

**FACTORS ACCOUNTING FOR PERSISTENCE OF DOMESTIC  
VIOLENCE AGAINST WOMEN IN GHANA AND COLLECTIVE  
APPROACHES FOR ITS REDUCTION**

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A thesis submitted in partial fulfilment of the requirement for the degree of Master of Science in Public Health

By

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Declaration:

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Signature.



57<sup>th</sup> Master of Public Health/International Course in Health Development (mph/ICHD)

14<sup>th</sup> September 2020 -3rd September 2021

KIT (Royal Tropical Institute)/ Vrije Universiteit Amsterdam

September 2021

Organised by:

KIT (Royal Tropical Institute)

Amsterdam, The Netherlands

In co-operation with:

Vrije Universiteit Amsterdam (VU)Amsterdam, The Netherlands

# TABLE OF CONTENTS

## Contents

<b>TABLE OF CONTENTS</b> .....	<b>i-ii</b>
<b>ABSTRACT</b> .....	<b>iii</b>
<b>LIST OF ABBREVIATIONS</b> .....	<b>iv-v</b>
<b>ACKNOWLEDGEMENT</b> .....	<b>vi</b>
<b>INTRODUCTION</b> .....	<b>1</b>
<b>CHAPTER ONE: BACKGROUND INFORMATION OF GHANA</b> .....	<b>3</b>
1.1 Geography and Background Characteristics .....	3
1.2 Socioeconomic status .....	4
1.3 Religion and culture .....	4
1.4 Education .....	4
1.5 The healthcare system in Ghana.....	5
<b>CHAPTER TWO: PROBLEM STATEMENT, JUSTIFICATION, OBJECTIVES METHODOLOGY AND CONCEPTUAL FRAMEWORK</b> .....	<b>6</b>
2.1 Problem Statement .....	6
2.2 Justification .....	7
2.3 General objectives .....	8
2.3.1 Specific objectives .....	8
2.4 Methodology.....	8
2.4.1 Search strategy.....	8
2.5. Conceptual model:.....	10
<b>CHAPTER THREE: RESULTS/STUDY FINDINGS</b> .....	<b>12</b>
3.1. Individual, Relationship, Community Factors as well as Formal Organizations and Norms Influencing Prevalence of DVAW in Ghana.....	12
3.1.1. Individual factors.....	12
3.1.2 Relationships.....	13
3.1.3 Community.....	15
3.1.4 Norms and values influencing DVAW .....	16
3.1.5 Influence of Formal Organizations on DVAW .....	16
3.2 Health System Responsiveness, Challenges and Effective Management Of DVAW.....	17
3.2.1 Health worker knowledge and attitude .....	18
3.2.2 Barriers to seeking care/ logistics availability .....	19
3.3.0 Government and DOVVSU and media’s roles.....	20
3.3.1 Government’s commitment towards DVAW .....	20
3.3.2 Role of DOVVSU .....	20
3.3.3 Role of the mass media.....	21

<b>4.0 CHAPTER FOUR: Effectiveness of justice administration on DVAW and effective Interventions against DVAW</b>	<b>22</b>
4.1 Justice Administration.....	22
4.2 Interventions/Strategies Towards Ending DVAW .....	23
4.2.1. Strengthening Community Support Networks.....	23
4.2.2 Women Empowerment.....	24
4.2.3 Strategies to engage men in controlling GBV: .....	26
4.2.4 Using Media and Technology.....	27
4.2.5 Traditional Leaders changing traditions in Zambia.....	27
<b>5.0 CHAPTER FIVE: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS.....</b>	<b>28</b>
5.1 Discussion.....	28
5.1.1 Reasons for continuous perpetration of DVAW .....	28
5.1.2. Organization of services to mitigate effects of Domestic Violence on women.....	28
5.1.3 Community engagement to fight DVAW .....	29
5.1.4 Empowering women to resist Domestic violence.....	29
5.2 Conclusions .....	30
5.3 Recommendations .....	30
<b>REFERENCES .....</b>	<b>31</b>
<b>APPENDIX 1: Map of Ghana.....</b>	<b>36</b>
<b>APPENDIX2: LIST OF FIGURES AND TABLE (S) .....</b>	<b>36</b>

## LIST OF FIGURES

<b>Figure 1-</b> Map of Ghana (Study area) .....	3
<b>Figure 2-</b> The socioecological model .....	11
<b>Figure 3 -</b> Health system organization to enhance response to domestic violence .....	18
<b>Figure 4 -</b> Women Empowerment Model .....	24
<b>Figure 5-</b> Rural Response System.....	25
<b>Figure 6-</b> Graph showing levels of inter-partner conflict during FRBMS intervention .....	25

## LIST OF TABLES

<b>Table 1-</b> Study area Map of Ghana showing the current sixteen 16 regions.....	10
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# ABSTRACT

**Background:** Domestic violence against women remains a major issue disturbing the development of women and Ghana as a whole. Despite specific interventions by government and civil society, the root causes of the menace have neither been fully understood nor addressed in the country.

