situation and provided example and empirical evidence for such injustices to them in their society. An example given was biased nature or discrimination of women in local council courts (Chiefs house), siding with husbands even when he is wrong especially in cases of domestic violence or stealing of money; normally advice is made for the matter to be settled in the house;

“My husband accused of stealing his money and beat me up to the extent that I even collapsed. It is something he has been doing and he beat up any time he accuses me of such theft. I have stayed in the marriage because I don't have any meaningful employment; however just some time ago I decided to quit the marriage but the local court said this is a family matter so we should settle the issue at home. Look at the extent of my wound”. A 19 year old wife from Moree.

From focus group discussions held in both villages the women complained about lack the break down of social network as one of the causes of poverty of women in the two communities. One elderly man in Asebu said that when they were young the extended family played an important role in the well-being of other family members. Well to do family members were willing to help unprivileged members even there were instances where upon the death of a husband the extended family saw to the well being and upkeep of the widow and orphans. In modern time's population explosion and its associated economic hardship has lead to people paying attention mostly to their nuclear family system. This has also lead to female poverty with its associated risk taking behaviour among young women. Increasing poverty among young women make them use sex as a

survival strategy and this serves as an obstacle preventing them from insisting on condom use though they may be aware of dangers associated with unprotected sex. Such poor young women may take maximum risk of engaging in unprotected sexual intercourse to get resources (money) for survival. Risk optimisation gives the idea that such women faced with these options would optimise the level of risk based of her perceived risk tolerance level (Wilde, 1994, 2002). In such circumstances, the knowledge of the dangers associated with unprotected sex in the long term, thus, the likelihood of contracting HIV/AIDS is not considered since their concern would be based of the short-term benefit for survival. These women therefore accept high-risk tolerance. As pointed out by Giddens 1989, the joint collective capacity of individuals can, on the other hand, influence the dominating power structures and change their base through social network. However, this social solidarity is disintegrating. Women in both communities mentioned lack of women organisations in the form of groups and the capability to do so which can influence decision making process at community level. Female focus group discussion cited lack of women organisations as a barrier to accessing development initiatives particularly credit and saving schemes. Thus, they lack access to information on credit facilities, as a consequence of ignorance and lack of access to social space for women.

Social inheritance is believed to be an element in the marginalisation process. Research tells us that background conditions are inherited whether biological or social (Munk, 2002). Strains such as sickness, lack of education, low income, family dissolution, assault, poor housing and unemployment are linked with the childhood experience. According to Munk (2002), accumulation of (poor) living condition is transmitted to children and adolescents. In-depth interviews held in Moree especially, revealed that, children reproduce the behaviour and concepts experienced and learned in childhood for which reason their essential behaviours pattern may resemble their parents' behaviour and representation throughout life. Hence, the vicious cycle of poverty is produced and reproduction in the socialisation process. One respondent confirmed this:

“Yes, I inherited this poverty from my parents. My parents are very poor as a result; they could not afford my school fees. If they were rich I would have gone to them for a loan for a big time business. There have been a lot of job opportunities that have come my way some would want a little bribe so that I would be given the job, but who do I turn to, nobody, indeed poverty is a disease”. A female from Moree.

Truly, poverty is inherited, as it is evident in the Ghana adage, “*if you grow up on a mound you grow tall quickly but when you grow up in a pit it is very difficult for you to grow tall.*” This means if you grow up in a well-to-do family, there is the likelihood that you would become rich because the resources would be there to push you into any economic venture.

6.2.2 Psychological causes

The socialisation process within the community of Asebu and Moree was identified to have made a psychological impact on women. When the girl is born, she is made to understand that certain activities are solely for females and other activities for boys only. A woman is suppose to perform domestic activities such as cooking, washing, cleaning or putting the house in order, giving birth for her husband. The male is supposed to protect the female as a result; male children tend to be protecting their sisters sometimes become over protective. Feminists approach argues that women’s self-esteem is grounded in the interpersonal relationship-forging strong connection between them and others (Miller, 1986). Psychologically women see themselves to be weaker than men hence naturally tends to seek the support of men. A woman therefore needs a husband for the establishment of a social identity. Feminists argue that women are taught that their main goal in life is to serve others thus men first and later children. Women’s role is therefore defined purely in reproductive terms. Education is however seen as equipping girls to be better wives of mothers or increasing their chances of getting suitable husbands. This issue has led to women not gaining any skills and therefore become over dependence on men because they think they cannot do anything meaningful in their lives. Women lack control when it comes to sexual relations in such situations and therefore lack the ability to decide on the use of condom. In this situation, it becomes rational for women to allow their partners of have unsafe sex though they may be aware of the risk involved. Women do not have control over conditions under which sexual relations take place. This is evident in the expression below:

“I married my wife because I needed somebody to cook and wash for me and may be to satisfy me sexually”.

This has made some poor women unable to resist shocks that further impoverish them. In both communities, it was realised that some women know the agency that could address their condition especially when they are assaulted, however, they will not seek redress because they are not empowered. When they go to such offices that could address their conditions they feel they do not belong to such places. In such situation they seem to

have a stigmatising experience as they feel they are not wanted and do not belong to such places due to the appearance of such well furnished offices. The respondent below confirmed this:

“When I invite these poor women from the two communities to my office, they see my office to be too luxurious and that they do not deserve to sit in any of the seats. They prefer to stay out of the office than to stay in because they feel shy to be in this office of mine. To them my office is for high class people. They have low self esteem, they do not believe in themselves”. **District Planning Officer, AAKD.**

It was realised from focus group discussions that women in both communities tend to avoid seeking redress because this visit could imply reprisals from their husbands and these women have a feeling of low self-esteem and therefore suffer in silence of the abuses and threats of men.

6.2.3 More specific Geographical causes

The natural environment of an area thus its climate, natural resources and isolation is often its distinguishing feature. These endowments often determine its economic, its depth and persistence of poverty. The climate and the natural resources in an area often influences the types of industries and markets that emerge. Communities with resources that can support multiple enterprises are much more likely to develop mixed economies than are communities with a single source resource (like rich soil). Geographic attributes of an area contribute to set the environmental context that helps or hinders economic development (Rural Policy Research Institute, 2004).

The two communities, Moree and Asebu, fall within a deprived district in physical geographical terms. The two communities relatively experience poor climatic condition as a result most people resort to the only viable resource the sea. In Moree, the major resource is fish gotten from the sea as stated earlier. The economic activity for females is fish mongering. However, in Asebu the major resource is the rich soil. This soil is not good for cash crops such as cocoa and coffee, but good for citrus cultivation (lime, lemon and sweet orange) and food crop such as cassava, plantain and maize cultivation for subsistence. This has resulted in the females in the community indulging in food crop cultivation and petty trading. There is low level of education in both Asebu and Moree. As a result most of the other economic sectors such as the banking services, schools, communication services, health are not developed. This state of affairs has put the place

in a form of geographical isolation, which has created a distance from production and labour markets. The majority of both the skilled and unskilled labour mostly males have migrated to neighbouring countries and other bigger towns within the country or region. Females who have no skills are left behind to cater for children and the aged. This has increased their time burden and as such they do not have extra time to enter into income generating activities improve upon their well-being. The females in both communities have become very vulnerable to poverty and HIV because of the geographical location of the two communities. This is evident in the statement by respondent from the two communities:

“Here in this place, there are no better jobs except fish mongering, which is seasonal. In fact we don’t do anything during the lean seasons, at time it becomes difficult to get money to buy food for myself and my children we survive on only “soakings” (gari mixed with water and sugar) which is not a balanced diet my children end up getting beriberi. If there were other jobs, I would have done in lean season. Some women find the situation difficult and leave to the city and other bigger towns only to engage in prostitution in this time of that dreadful disease”. A 20 year old single mother in Moree.

“Here, the major economic activity is farming. As for me I don’t want to do farming because It is for the old. The factories in this town have collapsed. The workers in the only Citrus factory here are not paid well there are no other opportunities to engage in. for me if I should get a capital to trade I would be very grateful”. A 19 year old female from Asebu.

The expression above shows that farming is a non-wanted activity by the youth because they view it as very strenuous and is a work for the aged. However, the Citrus factory is not employing the local due to their low level of education. It has intensified poverty in the community.

Also from observation, it was realised that the seasonality of fishing has intensified the poverty level of the females in Moree. They become active during the fishing seasons but inactive during the lean seasons because they cannot turn to any other job in the community. Others who feel compelled by such deprivation migrate to La Cote de Ivoire and other bigger cities such as Accra, Kumasi Sekondi-Takoradi and Cape Coast in search of jobs, which are not available. Most of them, especially female from female headed households, end up in the “entertainment business” exposing them to risk of contracting HIV and other STI infection.

“Single mothers normally leave their children with their mothers and travel to Abidjan saying they are going to help other fish mongers there to smoke fish to earn an income only to realise that the situation is not at all cosy. They end up entering into relationships with men to survive.

They only return to this community when they are sick, they grow lean few weeks after their return and die mysteriously.” Moree Assemblyman

Such people become vulnerable and susceptible to exploitation by men, as they become locked up into cycles of debts. Sometimes contributions of money are often made to sponsor a family member to travel to destinations within or without the countries rumoured to have good jobs. They go to meet hard conditions in the areas of destination and this prevents them from remitting those left behind. Such hardship make them tend not to care about the consequences of their actions, hence, are compelled to accept multiple partners in order to satisfy the most basic needs. Men exploit females in such conditions and this aggravates their vulnerability to HIV/AIDS infection.

6.2.4 Agency causes

Agency as indicated by Layder, 1994 refers not to the intentions people have in doing things but to their capability of doing these things. Human beings have reasons for their behaviour but no matter how skilled and competent they may be, yet their knowledge is always limited to some extent (Giddens 1984). Thus, agents are also influenced by actions of others as they are by the rules and limitations of structures (Giddens 1984). Agency causes of poverty see poverty as the result of the actions of others, including government and economy.