**Objective:** This study sought to analyse factors accounting for the persistence of domestic violence against women in Ghana and identify evidence-based approaches that can be employed to control the problem.

**Methodology:** Literature was reviewed for this study and the socioecological framework was adopted for in-depth analysis.

**Results:** Education, exposure to domestic violence, low socioeconomic status of women and a general acceptance of violence by women, were identified as the main predisposing factors of domestic violence. Inadequate resourcing of the law enforcement agencies, health system, social welfare department, limited media reportage of domestic violence, misconceptions on bride price underpinned by patriarchy, were identified as the main drivers of domestic violence in Ghana. Effective, evidence-based interventions to address domestic violence discussed included the Zambian Traditional leaders Changing Traditions, use of microfinance schemes for women empowerment, engaging boys and men in anti-violence against women campaigns and the use of Community Radio in Nepal were discussed..

**Conclusion:** Individual, relationship, community, formal organizations within the socioecological framework as well as government and media commitment were prominent influencers of domestic violence' persistence in Ghana.

**Recommendations:** Multi stakeholder interventions involving religious/traditional leaders, radio education on violence reinforced by policy, should be adopted by MGCSP.

**Keywords:** Domestic violence, Women, Ghana, Patriarchy, Bride price.

**Word Count:12641**

## LIST OF ABBREVIATIONS

<b>(G)DHS</b>	(Ghana) Demographic Health Survey
<b>BPfA</b>	Beijing Platform for Action
<b>CEDAW</b>	Convention on the Elimination of Discrimination Against Women
<b>CHPS</b>	Community-based Health Planning Services
<b>CHRAJ</b>	Commission on Human Rights and Administrative Justice
<b>COMBAT</b>	Community Based Action Teams
<b>CPRC</b>	Chronic Poverty Research Centre
<b>CSOs</b>	Civil Society Organizations
<b>DOVVSU</b>	Domestic Violence Victim Support Unit
<b>DV</b>	Domestic Violence
<b>DVAW</b>	Domestic violence Against Women
<b>DVVSF</b>	Domestic Violence Victim Support Fund
<b>FCUBE</b>	Free Compulsory Universal basic Education
<b>FEM</b>	Female Empowerment Model
<b>FGM</b>	Female Genital Mutilation
<b>FRBMS</b>	Fiaseman Rural Bank Microfinance Scheme
<b>GBV</b>	Gender Based Violence
<b>GC</b>	Gender Centre
<b>GDP</b>	Gross Domestic Product
<b>GHS</b>	Ghana Health Service
<b>HIV</b>	Human Immuno-Deficiency Virus
<b>IPV</b>	Intimate Partner Violence
<b>LMICs</b>	Low Middle Income Countries
<b>MGCSP</b>	Ministry of Gender Children and Social Protection
<b>MMDAs</b>	Metropolitan, Municipal and District Assemblies
<b>MOH</b>	Ministry Of Health
<b>NDHS</b>	Nigerian Demographic Health Survey
<b>NGSs</b>	Non-Governmental Organizations
<b>NHIS</b>	National Health Insurance Scheme
<b>NICE</b>	National Institute Care Excellence

<b>RRS</b>	Rural Response Systems
<b>SADC</b>	South African Development Community
<b>SDG</b>	Sustainable Development Goals
<b>SEM</b>	Socio Ecological Model
<b>SES</b>	Socio Economic Status
<b>SMDT</b>	Social Media Digital Technologies
<b>SOPs</b>	Standard Operating Procedures
<b>STIs</b>	Sexually Transmitted Infections
<b>SV</b>	Sexual Violence
<b>UK</b>	United Kingdom
<b>UNFPA</b>	United Nations Fund for Population Fund
<b>UNSCR</b>	United Nations Security Council Resolution
<b>USAID</b>	United States Agency for International Development
<b>VAW(G)</b>	Violence Against Women and Girls
<b>WAJU</b>	Women And Juveniles Unit
<b>WfC</b>	Women for Change
<b>WHO</b>	World Health Service
<b>WWD</b>	Women With Disability

## **ACKNOWLEDGEMENT**

I want to thank the Almighty God for His faithfulness, divine mercies and guidance for me to this far with the Programme.

I extend my immense gratitude to Government of Ghana and the Orange Knowledge Program for the exceptional opportunity advance my professional career by studying for a Master of Public health in Health Development.

Many thanks goes to the KIT Royal Tropical Institute, both academic and non-teaching staff for their invaluable contribution in imparting into me knowledge and skills to be a global problem solver. This unique experience given to me by KIT will forever ne cherished in my entire life. My gratitude equally goes to my supervisor. I truly appreciate all your feedback and guidance provided throughout the writing period.

My gratitude also goes to Ghana Health service for granting me a one-year me study leave to enable me go through the program.

I want to express my joy and gratitude for meeting and learning from people all over the world. All the group interactions and learning experiences will not be forgotten. It has been wonderful knowing you all.

My heartfelt gratitude goes to my family and friends for their continuous support and encouragement throughout the entire period. May God bless you all.

Finally, I want express my heartfelt gratitude to my parents and brothers for the continuous prayers and support throughout the period. Most especially, my gratitude goes to my lovely children (Charlene, Deborah and Dorcas Nutsugah) for remaining steadfast in all the challenges that you had to face in my absence. To my cousin, Gloria, I truly appreciate every role you have played in my absence. God richly bless you all.



## INTRODUCTION

Many women live in domestic spaces that have become sources of fear, insecurity, constant reminders of pain and inhuman treatment. Unfortunately, friends, family and even governments appear to have failed to help these women out of their predicament. Having witnessed several forms of domestic violence and encountered many battered women in my profession as a nurse, I deem this thesis the perfect opportunity to explore why this menace is so widespread in Ghana. Outcome of this study will not only inform policy decision but also contribute to wellbeing of households and overall national development.

Women have suffered several forms of violence by different perpetrators. These are physical, sexual, emotional, psychological, cultural verbal, financial and neglect. There are different kinds of violence. These are:

**Intimate Partner Violence (IPV)** by the World Health Organization (WHO) refers to any “behavior by an intimate current or previous partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviors”(1) (2)IPV does not require sexual relations and can occur within same-sex or heterosexual relationships (2)

**Gender-Based Violence (GBV)** is physical, sexual, verbal, emotional violence, psychological abuse, threats, coercion directed to a person based on their biological sex or gender identity; it includes economic or psychological deprivation occurring privately or publicly (3). GBV is so-called also because of women’s perceived subordinate position.

**Sexual Violence (SV)** by the WHO is "any sexual act, attempt to obtain a sexual act, or other act directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object, attempted rape, unwanted sexual touching and other non-contact forms" (4) .

**Domestic Violence (DV)**, also known as domestic abuse or family violence, refers to patterns of abusive behavior including physical, sexual, emotional and neglect occurring within the private domestic sphere between persons connected by blood or intimacy (5) either in a previous or existing relationship. Domestic violence may include child and elderly and in some societies, violence involving in-laws may be dominant (6)

**Violence Against Women (VAW)** as defined by the United Nations is "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (1)

**Domestic Violence Against Women (DVAW)** is thus violence within the home directed towards women, mostly perpetrated by intimate current or previous partner.

Despite existing differences among these kinds of violence that women experience, they also share common characteristics. A WHO definition for GBV could not be accessed. This study focuses on DVAW in Ghana, given the socio-cultural dynamics context that influence DVAW. Most of these terms will therefore be used interchangeably with DVAW where applicable.

DVAW, is a huge public health problem affecting millions of women in epidemic proportions. DVAW is rooted in gender inequality, power imbalances between men and women and is a violation of the human rights of women (5).

DVAW cuts across all facets of society, sparing not even women living with disabilities. The problem is more weighty in regions of the world where unfriendly cultural practices against women are backed by rigid laws.

DVAW is a serious problem that exerts many negative effects on women's health, wellbeing and has far reaching consequences on the family and the society at large. For fear of their predicament becoming known, physically battered women avoid meeting relatives, friends and the general public (7). Domestic Violence cuts of victims contribution towards building the economy, impacts on victim's earnings and ability to remain in employment (7). In order to resist their victims choices, DV perpetrators often use violent behavior and intimidation to coerce adherence of their (perpetrators) decisions (7). Left unaddressed, DVAW increases women's risk of suffering diverse health problems, physical disabilities and psychological problems with attendant economic impacts, social isolation and even death. Traumatic brain injury has been discovered as a sequela of domestic violence among many women who sustain multiple injuries without seeking medical care (8). Again, an overall shortfall in development, failure to achieve key SDGs and a vicious cycle of violence are inevitable if DVAW is not given the needed attention.