Focus group discussion among women in both communities emphasized that they have no effective representation and that they have “no voice”. The local councillors do not invite them to attend community meetings they are not also informed about development opportunities and representatives, failing to visit, consult or feed information back to their constituents. The females feel discriminated against and lack confidence to voice their opinion. They feel too “frustrated” and “powerless” to influence decisions. The individual’s insufficiency is manifested in such negative feeling about themselves thus helplessness, hopelessness, uselessness, worthlessness, defenceless has resulted in they not being responsible and lacking self motivation to improve their well-being. Mention was made of cases where young women simple cannot access the meetings or training sessions held due to insecurity, distance remoteness, impassable roads and unaffordable transport costs, physical weakness illness or inability to forfeit the time, as I noted that most of the women spend their time looking for daily survival needs.

“Last month we were told that they were organising a one month vocational training for females at Cape Coast for people in Moree and Old Ebu for the people in Asebu. I went there only to be told to pay a deposit of ₵12,000 and I was supposed to feed my-self and foot my own transportation cost which was around ₵4000. This ₵4000 could be my 3 days living money and this is too expensive. My sister if you would advice them to bring the training closer to us like Asebu it would be fine”. A 25 year old female head in Asebu.

During the interview with the District Planning Officer, I questioned her about the issue raised by the women above. This was her comments:

“That was for commitment because normally when we organise such programmes for free, they don’t take it serious or show any form of commitment in the first place. And always come with excuses, today one person would come with an excuse that my child is sick, my husband says this and that ... As a result, they don’t benefit fully in such programmes. This is because they do not think of the long-term benefits but short-term benefits. They are always thinking of how to feed their children and husband”. The District Planning officer.

Their labour is their only asset. To expect them to participate in development activities is equivalent to taking away their asset. The opportunity cost of participating in such activities is too high for them. The people complained about lack of suitable markets, the cost of market dues and lack of marketing and pricing information all of which are felt to be a cause of poverty among fishmongers and traders. Most respondents in both communities gave exogenous excuses for their deplorable condition, they think it is the responsibility of the government to reduce poverty, and expressed that the government is not doing enough but aggravating the poverty level among women. The expression below supports the complaint:

“The government says he is reducing poverty but we are not seeing anything, he is continually increasing fuel prices, which transportation cost, build our own schools, pay for medical treatment, start improving our roads before he comes in and find markets for our own produce, what does he expect us to do in such circumstance? Instead of redeeming us from poverty, government condemns us to poverty”. A 21 year old from Asebu.

Inferring from the above, the women perceive taxation, privatization and market liberalization as a course for the intensification of poverty by causing vast unemployment among women, that is structural causes.

There is also lack of inclusion of poor women in local governance. Though women had strong powers like king making, which was in the hands of Queen mothers, it is now being over-shadowed by men in the present. When there is a decision to be made within the family, the men gather to decide. This is embedded in the adage that “when a woman

purchases a gun it leans on the chest of the man” this means irrespective of a woman’s position within the society she has to be controlled by a man. As a result women are discriminated against, exploited and marginalised by these men especially husbands making women prone to poverty.

Respondents in both communities mentioned irresponsibility of men as a cause of poverty because men refuse responsibility of pregnancies. Gender discrimination embedded in the cultural norms in the societies has reduced women’s agency by suppressing them from not taking initiatives.

6.3 SOCIETAL NORMS AND PERCEPTIONS AS A CAUSE OF WOMEN’S VULNERABILITY TO POVERTY

The term vulnerability has been employed by a large number of authors to refer directly to risk, and they have even used it to refer to disadvantaged conditions especially in the social sciences (Bankoff et al. 2004). The perception of the people of Moree and Asebu about vulnerability differs between individuals. They expressed different views about vulnerability.

Expressions by respondents in Moree

“Vulnerability means somebody who is easily swayed and deceived and tortured or protected, stand at risk to certain negative factors (environmentally, socially and culturally)”

“Being hurt easily physically and emotionally”

“Disgrace, shock and risk”

“To be convinced easily”

“Somebody who falls prey to circumstances, and he is easily attacked or overtaken by events”.

Expressions by respondents in Asebu

“Somebody who because of limited resources does anything to survive”

Somebody who has difficulties in providing for his / her basic needs and is prone to crisis and shocks”

“Being in a condition that disenable you to think right or properly and easily run into crisis such as disease and hunger”

“Being in a situation that increases your risk level”.

Vulnerability as defined above can be related to a high degree of exposure to risk, shocks and stress; and proneness to food insecurity (Davies, 1996) and this could be due to lack of resources such as lack of knowledge and skills, political victimisation. Women easily recognise themselves as the vulnerable group in both communities because of certain norms and customs embedded in the society. The various norms and customs are the major cause of gender inequalities, which include gender division of labour such as

having the responsibility of bearing children, satisfying their children's needs as well as those of other members of the household. Such gender inequalities embedded in the norms discriminate against women, as they are saddled with heavier time burden due to their reproductive task in addition to their productive work they performed in the communities. The former traditional role discriminate against women from participating in decision making in the household level, communities levels and national level exposing them to risk of poverty and HIV infections. It also leads women little time to engage in paid work.

“Just look at my situation, I have this plenty house work to do each day which leaves me no room for taking up paid jobs. I also take care of my old aged mother in law who is staying with us, my younger siblings. This always prevent me from taking decision on the type of employment that I want to enter into because of the age of my children, what annoys me is that my husband is not willing to help me with the household duties because he has the perception that household duties are solely for women. Though it is the responsibility of my husband to financially take care of the family, he sometimes does not give such and he expects us to survive. So I normally try to adjust manage the little food and resources left in the house to survive sometimes we survive on cooked rice with oil without sauce. I do not think we would have been eating unbalance diet or be in such a situation where I cannot do anything to provide for the needs of my children. I believe if my husband is to allow me to secure a paid job I would be able to help. This has made me trapped”.
A 25 year old woman in Asebu.

The traditional roles women play in the community gives them little time to engage in paid work to earn them an income. This makes them become very vulnerable to poverty. Such women run into hardships since they have no access to income. However, females' especially female headed households are saddled with the responsible of providing for the basic necessity for their children. In order to satisfy such responsibilities they tend to engage in risk taking behaviours. One female respondent in Asebu who was interviewed confessed that she was forced to risk her life and marriage to have sexual intercourse with somebody else since she was responsible for providing for the need for her sick child as the husband refused to provide her with house keeping money. In her situation, she only considered the immediate benefit as against the consequences of the likelihood of contracting HIV and losing her marriage.

From observations it came up that many young couples begin their married life the poorer off with the groom having paid the little income he had on bride price. This contributes to poverty and domestic violence. Bride price reduces women to the status of chattel or property and exposes them to all sorts of abuse widow inheritance and risk of HIV infection.

*“In this our community, because of the inability of parents to provide for the needs of their daughters these girls just move their things, go and stay with any man who can provide for their needs without the man performing any marriage rite. In such a situation, the family of the man does not recognize this kind of union as marriage. They have several children. In the case of separation, the woman or girl is not entitled to any benefits from the man. When he dies because the woman is not legally married to the man, the family of the deceased man will just come and throw or sack her out and never will she get any benefit from the deceased. This happens a lot but people keep it and do not complain. Most at times these young girls have no skills so in such situations they are unable to take care of themselves and their kids”. **An old woman amongst the Chief and his elders in Moree.***

*“Some men would go through hard time to find money to perform the marriage rite. They have the perception that the woman becomes theirs after rite. Hence can be ordered around. Traditional a woman could be inherited in the olden days. The perception has been carried to the current generation. Therefore, wherever a man marries he perceives the wife to be a property. This makes men control women and sometimes beat them up at the least provocations”. **Local Town Council Member Moree.***

*“Career women are seen as prostitute in this community and had no good character so nobody will want to be called that. Women mostly hide behind their husbands especially when they are wealthy. For me this is a bad perception because it is preventing women to develop skills and have better education, which is the key to better living. Women become over dependants on men and this makes them rather prostitutes as they are unable to meet their daily survival needs and that of their children in this situation”. **A 19 year old single mother in Moree.***

This perception about career women kills initiatives of women because no woman would want to be associated with prostitution and this has put them in a position that make them become over-dependant on men. Hence, they become susceptible to the control of men and their abuses. This situation has made women vulnerable to poverty since their survival depends on men. In addition, the promise of bride price encourages parents to force young girls out of school in order to be married off for bride price. This discriminates against girls in education.

6.3.1 Societal perceptions on female headed households regarding vulnerability to poverty.

Most of the female headed households interviewed were those who were single mothers (some had their partners refusing responsibility of the baby). Only a few have their husbands migrated to other towns. It was realised that female heads were vulnerable to poverty depending on the kind of households they are coming from. If a household is not receiving support from any male family member, it is more likely to be poor. Where a household livelihood is dependant primarily on petty trading and there is neither

remittance nor regular income it is likely to be poor. Most female headed households have a high dependency ratio, fewer assets and less access to resources and tend to have a greater history of disruptions. Many different societal perceptions were given by respondents in the two communities on female headed households, which aggravated their susceptibility to poverty.

Marriage is an important institution in the Ghanaian community, so any one who is not married and gives birth is scorned out and is seen as a disgrace to the family and the society. As a result, different attributes are given to all female headed households who do not have husbands and are not widowed in both Moree and Asebu. From in-depth interview made in Asebu, it was realised that the society perceived these female headed households as shameless and having no self respect. This is evident in the various expressions below:

“The young women who have children but do not have husbands do not respect themselves so the society does not respect them also. This is because they are seen to be easily prone to promiscuous behaviour; they are seen changing men or partners regularly as their survival strategy. One thing is that most of the young female headed households have no skills and are not working. This makes life unbearable for them, as they are unable to afford common food; they wear faded clothing and are swayed easily. Some guys play on their desperate situation and make use of them and dump them”. A 40 year old man from Asebu.