Global meetings such as the World Conference on Human Right (Vienna 1993), International Conference on Population and Development (ICPD) -Cairo 1994 and the 4th world conference on Women (Beijing 1995) been subjects of discussion across the globe. Ghana, like several other countries, is a signatory to international frameworks that seek to promote and protect the rights and welfare of women. These frameworks include the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), the Beijing Platform of Action (BPfA) and the United Nations Security Council Resolution on Women Peace and Security (UNSCR 1325) (9). Ghana appreciates the fact that DVAW and other forms of violence against women require a multi-sectoral approach for its prevention, management and control, rather than a single intervention and has taken some steps to deal with the problem. However, increasing evidence of DVAW in Ghana's social fabric, driven by patriarchal cultural background attests to the fact that more vigorous work needs to be done to give Ghanaian women a violence free life.

# CHAPTER ONE: BACKGROUND INFORMATION OF GHANA

## 1.1 Geography and Background Characteristics

According to World Atlas, Ghana is a West African country located in the Northern Hemisphere where the Prime/Greenwich Meridian passes. It has a coastline in the Gulf of Guinea and the Atlantic Ocean on the south and bordered by Burkina Faso, Togo and Cote d'Ivoire on the north, east and west respectively. The country occupies a total area of 238, 533.00 kilometers square including land, rivers and the sea. Dissected by the largest artificial lake on the planet (Volta Lake), nearly 50% of the country lies less than 152 meters above sea level. The country has 16 regions, divided further into 212 decentralized administrative divisions that operate as Metropolitan, Municipal and District Assemblies (MMDAs) (10)(11). Accra, the national capital is located in the Greater Accra Region. Ghana was the first sub-Saharan African country that received independence in 1957, with current life expectancy of 66.1 years and 63.8 years for females and males respectively. Currently, the urban population of Ghana is 56.1% (17, 067,171 people in 2019) and the population density is 134 people per Km<sup>2</sup> (12). Females form 49.3% while males form the remaining 50.7% of the total population of 30.4 million (66,67). Climate is typically tropical consisting of dry (harmattan) and wet (rainy) seasons. Ghana's population currently stands at 31.7million (13).

**Figure 1: Study area** Map of Ghana showing the current sixteen 16 regions.



*Fig. 1: the map of Ghana. Source: ghanamissionun.org.*

## 1.2 Socioeconomic status

Ghana experienced an economic growth of 4.9% in the first quarter of 2020 prior to the Covid crisis which led the Gross Domestic Product (GDP) to fall from 6.5% from the first quarter to 1.1% by end of 2020 (13). The country has a mixture of both public and private enterprises including services, agriculture and industry; about 70% of export income being generated from gold, cocoa, timber and industrial production comprising only 10% of national output (14) (15) Besides contributing a bulk of the national income, agriculture, fishing and forestry employ about 45% of the population (16). Available minerals include gold, manganese, bauxite, oil, natural gas with some 3/5th of Ghana's electricity being supplied by oil or gas dependent plants (14). Principal imports include equipment, food products and petroleum mainly from China, the United Kingdom and United States (14).

## 1.3 Religion and culture

Ghana has diverse ethnic groups with over 60 indigenous languages. *Akan, Ga-Adangme, Ewe and Hausa* are some of the predominant local languages with Akan being the most widely spoken (15). Official language for instruction and governance is English. Many Ghanaians speak at least two local languages and English. Only few Ghanaians speak French though the country is bounded by francophone countries. But for a few ethnic conflicts in pockets of northern part of the country and Oti region, Ghanaians co-exist in harmony despite diverse ethnic differences. However, less investment in education and infrastructure in the north has divided it from the south in terms of development. Main meals are starchy staple foods eaten with soup or stew and main festivals include *hogbetsotso, odwira, homowo, damba*. The Ghanaian legal system is a blend of British and customary law (applicable to criminal and indigenous cases respectively). Three religions predominantly practiced in Ghana are Christianity, Islam and African traditional religion though other minority religious groups exist (15).

Concerning conjugal union, a groom is expected to pay a bride-price. Men are supposed to provide and support their wives economically while wives cook and take care of the home and the family (15), though women may be engaged in economic activities. Many tribes and religions in Ghana regard the husband as the head of the home to whom the wife must submit.

## 1.4 Education

According to the 2014 Demographic Health Survey (DHS) of Ghana, education has been shown to be one of the socioeconomic factors that greatly influences behavior and attitude. Education and literacy is improving in Ghana. Over 77% of men and 60% of women between the ages of 15-49 have had at least secondary school education. However, 9% of men and 19% of women have no education at all (a marked improvement since 1993 when 22% of men and 35% of women were uneducated) according to the 2014 DHS. In Ghana, about 82% of men and 70% of women are literate. No education status is common among older men and women (40-49 for women, 45-49 for men) probably because the Free Compulsory Universal Basic Education (FCUBE program) was only introduced in Ghana in 1996. Place of residence is observed to have influenced educational attainment in Ghana in 2013 with striking inter-regional variations between the north and south. Only 4% of urban men compared to 15% of their rural counterparts have no education. However, 66% of women who live in the north, and 29% of those in the rural areas have no education. Furthermore, educational attainment has a strong association with wealth. Fifty-two percent of women and

38% of men in the lowest wealth quintile had no education compared to those in the highest quintile, (8% and 5%) for women and men respectively. Males are more exposed to media; only 5% of women are exposed to all three media (radio, television, newspaper or magazine) compared to 13% among males (16).

## **1.5 The healthcare system in Ghana**

The Ministry Of Health (MOH) is the government institution responsible for managing the health sector in the country. It is charged with making health policies, providing strategic direction for health service delivery, setting standards for healthcare, among several others. Health policies approved by the MOH are implemented by the Ghana Health Service (GHS), an autonomous executive body responsible for health service provision throughout the country. The GHS is also mandated to prudently manage allocated health resources as well as increase population access to good quality health services (17). Health services provision by government is augmented by private for-profit practitioners, quasi and faith-based organizations. Levels of facilities managed by the GHS include Community-based Health Planning services (CHPS-also known as CHPS compounds), Health Centers/Polyclinics, District and Regional Hospitals). Teaching Hospitals are under the jurisdiction of MOH.

Health financing is mainly through taxation, out-of-pocket expenditure, National Health Insurance Scheme (NHIS) that was introduced in 2003 and other sources including donor support. Health worker per population improved to 2.65/1000 population in 2017 compared to 1.07/1000 in 2005 though obvious maldistribution exist across various categories (18). Evidence shows that the GHS, as at 2018 had a staffing gap of 47,758 of unfilled vacancies, representing 41% of its aggregate staffing requirements with wide variations across cadres and geographical locations (18).

# CHAPTER TWO: PROBLEM STATEMENT, JUSTIFICATION, OBJECTIVES METHODOLOGY AND CONCEPTUAL FRAMEWORK

## 2.1 Problem Statement

Violence is manifested through several types of abuse. These include control, physical, sexual, emotional abuse and intimidation, isolation, coercion, verbal (threats, blame) using male privilege, technological, economic abuse (19). DVAW is widely prevalent in all parts of the world and cuts across race, ethnic, economic, educational, social and religious barriers. The World Health Organization (WHO) estimates that nearly one-third of women globally, have experienced physical and/or sexual violence by an intimate partner in their lifetime (5). VAW is perpetrated with the aim of inflicting harm, as well as exercising power and control over women.

DVAW is closely linked to the SDGs especially goal 5. Systems that fail to address gender inequalities between men and women in terms of education, health, poverty reduction, justice administration have negative impact on the sustenance of the wider community (20). The Sustainable Development Goal (SDG) 5.3 targeting elimination of all harmful practices such as child, early and forced marriage and female genital mutilation highlights the importance of addressing gender inequality as a pre-requisite for sustainable development (20). Furthermore, children who grow up witnessing violence in their family suffer several behavioral and emotional disturbances that can be linked to committing or experiencing violence later in life (21). Globally, as much as 38% of all murders of women are committed by intimate partners (22). Records of homicide between 2012 and 2017 (48,000 and 87,000 respectively) confirms an increasing trend of DVAW (23). Lack of DV legislations are predicated by cultural norms, religious beliefs and taboos in many countries, thus fueling non-commitment to DV legislation and preferences for unwritten laws against DV (24). Disproportionate representation of men in parliaments (law making institution), frustrates the process of DV legislation as many men perceive DV laws as targeting them (24). Forty-five countries still lacking proactive laws that protect women from domestic and other forms of violence (24). Symbols of authority in developing countries, such as chiefs, religious leaders and clan heads have continually opposed their governments from instituting legal frameworks that address DVAW (24). Women who suffer violence have more than double the risk of having an abortion, are 16% more likely to have low-birth-weight babies, higher risk of becoming depressed and 1.5 times more likely to acquire Human Immuno-Deficiency Virus (HIV), in some regions (25).