It was observed that the Asebu society viewed these young women who have children and have no husbands as having no good character or are promiscuous because they normally mention multiple men to be responsible for their various pregnancies when they are asked. The family neglect these girls because they think they had brought disgrace and shame on them. This is because they did not marry before they gave birth and having two or more children with different men. Men view those young female headed households as cheap and tend to play on their desperate situation and have unprotected sex with them which often result in pregnancy. Such men normally refuse responsibility and accuse these females as being promiscuous. Contrary in Moree these young women use to help other older female fishmongers in the fish processing business. After given birth they tend not to have the strength and energy they had when they had not given birth to help these fishmongers for a fee. This makes them poor since they cannot work especially during the early stages of lactation and they have no husbands to fish for them to sell to earn a living. They become lean and have no money to eat a balanced diet. Sometimes sympathisers give clothes, food among other to them.

The reaction of the society tends to affect these female headed household psychologically. This makes them feel rejected, neglected and vulnerable and increases their psychological distress including anxiety, demoralisation, depression and worry (Mirowsky & Ross 1989). Those words such as “cheap” “disgrace” “shameless” “prostitutes” “worried women” “depressed women” used for the female headed households make them go through psychological trauma and social stigma. Unlike Asebu, the Moree community perceive women who do not have husbands as dirty, bad luck women and being followed by spiritual forces. They are eliminated from the social networking system, which makes them become social out cast because nobody would want to help them. This has made them develop a sense of low self-esteem. This is evident in the expression below:

“The kind of abusive words used for these young female heads make them psychologically imbalanced; they grow lean and are forced to accept any man’s proposal for survival. They are unable to take initiatives in trying to changing their own lives as the society views them as useless. This makes them look down on themselves become antisocial and live in a deplorable condition” A 30 year old man in Moree.

This was confirmed by one respondent who said: *“At first I had friends who could help me when I was in need. I dropped out of school because I was pregnant, after having two children with two different men I lost all my friends. They have neglected me because their parents see me to be a bad influence. Anytime I tried talking to any of them, their parents come to me disgrace me and at times beat me up in public calling me names. Some of my friends are into apprenticeship, any opportunity slips by because I am not so close to them again. I feel depressed and dejected. I am not working and I cannot feed myself and my kids, all the guys who came my way just make use of me and dump me. Sometimes I fall victim because I sometimes need something to feed my baby and myself. The only person who tries to help me is my old mother is not into any meaningful job. My father dead some year back other members of my family do not care at all about me”.* **A 22 year old female from Moree.**

The regent of Moree also stated that some of them have jobs and are looking for men to marry them but no men in the community would want to marry such women. People investigate the background of the mothers of these female headed households before they marry them or respect or value them. If it comes up that, the mothers of these female headed households (FHH) are also female heads then it is perceived that the daughter would probably take after the mother. This is evident in the popular Ghanaian proverb that *“the crab does not give birth to a bird”*. From the few married female heads I interviewed in both Moree and Asebu, it was realised that most married women who have their husbands migrated and are recognised by the society are respected because their bride price have been paid. However, they also experience harassment from men. For them it

looks like their social network is quiet good therefore they could receive help from her families and husband's family. This means they are not so vulnerable to poverty and they will not give in to the demands of other men especially in the case where the husband supports her and children financially and visits regularly. A respondent in Asebu also confirms this:

“My husband has performed our marriage rite, so I am recognised by his family and the society. Though most people in the community know that I have a husband who has travelled and with 4 kids with him and he visits regularly, I still experience harassment from men. I am so lucky to have some of my husband's family around who help when I am in need. I sometimes live my children with them and go to do doughnut business. My husband regularly sends me money to support myself and the kids”. A 25years old FHH

During focus group discussion with the women in Asebu, the females headed (those whose husbands have migrated and those who do not have husbands) complained that the perception of society about FHH prevent them from accessing credit facilities and other opportunities that comes their way. According to them during the lean season, life becomes unbearable since they do not do anything like helping other older female fishmongers as they use to do during the peak season, or do they have the means to migrate to look for non-farm paid jobs. During such periods they starve, sometimes reduce their food intake for the whole family like not adding meat or fish on their meals. This makes them unable to stand shocks and prone to starvation. Female headed households are however, not given such loans to help them engage in other income generating activities to cushion themselves and their families. This is because of the society perceives them to end up feeding their children with its. They may end up being poor again and unable to pay the loan. Such loans are given to women who are in one form of trade or the other discriminating against the most vulnerable and poorest. The most vulnerable households are those that are both highly prone to adverse external events and lacking in the assets or social support system that could carry them through periods of adversity (Ellis, 2000). The above state of affairs is because of the perception that those identified as most vulnerable and poorest do not make good use of resources available within the community. One of them lamented:

“Because we are respected in the community and we have no husbands, we are exempted from credit facilities being given to women here in our communities. They refuse us credit with the aim that we will use it to feed our children and may not be able to pay back the credit” (Focus Group Discussion, 2004).

I questioned the unit committee members of Asebu and the Town Councillors in Moree and their similar answers confirms what the women focus group discussions said. According to them, the loan is given to women who have good character and good financial background and one has to be recommended before the loan is given to them. As women who head households are perceived to be promiscuous and with no good character, no one would want to recommend them and this deprive them from gaining from such opportunity.

6.4 SUMMARY OF CHAPTER

The chapter tended to describe the societal perception on poverty and vulnerability in Asebu and Moree. The study showed that poverty exists within household on different levels in both communities and the respondents from the small sample size had a fair knowledge about the meaning of poverty. Whilst majority of the respondents from Moree viewed poverty as lack of individual resources both material and immaterial, majority of respondents in Asebu viewed poverty in terms of lack of access to collective goods or services. Causes of poverty were emanated from three folks, thus social structures (economic, socio-cultural) agency (political) and other specific geographical factors. It was also revealed that women have no access to resources because of the large gender inequalities, which exists in the two communities and it manifested itself in the differential access to resources for men and women. Women remain trapped in poverty because of cultural norms and sexual division of labour (patriarchal structures) which discriminate against them. It could be realised that the social structures in both Moree and Asebu has placed women in a subordinate position where they are marginalised and discriminated against as they have no resources in the form of education, skills and therefore lack decision making powers. This increases their risk tolerance level and prevents them from escaping poverty hence increasing their risk of contracting HIV. These societal construct make women overdependent on men which further made it difficult for them to develop their capability to enter into an economic venture, hence

making them very vulnerable to poverty. Situations like these put women in a marginalised position and this affect their decision making powers and negotiation powers for the use of condoms. Thus, female become susceptible to poverty and tolerate a high risk of contracting HIV/AIDS. Psychologically, women in both communities have developed low self-esteem because of their various socialisation processes. Another cause of female poverty was related to agency cause where respondents stated some government policies such as privatisation, market liberalisation, taxation as a cause of the intensification of female poverty. Geographic attributes of Moree and Asebu contribute to the environmental context that helps or hinders economic development. In addition, the existing agencies have impact on women making them feel insecure and powerless. They are discriminated against and are powerless because they lack representation. Lack of income earning opportunity couple with increasing expenditures compels household and individuals to resort to variety of strategies to change their poverty situation. Strategies adopted often include out migration and income generating.

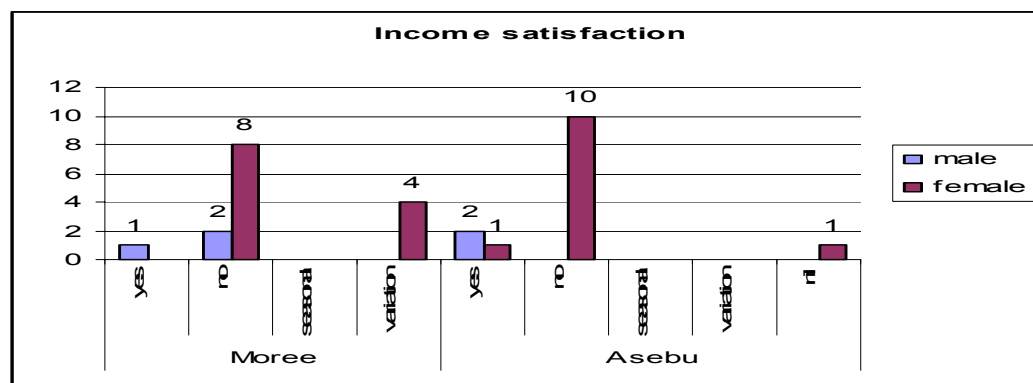
CHAPTER SEVEN: LIVELIHOOD STRATEGIES IN MOREE AND ASEBU

7. INTRODUCTION

Livelihood seems to offer a a more complete picture of the complexities of survival in low income countries while diversification recognises that people survive by doing many different things, rather than just one thing or a few things. Determinants of livelihood diversification can be grouped according to key features that individuals or societies possess in common (Ellis, 2000). These include seasonality, risk strategies, migration and labour market. The type of strategy adopted varies from individuals, households and type of communities depending on the particular situation of need and stress. These have critical implication for the promotion of HIV/AIDS in the two communities.

7.1 INCOME SATISFACTION AND EXPENDITURE PATTERN AMONG RESPONDENTS IN MOREE AND ASEBU

Figure 7.1 Income Satisfaction among ordinary local people in Moree and Asebu, 2005.



Source: fieldwork 2005

As indicated in the figure above, whilst 8 female respondents in Moree said the money they receive was not enough to cater for their needs, 4 female respondents said their fluctuate thus, sometimes it is enough, at times not. Furthermore, whilst 2 male respondents from Moree found their money not satisfying them, one respondent was so content with the level of income he has. In Asebu as 10 female respondents were not satisfied with the money they get, one respondent was satisfied. One other female respondent could not tell whether the money she had was enough for her or not. 2 male respondents were satisfied with their income. One other male could not also say whether

his income was enough to cater for his or family's needs. However, income satisfaction is subjective. It must be noted that subjective assessment of income satisfaction will depend on expectations and group reference for comparison. It was observed in both communities that their living condition was low so they tend not to compare so much between different household and groups. Expenditure patterns however vary amongst households and individuals and between the poor and the rich depending on the economic conditions prevailing at a time in the country, promulgated by the physical environment and macro policies (thus deflation of the currency). The government of Ghana used to provide or subsidize certain social welfare service. Currently it is decreasing gradually. This has put heavy burden on people and their cost of living has increased. Price changes transformed into high expenditures therefore emanate from Inflation and other government impulses and short falls in food production. One Queen mother in Asebu reiterated that

- *“Times are now very difficult; education was free there was Programme of Action to Mitigate the Social Cost of Adjustment,(PAMSCAD) who was providing food in the secondary school in the olden days. Currently one has to pay before going to the public toilet. Just recently one young in girl in this village went into labour during midnight, there was no ambulance, we had to hire a car at an expensive price at about ₵500, 000 to cape coast about 17 km. As of that time, they had increased fuel prices, in the hospital we had to pay for a card before we saw a doctor. We are told, to purchase drugs at exorbitant prices at private pharmacy shops since drugs are not given for free at the government hospitals these days. Aside these, I have not even mentioned our basic needs such as clothes, food and shelter for our children. This has resulted in difficulties in the standard of living. This has resulted in young girls have become promiscuous, teenage pregnancy is at ascendancy and this is serious at this current era of HIV/AIDS”. (A Queen mother among the elders in Asebu: Field interview 2005).*
- *When I was very young, our men brought lot of fish from the sea, currently they would have to travel far to fish spend about three month at sea. During their absence, it becomes difficult for us especially in provision of basic needs for our children. Some of us were unable to give birth in the hospital, our children are mal nourished, and sometimes we eat once a day (gari and sugar mixed with water) all because we do not have enough money. Increases in the price of fuel in recent times have affected every aspect of our live. Though now we enjoy free basic education, other responsibilities such sowing of school uniform, buying of textbooks and stationary rest upon our shoulder, above all we have to pay a token fee for examination. At the end of the day the little money my husband gives me does not last. Life is unbearable. (A 23year old married woman at Moree: Field interview 2005).*

It can be deduced from the various lamentations above that the people of Asebu and Moree used to embark on their own economic ventures, they said the government used to provide support to cushion them from shocks. Now that there is cost sharing

programmes, they are finding it difficult to adjust to the changes. Life has become unbearable to them. It is difficult for them to accept the present economic situation. In addition, resource depletion in the fisheries has compounded their poverty conditions.

7.2 CAPACITY AND CAPABILITY

The term, capacity and capability have different meanings depending on the institution, organization or individual under consideration and they are used interchangeably. They can mean to respond effectively to change, to make decisions efficiently, effectively (i.e. rationally) and responsively (Honadle 1986). Capability is the ability to undertake an action successfully and which intends affect an individual's long – term growth and development. Some officials in the district also defined capability and capacity as below:

“Capability is something given (skills and good health) to improve one's life”. Moree Assemblyman 2000.

Capability is “What you have to do or what you can do” District Coordinating Director, AAKD.

From the in depth interview, the respondents from Moree and Asebu identified capacity as ranging from the ability to do something, using talent to achieve something, among others while they saw capability to mean identifying your talents and developing them as expressed below:

“Capacity is the ability to learn even what is not taught while capability is the ability to let people know what you can do”. A female single mother from Asebu.

Ellis defines capability as the ability of individuals to realize their potentials as human beings, in the sense both of being (i.e. to be adequately nourished, free of illness) and doing (i.e. to exercise choices, develop skills and experience, participate socially) (Ellis, 2000).

7.2.1 Coping

According to Ellis (2000) coping comprises tactics for maintaining consumption when confronted by disaster, such as drawing down on savings, using up food stocks, gifts from relatives, community transfers, sales of livestock and other asset sales. Coping is the manner in which people act within existing resources and range of expectation of a situation to achieve various ends (Blaikie et al. 1994). It is the cognitive and behavioural strategies, which, are used to deal with the demands of everyday living. The thought,

feelings and actions make up the coping strategies that are called on to varying extents in particular circumstances to manage concerns. Coping skills can be developed, through previous experience, observing others, perceptions of one's own biological disposition, and social persuasion.

Things that people do in response to stress or challenges are called coping strategies. The range of actions deployed by the people of Moree and Asebu to deal with their poverty situation differ from one person to the other. They also vary from striving to satisfy basic needs like empowerment, respect, dignity and preservation of life at both, family household and community level (Skonhofs, 1996). The general consensus among the female respondents in Moree about how they could increase their capacity was that, they needed capital to learn a trade, expansion of trade and getting educated. This is expressed in the few comments from two female respondents from Moree and Asebu.

"I am very sure that if I should get money to start a business I will not be poor again"

"If I should get somebody to sponsor me to school even at my age, I would love it and I know I will be able to perform wonders with education as the adage goes education is the key to success" a 25 year old female from Moree.

"I want to develop a skill by serving as an apprentice as hairdressing but there is nobody to sponsor me if I should get somebody to do that I would be very glad. In fact if I get a man who would decide to sponsor me I would grab the opportunity" a 25 year old from Asebu

From the above expression, it can be realized that, the respondents from Moree expects that help would come from somewhere before they could increase their capacity to cope with poverty. This position makes them vulnerable to poverty and HIV. This is because there is the probability for them to accept sexual proposal from men for survival. However, situation is different for the Asebu respondents. It was deduced from respondents in Asebu that they would want to increase their capacity to cope with poverty by doing something themselves from the little money they have as stated below:

"I intend to save some money from my little income to buy a sewing machine to learn a trade in sewing" a 21 year old female single mother from Asebu.

Some of the respondents having purchased goods (males jeans, utensils and footwears) from Abidjan and Togo, they inflate the prices with the aim of making profits. However, they tend to give these goods on credit. In most cases, people pay in small installment. If they are lucky, some people are able to pay and when such is done, these sellers make

huge profits, but in situations when these creditors refuse to pay, huge losses are made. It is argued that people who are relatively young are daring and could easily engage in adventurous activities. From their situation above it can be realised that their confidence, level is very high and they feel invulnerable towards risk because they are over optimistic about their decision to travel abroad without considering the dangers they might face ahead. Others also considered traveling to other countries to purchase items to sell as an option to cope with poverty as evident in the express below:

“I would want to do better trading such as traveling to a country like Abidjan other countries to by goods to sell”

7.2.2 Strategies

Economic crisis is among the most important roots of sharp increases in the incidence of poverty around the world (Lustig 1999). Poverty outcome of the crisis for a particular household depends crucially to what extent a household is exposed to hazards of the crisis and its ability to respond or to cope with such perils (Holzmann and Jorgensen 1999). Since they do not have sufficient savings or their self-insurance coverage is inadequate to see them through bad times (Bardhan and Udry 1999), it is widely believed that poor households are likely to suffer the most. At the same time, the ability to respond or cope with crisis is not a function of household resources alone, as informal family support networks play an important role during hardships by providing social and economic benefits that the formal social security system fails to deliver (Cox and Jimenez 1990).

It was also realized that, most of the respondents in both Moree and Asebu had no strategies for mobilizing their capabilities. Most are in the house doing nothing and as the adage, goes “the devil finds jobs for the idle hand” sitting in the house without any source of income makes respondent susceptible to pauperism and hence are forced to undertake many risk to survive. However, others in Moree have developed some strategies to mobilize their capability as evident below:

*“I have been crediting more fish for which payment is made after selling and profit used to feed family and some to sponsor the trade I am learning” A 22 year **single mother**.*

Furthermore, others are also taking part in the saving with “*susu*” collector as was emphasized below:

“As I said I only sell for people who need sellers. I am an orphan and the only relation I know is my grand mother who brought me up. I have no one to fall on though I intend learning a trade”

“I am a petty trader, so I have been doing “Susu” with these “Susu” collectors with the intention of using my savings for learning trade”.

“Susu” is a form of savings, which is not done with the banking institutions. A group of people come together to make contribution of a specific amount for which one person keeps. At the end of the month one person within the group is given. Each member waits for his or her turn. One person can however decide to claim his or her contribution anytime but would have to satisfy the conditions of the group. There is no fixed price for contributions. Individuals come round to participants, to collect their contributions, so at the end of the month when their contribution is huge they collect and use it to expand their business. Participants engage in such to avoid the tendency of consumption of capital. As stated early where husbands have the right to claim income of their wives the females tend to weigh the consequences of their husbands taking their income. They join these “Susu” groups to reduce the risk of losing their capitals to their husbands. On the other hand, the “Susu” collector can also abscond with their money. In this case, these poor women take maximum risk to engage in these “Susu” activities without thinking about risk of losing their capital.

From the women focus group discussion held in Moree respondents mainly talked about access to nutritious food. Lack of such as resulted in a lot of deformities especially among children (kwashiorkor: thus protruding stomach). This hinders the mental development of children, hence are unable to perform well in schools and to learn skills. Such situations impede on the development of capabilities poor females especially. Furthermore female focus group discussion held in Asebu revealed that they needed good health, access to credit facilities to increase their capacity. They complained of not having health facilities and this affect them when they are sick. They normally had to travel for a longer distance to seek medical care. This reduces their ability to increase their capacity to improve their well being. From the above discussions it can be realized that respondents from both communities meant that if they have capabilities in the form of good food good health and skills they increase their capacity by using their strength and skills to access opportunities like employment and even who already have

employment would raise high in their businesses. This would also enhance their participation in decision-making.

The respondents all confessed facing some limitation or impediments in trying to increase capacity to cope with poverty. Impediments are obstacles that hinder a person from achieving a set goal. These include lack of capital and place to set up business, unreliability of rainfall for harvesting and bush animals destroy their crops.

The respondents from Asebu named the limitation or impediments to range from problem of raising capital and having a responsibility of caring for a young child. A respondent said:

“I have a problem of raising capital for a business. Nobody is willing to give me a loan to start a business. I was told that the government was giving out some loan; I went there only to be told that I am not qualified. I was seen to be a young girl who had a child without a husband and would not be able to invest the money well and repay. In fact I was denied.” A 22 year old female head.