Women With Disability (WWD) probably experience higher incidents of violence, including sexual violence. WWD report experiencing stigma, discrimination, psychological and physical violence from their natal and matrimonial homes (26). Male dominance, verbal threats, absolute control of resources and decisions making coupled with sexual violence makes WWD more vulnerable to DVAW (26). Some men channel feelings of insecurity through domestic violence when their female partners become economically empowered and their decision making capacity improves (23). The covid 19 pandemic has worsened the already dire situation of DVAW worldwide. Lockdown measures established by world leaders to curb the spread of the virus also increased DVAW. Restricted movement increased women's risk of spending more time in isolation and experiencing violence from their family members and intimate partners (2). Again access to contraceptive and other health services were negatively affected by the lockdown measures increasing women's risks of unplanned pregnancies, forced abortion and even perinatal death.

Like other parts of the world, risk factors for DVAW in Africa include alcoholism, past history of child abuse and witnessing domestic violence, long standing patriarchal traditions and adverse socioeconomic conditions like unemployment (27). A typical ideology of an African man is synonymous with toughness, strength and expression of exceptional sexual access thus, empowering men to satisfy social expectations to control women through DV (27). Conversely, the dominant ideal of femininity compels women to respond by tolerating and submitting to insensitive, hurtful behaviors from men (28). A meta- analysis examining sex disparities towards gender based violence indicated that women were more likely to justify violence against women than men (29).

In Ghana, DVAW is a difficult issue, especially in marriage. Religious and cultural norms expectation of women to be submissive to their husbands, make abuses within conjugal unions difficult to be challenged. Many women do not report violence due to fear of retribution or denial of basic necessities in the home. Many victims of domestic violence in Ghana are reluctant to seek redress from the courts because of perceived costs and little chance of receiving justice. Professor Tenkorang, (Department of Sociology, University of Newfoundland) also cited judicial delays and costs associated with pursuing cases of violence such as legal and medical fees as factors that hinder victims from reporting violence (21). Despite the enactment of the Domestic Violence Act, 2007, the establishment of Domestic Violence Victims Support Unit (DOVVSU), specialized domestic violence courts and shelters for survivors of violence in Ghana, high number of cases are still recorded in the country (19).

This study seeks to explore the factors that drive DVAW in Ghana, progress made to curb the problem and to use public education to raise awareness on the issue. This will equally educate men as well as empower women to drive home change by resisting all forms of violence they are subjected to. Findings from the study will be used to advocate for preventing domestic violence as well as improving health system responsiveness. The study also aims to use intersectoral policy engagement to improve on justice administration by reviewing the Domestic Violence Act and improving existing support systems for victims of domestic violence.

## **2.2 Justification**

Though violence is suffered by both sexes, women are disproportionately affected. Reports say that 92% of defendants in violence related prosecutions in 2019 were men and majority of victims (75%) were females (25). In Ghana, violence against women is prevalent across the country. Some areas, especially the northern part of the country however have higher prevalence compared to other parts of the country owing to the peculiar cultural beliefs governing relationships. For many years, many women failed to report experiences of violence, regarding them as “private” that needed to be settled at home (30). Despite having the Criminal Justice Code of 1960, the government of Ghana passed the Domestic Violence Act (DV Act 732) in 2007, and established the Domestic Violence and Victims Support Unit (DOVVSU) of the police service as a major step to curtail the incidence of violence in the country. The Act authorizes the Ministry of Gender, Children and Social Protection to fight all forms of violence. Ghana has been a signatory to many international declarations that forbid all fundamental human rights violations including DVAW. Despite the availability of DOVVSU offices in several districts across the country, women who boldly report domestic violence are convinced by their family members or religious leaders to withdraw it (31). Clearly, there is a general knowledge gap in relation to the understanding and acceptance of violence against women. Failure to deal with DVAW from the cultural fabric and from the larger society perspective will lead the country into a huge development gap, given the

invaluable role that women play. The basis of this study is to review evidence of factors that influence the continuous perpetration of violence against women in Ghana, despite the existing protocols. Findings from the study will help address policy gaps and strengthen action on strategies to control DVAW in Ghana.

## **2.3 General objectives**

To explore factors that determine the persistence of domestic violence against women in Ghana and suggest recommendations to Government and Civil Society Organizations (CSO) in order to strengthen action on the reduction of DVAW in Ghana.