It was said in Asebu that there was a women cooperative group called “ROBB” which was to be for all females in the community, but in actual sense it was made up of only women who are relatively rich and old already. The aim of the loan from the government was to help poor females to establish small businesses. Most of the females I interviewed were not qualified based on the criteria set by those in charge of giving out the loan. The poorest of the poor face problems with getting social economic support and financial credit.

In Moree, some of the challenges they mentioned in entering economic ventures include problem of finding capital, lack of support from husband, problem raising loan, family being a limitation among others. As was mentioned earlier, the societal structure of the community of Moree makes these single mother or female heads go through lots of stress. Some of the respondents could not initiate anything but to depend on the husband, sometimes they are told to care for their young children. Husbands also have a perception about women who acquire wealth and their attitude towards their husbands.

“My partner has been discouraging me from either selling or learning a trade because he says a woman becomes rude and arrogant when they get money”. A 19 year old mother.

Other females also mentioned that they running into debt and pregnancies being an impediment.

Women's labour plays a key role in the survival of families. Numerous studies have demonstrated that women work longer hours than men, have a greater range of responsibilities and continually negotiate their time and space to perform their multiple roles in the household, community and work place (Hanson and Pratt, 1995). In the quest of entering into economic venture, the female heads in Moree and Asebu emphasized that there were lots of problems. Some of the challenges they mentioned include inadequate capital, creditors not paying on time, the goods getting rotten and lack of patronage.

The respondents from Moree complain of lack of storage facilities making the fish getting rotten hence loosing the capital, this is evidenced by this respondent's lamentation:

"The fish I have been purchasing sometimes get especially during bumper harvest as a result I am unable to pay my debtors. We don't have storage facilities, those who have refrigerators always have dears always stocked with fish so no one else can go and add her". A 24 year old single mother.

At Asebu respondents stated that sometimes family members and friends become impediments by purchasing the items without paying, animals destroying their crops, weather condition being unreliable, young children who have to be taken care of among others. The community of Asebu is communal as such each one is the other's keeper. Thus there is a degree of mutuality in relations and stronger "family feelings". However in Moree the people tend to migrate a lot to bigger towns so they do not care so much about both the nuclear and the extended family. This has encouraged laziness people do not work and just depend on others for survival. Sometimes those people credit items and would not pay with the mind that oh! She is my brother and sister. This is evident in the following statements:

"I sell cooked rice and sauce, my aim is to get profit to expand, but sometimes family members will and purchase on credit and they intentionally refuse to pay especially those my husband's family member around. One time I went there to claim my money I was shouted at and they told me that it is their son's money I am using to sell so they also have right to spend some. I am even planning to stop selling because I am always in debt and I know when I stop my husband's family members will tell me that I am stupid. I couldn't use my husband's money well" a 20 year old female head.

Sometimes respondents sell in the open air as a result when it rains, they only have to pack their items home. Also animals were seen as another challenge they needed to deal with especially farmers. These bush animals have been destroying the crops giving rise to low yields. Other also realized the age of the children to be a challenge to deal with, especially lactating mothers. Their children were young as such they can not leave them with any other person. Poverty is prone to be inter-generational perpetuated because female heads cannot properly support their families or ensures their well-being (ILO, 1996). This leads to the reproduction of poverty between generations.

7.2.3 Coping Strategies employed by the people of Moree and Asebu

Coping strategies according to Ellis, (2000) is the sequence of survival response to crises or disaster. The range of actions deployed by the people of Moree and Asebu to deal with their poverty situation differ from one person to the other. They also vary from striving to satisfy basic needs like food, clothing, and shelter to reaching out for immaterial goals like empowerment, respect dignity and preservation a better life at both family, household and community level (Skonhofs 1996). It is worth noting that individual's choices are informed by their experiences, knowledge and capabilities beliefs. In the absence of social support system such as NGO, individuals in both communities have employed a number of livelihood strategies to ensure survival. Ghanaians place emphasis on the extended family system where they see themselves to be each other's keeper or helper, this is most widespread in Asebu. As a result one is able to receive some help be it financial or material from extended relations even after marriage.

Almost all the female respondents in Asebu borrowed from their relatives or their friends. The female respondents said they receive help occasionally from their boy friends, their own parents or sometimes parents of their partners. One male respondent said he collects loans from his manager to cope with financial hardship. One other female respondent said she receives help from no one. In Asebu almost everybody sampled out receive help from relatives or friends. Focus group discussion revealed that there is a seasonal migration of some older members of the household during the lean season. This is not to supplement the incomes of the resident household, but to remove from it one mouth to feed. They remove themselves from the households during the lean fishing season in Moree to ensure that food supplies remain sufficient for those left behind. Contrary to Moree,

women focus group discussion in Asebu unveiled that, different crops which suit different seasons are cultivated to ensure that there is food available during the lean seasons. Cassava thrives well during the dry season while maize thrives well during the wet seasons. These two crops are alternated to ensure that they have food during the dry seasons. In addition, some female headed household sell their assets such cloths and jewellerys to earn extra income for household up keep. Others who rear some domestic household animals such as goat, fowls and sheep, sell some to earn extra income for the household survival. In a way I observed that they did not want to expose themselves as respondents in women focus group discussion were reluctant when the issue of what women do when they are confronted with the problem of proving for the basic necessities of their children where they are likely to protract extra marital sexual intercourse for money. However, other studies have demonstrated how economic deprivation fosters a high-risk tolerance risky sexual behaviour as a way for women to afford basic needs for their families (Schoepf 1988, Zulu et al 2004, Kalipeni et al 2004).

Most males and females are unable to secure employment in the formal sector because of the low literacy in both communities. Besides, there is scarcity of such jobs, especially in Asebu (with less public service). This situation has made most males in Moree enter in fishing which is seasonal, only a few females within the group interviewed are into fish mongering. In Moree, most males who are into fishing have masters they work for. There is a tradition in Moree that boat owners do not go fishing; rather they employ fishermen who go to sea for them, after which workers are paid, out of the profit made from sale. Older women fishmongers employ those females who are into fish mongering, so that they are paid. Other job opportunities include, banking services, police service, and educational institution, however they cannot access such job opportunities because of their low educational level.

Asebu is noted for agricultural activities, which heavily depend on the weather condition, which is not reliable. These conditions in both communities lower productivity. People become distress and frustrated out of the shortfalls in production of the respective enterprises, which lead to low incomes and increasing expenditure. To exonerate themselves from this situation, the respondents mentioned that they resort to other complementary sources of generating more income to ensure a decent livelihood. The

focus group discussion indicated that majority of the females within the age group (18–25 years) interviewed are interested in petty trading (cross border trading) thus most of these females are food crop sellers and food vendors. However, petty trading is on a small scale it is a way by which women care for their responsibilities. As indicated early, some young females assist their mothers in these activities or trade on their own to supplement their income. Whilst exact figures are hard to come by on females on petty trade, the majority are into petty trading. There are numerous other shops, drinking bars, kiosks, tables stocked with provisions and all sort of food and non – food items lining the streets in front of houses and at the night market and so on in both communities. Some of the respondents from Asebu come to Yamuransa junction to sell to by-passing travelers, whilst those in Moree come to the Moree junction to sell food items bread, Fanti kenke and potatoes and fried octopus to earn extra income to add up to household income.. The list of activities is inexhaustible. In doing all these, women display ingenuity entrepreneurship (industriousness) and agency in circumventing various constraints. In so doing, they manage to turn around what would otherwise be a dismal situation.

Photo 7.1: a) a female head selling in a dilapidated market in Asebu



Photo 7.2 a young mothers coping with their poverty situation in Asebu



Photo 7.3: a young woman coping with her poverty situation in Asebu.

Source: fieldwork 2005

The female participants of the focus group discussion stipulated that women’s involvement in petty trading can be a possible means of survival, especially those women

who are into buying and selling businesses and do not have husbands. Cross border trade was reported to be very high among women traders and could possibly lead to an increased risk of having multiple and extramarital sexual partners. Some, such as dealers in household cooking utensils, second hand-clothing and food items, primarily involve females who are mobile, away from home and at high risk of supplementing income through selling sex to get through borders or past police blocks, as their tax-evading trade is not formally sanctioned (Webb, 1997). Opong (1995) has linked this partly to the interaction with more men at the course of transacting their businesses. Obviously, most of the goods are often supplied by men, and male custom officers could demand sexual favours in lieu of creating conducive atmosphere for women trade. The higher degree of trade smuggling activities and other social interactions going on at the borders of Togo and Abidjan put people at higher risk of contracting HIV. Poor women tend to have unprotected sex with customs officials and security officials to avoid paying custom duties or their goods seized, though, they may be aware of the risk involved in having unprotected sex. When such poor women are confronted with the issue of having unprotected sex with custom official or having their goods seized, they will optimize the level of risk based on their perceived risk tolerance level. Thus in such a situation the knowledge they already have about the dangers in having unprotected sex would not be considered towards reducing risk since their concern is solely on survival as they accept a high risk tolerance. Professional Status of HIV/AIDS patients at the district level reveal that out of 30 for the District, 14 were traders (Cross border and Inter city traders). Majority of who are women.

Based on the focus group discussion some people invest in drinking activities experiencing high demand in Moree and Asebu. Some incidence of risky sexual behaviours have been increasingly blamed on drunken people who in that state forget of the repercussions of their actions and run into having sexual intercourse without using the appropriate safety measures. Vulnerable people take to heavy drinking of alcohol to avoid depression propelled by hopeless and joblessness. The widespread drinking activities in Moree can partially explain the risk factors associated with HIV infections since alcoholism reduces self-consciousness and could lead to risky sexual behaviour. Sensation seeking people normally have unprotected sex based on their perceived judgment.

The poor in both Moree and Asebu normally migrate into big towns especially when the weather increasingly fails to enhance their course since most of them are into fishing and farming. Especially, those in Moree travel to places such as Abidjan to look for jobs which are not available and greatly expose especially younger people to conditions of higher risk for HIV. They often contribute money through borrowing to fund a family to travel to destinations within and without the country to have good jobs. However, subsequent wide range of hard conditions in the areas of destination painfully prevents them from remitting those left behind. At some points in the lives of these poor people, they tend not to care about the consequences of their actions. This unfortunately is the category in which most vulnerable women fall and are compelled by precarious circumstances to entertain multiple partners in order to satisfy the most basic of needs.