### **2.3.1 Specific objectives**

1. To assess individual, relationship and community factors as well as formal organizations and norms that influence prevalence of DVAW.
2. To assess Ghana's health system responsiveness, the role of DOVVSU, mass media and effectiveness and challenges in the management of DVAW in Ghana.
3. To assess effectiveness of justice administration on domestic violence in Ghana and explore effective evidenced-based strategies that prevent and control DVAW.
4. To make policy recommendations to the Government (Ministry of Gender, Children and Social Protection) and CSOs towards the elimination of DVAW in Ghana.

## **2.4 Methodology**

Literature will be reviewed, supported by desk study.

### **2.4.1 Search strategy**

Domestic Violence Against Women (DVAW) is closely related with other overarching concepts such as Intimate partner Violence (IPV), Gender Based Violence (GBV) and Violence Against Women (VAW). DVAW will be the focus of this research considering its pervasive nature in Ghana despite notable efforts to bring the phenomenon under control.

The socioecological model has been adopted to form the theoretical basis for both the research and programing of interventions. Though the model provides the main determinants of violence against women, some elements that also play key roles in DVAW are however absent. The role of the mass media, health system, high impact stakeholders like religious leaders are not included in the model. Moreover, some elements under the society levels overlap. The levels of society and larger society will be discussed under formal organizations and norms and values. Therefore, the model will be adapted to include these missing elements to suit the purpose of this study. Countries sharing similar demographic and health characteristics as Ghana, mainly Nigeria, Tanzania, Zambia and Zimbabwe, Nepal have been chosen for the purposes of extrapolation and inference of data.

Literature will be sourced through a number of databases PubMed, Google Scholar including that of the Free University Amsterdam library (VU Amsterdam), and other databases for violence related articles. Substantial



information will be retrieved from human rights websites, information related to the topic from the Ghana Demographic Health Survey and the DHS documents of other countries with similar contexts will be compared. Action plans and policy guidelines from the Ministry of Gender, Children and Social Protection will also be explored . Information concerning application of the Domestic Violence Act 2003 and the criminal code of Ghana's constitution will be sourced from Google. Available data from the DOVVSU of the Ghana Police Service and Internationally recognized websites like the WHO, websites and other websites related to the topic will be equally utilized. Country status reports on women and violence, official government reports and conventions will be utilized in the interventions and discussions.

To make a logical analysis, peer reviewed journals, published scientific articles together with grey literature will be thoroughly searched. Articles published in English language will be utilized; also on the basis that English language is the official language used in Ghana. Articles selected for study span from 1979 to date. Since the adoption of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), also known as International bill of rights for women by the UN General Assembly, a significant number of publications have emerged to drum home the importance of upholding the rights of women. Despite being quite out dated, meaningful analysis of the study results will require making reference to it.

Literature from other Low Middle Income Countries (LMICs) regarding DVAW have been factored in given the similar characteristics shared by these countries. These can include but not limited to Nigeria, Zimbabwe, Tanzania. Key words were used to source for relevant peer reviewed and grey literature. These include Domestic violence, women, family, education DOVVSU, human rights, Ghana