The above state of affairs was prevalent among migrants from Abidjan, Tema, and Northern Ghana who are indigenes of Moree. The HIV/AIDS Coordinator at the Moree Health Centre revealed this during an interview with her.

“Both females and males migrate a lot, especially during the lean season. In most cases, we often hear most of the males remarrying at their places of destination whilst their wives are left back home in Moree (their place of origin). The young females also travel to places like Tema and Abidjan. From the records I have here, the infected patients were migrants from Abidjan, Tema-Accra and the Northern part of Ghana. Even one female confessed that when she travelled to Tema-Accra, she fell into hardship, so she was compelled to prostitute in Tema. She said she was aware that she had AIDS so she pleaded that we should just treat her so that she can die. She eventually died” **HIV/AIDS Coordinator, Moree Health Centre.**

Out-migration cuts across both sexes but finds more expression among females street hawkers in the cities.

7.3 RESIDENTIAL STATUS OF RESPONDENTS IN MOREE AND ASEBU

Sattertwate (1997) points out that, although the literature on poverty places importance on the people living in poverty, it pays too little attention to their living conditions.

The type of building materials used in both communities indicates that there is an adverse poverty in the sub region. Materials include land Crete, sand Crete / concrete, wattle and daub.

Photo 7.4: wattle and daub house housing a single mother and her children in Asebu



Photo 7.5: Private Self Contain house in Moree



Dilapidated buildings in Asebu, Fieldwork 2005

Dilapidated building in Moree, Field work 2005

Source: Field work, 2005.

These “so called private self contains” and the wattle and daub houses are most often occupied by female headed households such as single mothers, widows among others and they get little or no financial support. Such women lack the means of renting a new house or renovate their houses. Picture 4 is a picture showing the abode of a single mother and her children, who was interviewed in Asebu and picture 5 is a private self contained residence of a married woman and her family. From the table it is realised that most of the respondents live in compound houses and from observation each single room within the compound house and the private self contain was occupied by about 6 to 8 people sleeping in a room at Moree.

However, the situation is different in Asebu where there are fewer people sleeping in the same room. Poor housing conditions, such as, poor physical quality of housing, overcrowding, limited or no access to formal housing, are one of the many manifestations of poverty. In Moree, 2 females are living in a private self contained house. Some of such private self-contained houses have no toilet and bath facilities; as a result, some people go to toilet at the seashore. 6 female respondents and 3 male respondents reiterated that they were living in compound houses, compound houses comprise group of families making the extended families (thus grandparents, uncles aunties among others) living in the same building.

In Asebu, 3 males and 7 female respondents live in compound houses whilst 5 females live in private self contain. And 4 respondents who fall under others according to the table said that they were living in houses which have no toilet facilities, some people go to toilet in the bush or do it in the polythene bag and parcel and throw away what is

normally called “shit, rap and throw”. The majority of the respondents live in dilapidated buildings, rusty and leaking roofs, lack of toilet and bathroom amenities.

7.4 FACTORS THAT IMPEDE WOMEN’S ABILITY TO ENTER INTO ANY ECONOMIC VENTURE

Several factors were identified to be impediment to women in both Asebu and Moree in their quest to enter into any economic venture. These factors include, cultural, social and political.

7.4.1 Cultural factors

The customs and traditions of a society are impacted to a child as soon as he or she is born. The child grows in it, believes in it and acts accordingly. In the traditional set up males are always preferred over women. That is why a man could inherit his deceased uncle’s property including the wife. This was because females were relatively part of the property. These cultural practices impede on women’s ability to enter into any economic ventures. Men see themselves to be protectors of women and that they should provide for them. The role of the women is to stay in the house, bear children, care for children and keep the house. If even the females would work they would have to give their income to the custodian of the husband. The position of women in such situation impede on their attempt to enter into any economic venture. Some customs and traditions make women destitute especially when their husbands die. There have been instances as was confirmed by one respondent a woman helped the husband economically to acquire wealth, as soon as the husband died his family members came to throw the women away from the property of the deceased husband. Such a situation increases the vulnerability status of such a woman especially if she has no economic venture. Such women become vulnerable to poverty and HIV.

Also culturally, certain jobs such as masonry, fishing, driving among other have been attributed to for men only. So even if a women could do it she is perceived to be different, as a result many women are poor because they are not keen in available men’s job.

“because of my child I cannot do any meaningful work, she is even not yet a toddler hence I cant leave her until she is old enough for me to leave her with my mother” a 21 year old single mother in Moree.

This means that the household duties are impediment to her quest to enter into an economic venture of her choice.

7.4.2 Social Factors

Lack of education and vocational skills, lack of start up capital, attitudes such as spending profits on purchasing cloth instead of saving, lack of managerial skills marrying early, irresponsible on the parts of women were some of the impediment respondents’ mention in the quest for economic venture. Education trains up a person to be able to manipulate with the hand, think analytically and relate so well with people. Modern employment looks at educational status before skills so it becomes difficult for some body to find a meaningful job if the person has no educational certificate. Most of the female heads in Moree and Asebu are not educated as a result most are living in poverty. The only immediate skill they can learn is fishing in Moree and farming in Asebu. The youth in Asebu do want to engage in farming as they see it as physical exhausting and demanding so they are unemployed. This is evident from a respondent,

“I have no helper, I had no one to send me to school, when I travel to look for job, I am not taken in though people were taken in I have no certificate” 19 years old females Asebu.

This means lack of education on her part become an impediment her venture into economic activities”. While female respondents in Asebu mentioned lack of education and credit facilities as an impediment to enter into economic ventures, those in Moree mentioned “attitude” like laziness as an impediment to enter into any economic ventures of their choice, it was observed that people wanted huge sum of amount before they can start a business as a result they are always building castles in the air making them lazy and poor.

7.4.3 Political factors

Men dominate in all spheres of life so at family meetings the male’s voice and contribution is considered as the final decision. In all economic ventures sometimes men do every thing possible to discourage females who would want dominance. Most males

do not want their wives to work because they believe that when a woman gets enough economic wealth there would be no respect for men. Husbands want their wives to respect them hence will prevent them from venturing into a meaningful economic activity that would bring income that would be higher than his. A respondent lamented,

“Males dominate in the society – decision making is in the hands of men. This has made some men become obstacles to economic activities. Sometimes they would take the little money we get from our petty trading we do. How do I become out of poverty when there is no avenue for me to come out of poverty”. A 21 year old female head in Asebu.

7.5 SUMMARY OF THE CHAPTER

The study reveals that the various causes of poverty and the vulnerability level of respondents in both Moree and Asebu has made household and individuals develop varieties of adaptive strategies within their constraints to liberate themselves from poverty. Livelihood diversifications identified include; income generating ventures and out migration and these have implication for the promotion of HIV/AIDS in Moree and Asebu. Fishing and petty trading involving cross border movement was reported to exposed women to risk of contracting HIV/AIDS. Investment in drinking bars, funerals increases desire for sexual intercourse. Cultural, social and political factors imbedded in the both communities also impede on women’s ability to enter into economic venture.

CHAPTER EIGHT: CONCLUSION

8. INTRODUCTION

This chapter epitomises the research findings and presents conclusions drawn from the study in general. Some suggested recommendations, based on the out come of the study, are made.

8.1 SUMMARY

The research has been dealing with women, poverty and HIV. It aims at examining the relationship existing between women's poverty level and their vulnerability to HIV in Moree and Asebu. Several theories which are relevant to the study were employed these include theories structuration, risk and the feminist geography. These theories were used to understand the factors making females live in poverty, the magnitude of poverty on women and their vulnerability to HIV/AIDS. Several techniques including semi-structured interview guides, focus group discussion and participant observation were carried out on a sample of 30 respondents with 12 females, 3 males in Moree, 12 females, and 3 males in Asebu respectively. The semi-structured interviewed guide was designed in such a way as to obtain information on people's perceptions about poverty, causes of poverty and their vulnerability to HIV. The data was qualitatively analysed and was supported with information from observation, focus group discussions and extensive literature search. However, there was some quantification of respondent's background information. 27 key informants were also interviewed on issues on female poverty and vulnerability to HIV infections using unstructured interview guide.

The first specific objective was *to identify causes of female poverty and how it relates to women's risk of contracting HIV/AIDS.*

A high proportion of the population live in poverty in the Abura-Asebu-Kwamankese District and the majority of them are women who are victims of societal inequality, disparity, discrimination and exploitation. Some reasons attributed to this especially in Moree and Asebu is dependence on others. In Moree child marriage and negative attitude of the society was identified as a major cause of poverty. In Asebu on the contrary, disparity in property inheritance and lack of income earning opportunities was identified as the major cause of poverty. However, unequal power relations, lack of education and

religious fanaticism, and marriage without registration was identified as the major causes of female poverty. In Moree, poverty was defined as deficit of food and social amenities whilst in Asebu poverty was defined as deficit of social amenities and food. Feminisation of poverty has been linked to a perceived increase in the proportion of female-headed households. It was comparatively revealed that female poverty is higher in Moree than Asebu. Causes of female poverty in both communities were identified to be due to the gender disparities, which existed with respect to access to and control of range of resources. The study puts the causes of poverty in both communities into categories thus social structures (economic, socio-cultural), agency (political), psychological and physical geographical causes. It also came out of the research that the major resource in Moree is the sea where fishing is done; other resource includes salty land, credit facilities (banks and District Assembly), and schools. However, Asebu has land for farming and credit facilities from the district assemble. Comparatively, both communities resort to only one viable resource that is sea in Moree and soil in Asebu because of their geographical location. This to some extent is a barrier to developing mixed economies in the two communities, which further aggravate the poverty situation of women who have limited access certain resources in the communities. In both communities, males have easy access to resources than females.

In Moree, the resources available to women include mainly income from fish mongering and petty trading activities. Comparatively, the study revealed that men have greater access to land, credit facilities and education than females in both communities. This shows clearly that there is discrimination when it comes to resource allocation. In Moree, men have access to women's income while in Asebu, land acquisition was in the hands of males, and females get access only when they work on their husband's farms. Females are unable to acquire skills and access employment opportunities because they drop out of school early because of gender inequalities embedded in both communities.

Although, both communities have the service sector growing slowly, female can not access employment opportunities in the schools and banks (Moree) as a result of high illiteracy levels among them. Traditional construct including societal norms and values such as child betrothal, early marriages and patriarchal structures (preference for male) marginalise (discriminate) females and predisposes them to poverty. Also societal

constructs such preference for males, have put women in a position which has made develop a low self-esteem and made them over dependent on men. Such conditions make individuals especially females develop risk taking behaviours such as using sex for money. This limits their power to negotiate for the use of any protective measures hence making them prone to HIV infection. The power relation within the society makes women live in poverty. This is evidenced in the fact that women to consult their husbands before entering into any income generating venture.

The second specific objective was *to assess the relationship between poverty and women's vulnerability to HIV/AIDS*. Several studies have revealed that poverty influences the risk of HIV/AIDS hence people associate poverty to HIV/AIDS. Poverty makes poor people, especially females, unable to access basic necessities of life. Such unfortunate females tend to grow up developing different survival strategies such as exchanging sex for money and or migrating to other towns in Ghana or Ivory Coast. Poor women may take maximum risk of engaging in unprotected sexual intercourse for financial favours to ensure their survival despite their knowledge about HIV/AIDS. In such situation knowledge and perception of the dangers of unprotected sex does not count much towards risk reduction since the concern of the poor women is solely survival (Bernadi, 2002). They tolerate the probability of unsafe sex to gain more money thereby exposing her to HIV infection.

The third specific objective was *to identify poor women's coping capacity and capability of poverty reduction*. The study reveals that the various causes of poverty and the vulnerability level of respondents in both Moree and Asebu has made household and individuals develop varieties of livelihood diversifications within their constraints to liberate themselves from poverty. These were categorised into seasonality, risk strategy and out migration and these have implication for the promotion of HIV/AIDS in Moree and Asebu. In Moree, most of the female respondents were fishmongers and among these some of them were helping older fishmongers for a token of fee, which was not actually sufficient to cope with their difficult economic condition. Only a few were into petty trading, selling oranges. All of the respondents interviewed were in high anticipation for help from somebody. Most of the female respondents in Asebu were in to petty trading. None of them was interested in farming. Others had no jobs but were in the house doing

nothing and this increase their risk tolerance to HIV as in order to survive they sometimes exchange sex for money or food and these conditions put these females at a risk of contracting HIV/AIDS.

The fourth specific objective was *to identify appropriate policy interventions to improve and strengthen women's positions*. It was revealed that, some of the respondents were aware of existing policies like FIDA, Women and Juvenal Unit of the Police (WAJU) and the poverty reduction strategy in the form of micro financing. However the condition in which these females find themselves prevent them from accessing these agencies. Below follows some recommendations.

8.2. RECOMMENDATION

Poverty is not merely defined in terms of low level of income but includes the absence of medical care, poor sanitation, the absence of good drinking water, illiteracy and in fact the inability to participate in decisions that affect an individual's life directly, it is indeed an unacceptable deprivation of the physiological, biological, social and basic needs of life. HIV/AIDS is a social malice, which has no cure but it can be avoided, if, the appropriate prevention methods are followed. Alternative prevention efforts meant to slow the spread of HIV/AIDS and change high risk behaviours among vulnerable people are there to be adopted by individuals, the community, the municipal assemble and NGO's, to slow down the prevalence of the HIV/AIDS problem in the Abura-Asebu-Kwamankese District. Beneath are some recommendation made based on the research findings. Feminisation of poverty as evidenced in the risk optimisation theory has pushed women to use sex as a strategy and poor men may delay having stable sexual partners. This requires stringent measures to fight against poverty.

To curb this problem, provisions must be made in the poverty reduction strategies in sustaining basic services to the poor for which most are females like provision of good water supply, primary health care both in the short and long term. Individualistic efforts and strategies such as helping women into employment as well as empowering women to be able to use resources in their immediate or local environment, should be provided in the short term. These strategies should include provision of micro-credit financing facilities for women, especially to set up their own businesses in fish mongering activities in Moree petty trading in Asebu. Women who do the bulk of farming and fish mongering

activities must obtain better access to farm (including fish processing) technology, to expand their farms with improved farming techniques. Strategies, should be geared towards promotion of income generating activities for women in their local community. Interventions must include the introduction of light transport facilities to carry fuel wood, farm produce and other loads, the introduction of labour saving agricultural tools and other crop and fish processing equipment as these are crucial means of freeing women's time. Such technologies not only create possibilities for women to enter into more income-generating activities, but also help reduce their stress and in improving the health and nutrition of women and children. Efforts must be made to empower girls who are already beyond school going age with the needed marketable skills and credit to make them financially and materially self-sufficient.

Secondly, structural efforts and strategies, which employ the bottom up approaches to development using inputs from inside the community, must be applied, in the long term. Such strategies should be geared towards encouraging parents to send their daughters to school, and keep them enrolled, while simultaneously expanding economic opportunities for women. Strategies must include a broad range of interventions to address the complex reasons that prevent girls from entering and completing school.

Interventions must also include ways to use existing facilities more efficiently and shift spending from higher education to primary and secondary education. Priorities must also include lowering the direct and indirect cost of attending school for girls and their families and recruiting more female teachers. This will support the desire of many young women to delay marriage and child bearing. Focus must be placed on programmes to build human capital through education, skills development and especially efforts must be made to assist poor households to send their female children to school. The Abura-Asebu-Kwamankwese District should create special incentives to needy but brilliant girls who are constrained by poverty and as such are unable to complete their education.

Structural strategies, which aim at reducing poverty among women using top down approaches should be employed in the long run using input of resources from outside the community. Such strategies should include reducing employment discrimination by improving the chances of formal sector employment for women. This could be possible

by structural efforts such as restructuring of production and employment system in Ghana as a country as this predisposes women to poverty.

To encourage girls to stay in schools the government must reform educational system from knowledge based to place emphases on the acquisition of relevant technical skills and basic education to generate productive work out of all school goers. Policies in the Poverty Reduction Strategies should address the power imbalances rooted in the social relationship that women find themselves in rather than focusing on women in isolation as gender subordination and inequality does not rise up of poverty per se. Therefore, policies should combine strategies that aim at addressing gender inequality as well as strategies, which targets resources at women such as micro-credit interventions to ensure sustainability of such interventions.

Thirdly, poverty has enhanced women's exposure to risk of contracting HIV/AIDS and it is reinforced by their lack of right to negotiate safe sex. I strongly recommend that women be given the power to negotiate safe sex if reduction in HIV/AIDS prevalence among females is to be achieved. Legislation, should be initiated by the government to empower women against men with multiple sexual partners such as the implementation of the domestic violence bill and obnoxious cultural practices such as high cost of bridal price and polygamy that could risk women's lives to take the necessary steps to protect themselves. It has to be noted that, culture is dynamic and not static. Hence, such values and norms should be reconstructed, through education and formulation of policies and passing of various laws criminalising certain negative cultural practices, such as bridal price, child betrothal and female religious bondage to effect behavioural changes. Norms and traditions strongly embedded in the societies, which generate unequal power relations must be changed. However, cultural changes take time.

Fourthly, sustained public education programmes on the negative effects of some cultural practices such as bridal dowry on HIV/AIDS transmission in the Abura-Asebu-Kwamankese District must be promoted. The district assembly should liaise with the chiefs and other traditional bodies, especial those handling traditional issues, to find practical ways of modifying and or eliminating those traditional practices that infringe on the rights of people especially women and could generate into HIV/AIDS infection.

Fifthly, appropriate education should aim at making women aware of the cost or consequences of indulging in health risk taking behaviours as this will effect behavioural change among women and reduce their risk tolerant level. if adopted could be a more effective way of combating HIV/AIDS. Thus, comprehensive sustained health information and interventions to help people develop life-long skills for avoiding behaviours that could generate into HIV/AIDS. Parents should initiate sex communication with their wards at tender ages by teaching them about the dangers associated with illicit sexual relationships and how they would protect themselves. This helps to avoid misinformation by their peers. Most widely accepted means by which HIV is spread is sexual intercourse, as a result crucial ethical issue related to the prevention of HIV/AIDS spread is the propriety of means to reduce the risk of transmission during sex. Proper use of good quality latex condoms must be preached to people. People and chemical sellers should stop gossiping about the moral character of people who buy condoms and they should feel free to buy and sell condoms openly. Religious bodies must play a role in education their people that the most effective means to prevent sexual fidelity between uninfected partners within marriage.

8.3 CONCLUSION

The study reveals that, poverty exists among the people of Moree and Asebu, especially among females (both married and female household head). This was demonstrated, in the dilapidated condition of living, especially, in their environmental conditions, life style. This state triggered their vulnerability to risky behaviour leading to HIV/AIDS infection. It can be summed up based on the findings that the causes of female poverty and their vulnerability to HIV/AIDS is based on a more complex network or structures involving socio-economic, cultural, religious and environmental factors which tend to constrain the individual. Poverty, was more pronounced in Moree than Asebu, especially, among females. However, individuals are pushed to develop various survival strategies such as using sex for survival. It was realised that knowledge of HIV/AIDS and conventional efforts taken will not help change the sexual behaviours of people if the socio-economic cultural and institutional structures constraining them are not first identified and appropriately addressed. The consequence of poverty among females is that the threat of HIV/AIDS will be most serious for poorer households particularly women and children.

Family and communities will break apart and young people's future may become insecure. In addition, the physical and human resource bases of Moree and Asebu would be depleted. Such conditions will contribute to a negative effect on Ghana's ability to achieve a middle-income status by the year 2020, in particular, if HIV finds more expression amongst those in their economically productive years. HIV/AIDS deepen the poverty of household and nations. HIV/AIDS on households and families in Moree and Asebu however depends on a number of factors. Example, number of cases HIV/AIDS the household experiences, the characteristics of the deceased in individual, household composition and resources and community and institutional support mechanisms (Whiteside, 2002)

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APPENDIX 1

Interview Guide for Officials of Health Institution, Municipal Officers

1. Views on poverty and HIV/AIDS prevalence in the area, the risk level, vulnerable and tolerance for HIV.
2. Coping strategies being adopted among local people to control poverty and HIV/AIDS
3. Level of involvement of government and local leaders in designing and implementation of poverty reduction strategies.
4. Peoples perceptions about and participation in these programmes
5. Achievements made in reducing poverty in these area, impediments/possible limitations.
6. Policies and legislations put in place on women's positions in the area.
7. Other relevant and related issues that have not been mentioned.

APPENDIX 2

Interview Guide for Chiefs, Elders and Religious leaders

1. Views on poverty and HIV/AIDS prevalence in the area, the risk level, vulnerable and tolerance for HIV.
2. Coping strategies being adopted among local people to control poverty and HIV/AIDS.
3. Economic, social and cultural factors influencing their ability to mobilise to overcome their poverty problems.
4. Their level of involvement as well as the government in designing and implementation of poverty reduction strategies.
5. Other relevant and related issues that have not been mentioned .

APPENDIX 3

STRUCTURED INTERVIEW GUIDE FOR WOMEN WITHIN THE AGE 18 TO 25 AND MEN IN MOREE AND JUKWAA

- NTNU
Norwegian University of
Science and Technology
Department of Geography

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WOMEN, POVERTY AND HIV/AIDS IN THE CAPE COAST MUNICIPALITY OF GHAHA

The purpose of this questionnaire is to investigate on issues concerning women, poverty and HIV/AIDS in the Cape Coast Municipality. The study is purely and academic exercise. Your respondents to these questions would be given the utmost privacy and confidentiality. Please tick where appropriate and supply information where necessary.

Village Name:

SECTION A: DEMOGRAPHIC AND PERSONAL INFORMATION

1. Gender: Male.....
Female...

2. Age: years

Marital status:
Married..... Single.....
Divorced..... Widowed.....
Cohabitation.....

3. Religion: Pentecostal.....
Catholic.....
Protestant.....
Muslim.....
Traditional.....
Other (specify).....

4. Level of education: Tertiary.....
Secondary.....
Middle/JSS.....
Primary.....
No formal education.....

5. Ethnicity: Akan.....
 Ewe.....
 Ga/Adangbe.....
 Northern.....
 Other (specify).....

6. Are you in any form of employment?
 Yes full timeYes part time No.....

7. If yes tick which type of Employment as indicated below:
 Formal sector.....
 Non formal paid job.....
 Petty trading.....
 Farming.....
 Fishing.....
 Students....
 Unemployed.....
 Other (specify).....

8. The total number of people living in this household.

9. Is your employment.....?
 Permanent.....
 Temporal.....

10. Approximate income level per month
 a. ₦250,000-350,000..... b. ₦360,000-450,000.....
 b. ₦460,000-550,000 d. ₦560,000-650,000
 e. ₦660,000-750,000 f. ₦760,000 above
 g. others specify

11. Are you receiving any financial aid? Yes..... No.....
 If yes, is it permanent or temporal?

12. Is your income usually enough to cover your expenses? Yes..... No..... seasonal
 variations/fluctuations.....

13. If not enough, how do you cope?
 Loan.....
 Mortgage.....
 Borrow from friends /relatives.....
 Other (specify).....

14. Are you engaged in some of these activities in this community?
 Farming.....

- Fishing.....
- Factory.....
- Pottery.....
- Craft.....
- Others Specify.....

Are you engaged in any of these activities? Yes..... Yes sometimes..... Not at all.....

15. If you are not working and at the same time you are not involved in any of the above mentioned economic activities then how do you survive, and give reasons why you are not working?

.....

.....

.....

.....

16. Type of housing:

- Private self contain.....
- Compound.....
- Other (specify).....

SECTION B: SOCIETAL PERCEPTIONS, POVERTY AND MARGINALISATION IN YOUR VILLAGE

17. How do you understand the concept of poverty?

.....

.....

.....

.....

18. What do you perceive to be major causes of women poverty in this village?

.....

.....

.....

.....

19. What are your perceptions of various societal norms about women and their marriage?

.....

.....

.....

.....

20. What do you understand by the concept of vulnerability?

.....
.....
.....

21. How do you think this perception of societal norms makes women vulnerable to poverty?

.....
.....
.....
.....

22. What is the perception of the society on female headed-households regarding vulnerability to poverty?

.....
.....
.....
.....

23. How do these societal perceptions affect these female headed household regarding vulnerability to poverty?

.....
.....
.....
.....

24. What do you think should be done to change these perceptions, if they affect women negatively?

.....
.....
.....
.....

25. To what extent do you classify yourself as living in poverty?

.....
.....
.....
.....

26. If yes, how does it affect your risk of contracting HIV/AIDS?

.....
.....
.....
.....

27. What do you understand by the word or concept of marginalization?

.....
.....
.....
.....

28. To what extent do you classify your self as being marginalized?

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.....
.....
.....

29. What do you perceive as the causes of this marginalization in this village?

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.....
.....
.....

30. What do you think are the factors that impede women ability to enter any economic venture in this village?

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.....
.....
.....

31. How do you understand the concepts of capacity and capability?

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.....
.....
.....

32. How can you increase your capacity to cope with poverty?

.....
.....
.....
.....

33. What are the limitations and impediments in trying to increase your capacity to cope with poverty?

.....
.....
.....
.....
.....

34. What are some of the challenges you (or somebody you know) face in your economic venture?

.....
.....
.....
.....
.....

35. Have you heard of Poverty Reduction Strategy before? Yes..... No.....

36. If yes, how did you get to know it?

- Newspapers.....
- TV.....
- Friends.....
- Radio.....
- Others (specify).....

37. What are your strategies for mobilization of capability?

.....
.....
.....
.....

SECTION C: POVERTY, RISK BEHAVIOUR AND HIV/AIDS

38. How old were you when you had your first sexual experience?

39. Do you have any other sexual partners apart from your permanent one? Yes.....
No.....

40. If yes, how many?

41. Have you had an extra marital affair in the last 12 months? Yes..... No.....

42. If yes, state the number of affairs?

43. Give reasons for doing that

.....
.....
.....
.....

44. Have you heard of HIV/AIDS? Yes..... No.....

45. If yes, how? Newspapers

TV.....

Friend.....

Radio.....

Other (specify).....

46. Do you know your HIV status? Yes.....No..... Not sure.....

47. If you do not know or you are HIV negative (or HIV positive) how likely do you think it is that you within a period of 5 years will contract HIV?

.....
.....
.....
.....

48. How would you consider the consequences if you contract HIV within a 5 year period?

.....
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.....
.....

49. How worried are you for contracting HIV/AIDS?

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.....
.....
.....

50. What do you think pushes people in this village to engage in an unprotected sex?

.....
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.....
.....

51. State how you are protecting yourself against HIV/AIDS?

.....
.....
.....
.....

52. How would you describe the level of education campaigns on condom use and HIV/AIDS in this area.

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.....
.....

53. How important do you find it that the Ghanaian Health Authorities implement Counter measures to reduce HIV/AIDS risk?

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.....
.....

54. What are some of the measures the health authorities are using to reduce the risk of people contracting HIV/AIDS?

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.....
.....
.....

55. What do you think is/are the main cause(s) of HIV/AIDS among women?

- Poverty.....
- Promiscuity.....
- Peer influence.....
- Other (specify).....

56. To what extent do you perceive poverty as a factor of the spread of HIV/AIDS?

.....
.....
.....
.....

57. Do you have any other point that this questionnaire did not address?

.....
.....
.....
.....
.....

58. Are you aware of policies and legislations which aim at strengthening women's position in this village?

State them.

.....
.....
.....
.....

59. What polices and legislations have been put in place to reduce risk of poverty and HIV/AIDS?

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APPENDIX 4

Number and Background Characteristic of Key Informants

Type	Sex	Educational level	Profession/Position	Organisation/Institution/other information	Location
Moree Assemblyman	Male	GCE Advanced level	Public Servant	Abura-Asebu-Kwamankese District	Moree
Aebu Assembly	Male	Elementary School	Member of GPRTU	Abura-Asebu-Kwamankese District	Asebu
Medical Assistant	Male	University Degree	Medical Assistant	Moree Health Center	Moree
AIDS Cordinator	Female	Nursing	Nurse	Moree Health Center	Moree
AIDS Cordinator	Female	Nursing	Nurse	Abura District Hospital	Abura Dunkwa
Medical Doctor	Male	University Degree	Medical Doctor	Abura District Hospital	Abura Dunkwa
District Health Director	Female	Masters Degree in Public Health	Nurse	Abura-Asebu-Kwamankese District	Abura Dunkwa
District AIDS Cordinator	Female	Nursing	Nurse	Abura-Asebu-Kwamankese District	Abura Dunkwa
District Planning Officer	Female	University Degree	Planner	Abura-Asebu-Kwamankese District	Abura Dunkwa
District Cordinating Director	Male	Masters Degree	Planner	Abura-Asebu-Kwamankese District Asebu Traditional Council	Abura Dunkwa
Chiefs and Elders					Moree/As ebu

APPENDIX 5

List of Marriage (Engagement Items)

Knocking fee	200,000
Response	200,000 +1 bottle schnap
Bible and ring + 1 bottle wine	
Father	200,000
Mother	200,000
i) Dowry	200,000 + 1 bottle schnap
ii) suit case (acolak)	1
iii) half pieces of cloth	6
iv) headerkechieves	6
v) jewels (earring and necklace)	
vi) underpants	6
vii) shoes	2 pairs
viii) minerals	2 crates
ix) beer	1 ctn
Akontan sekan (Brother(s) in law's money)	
Abaguafo nsa (Bride's families drinks)	
Thank you drink	