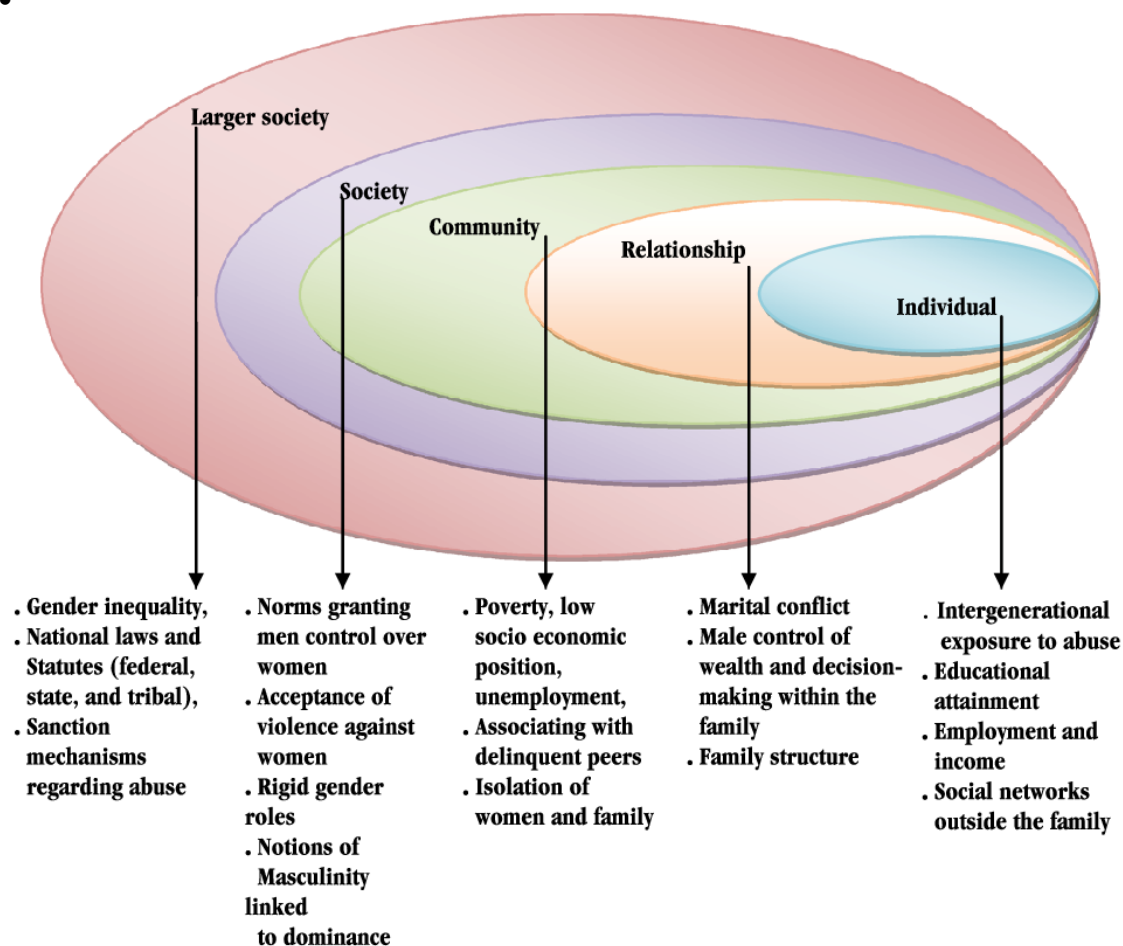
**Table 1: Strategy used in searching**

STUDY OBJECTIVES	DATABASE/ SOURCES SEARCHED	KEYWORDS
1. Individual, relationship and community factors, norms and organizations influencing prevalence of DVAW	Pubmed, Google Scholar, , WHO, UNICEF, Demography Health Surveys.	Women and socioeconomic status, religion and violence, Gender and violence, education and violence individual and partner, family and domestic violence, community norms and values, laws and violence, inequality and violence.
2. Health system responsiveness, media, government role, DOVVSU effectiveness and challenges in management of DVAW.	VU library, Pubmed, Google Scholar, WHO, VU online Library, Google.	Healthcare workers and violence, health worker attitude and violence, violence and cost of care, violence and quality of care, media and violence ,DOVVSU and challenges.
3. Effectiveness of justice administration on domestic violence in Ghana and Interventions.	Pubmed, Google Scholar VU database, WHO websites on violence, Human Rights websites and Google.	Status reports and violence, human rights and violence, women and justice, legislative instrument and Domestic violence law and Ghana.
4. Effective evidenced-based strategies that prevent and control DVAW, policy recommendations.	Google, Google scholar, Pubmed, VU online library	Domestic violence and Ghana, interventions and domestic violence,

**2.5. Conceptual model:** The Socio Ecological Model (SEM) adopted from Heise (1998) has been chosen to guide this study. The Model was first introduced by Urie Bronfenbrenner in the 1970s as a conceptual model to understand human development and was later formalized as a theory in the 1980s (32). The SEM theorizes that health is influenced by interactions between the individual, community and environmental (physical, social and political) factors (29). The components of the model interact to determine individuals, communities and societies attitudes towards (either positive or negative) towards violence against women. This framework attaches equal importance to the interaction between factors of the different levels as well as for factors within each level, links causal associations and is also useful in identifying strategic interventions based on the ecological level concerned (26).

- **Individual factors:** These are biological and personal history factors that increases one’s chances of becoming a victim or perpetrator of violence. These factors include age, educational background, substance use, income, and history of experiencing abuse or behaving aggressively.

- **Relationship factors:** These are a person's close relationships that increases their risk of experiencing violence as a victim or becoming a perpetrator. This social circle include family members, peers, partners and these influence a person's behavior and contribute to their experiences.
- **Community factors:** These are contexts in which social relationships occur; including neighborhoods, schools, workplaces, religious meeting places. It also involves examining characteristics of these settings that are associated with becoming victims or perpetrators of violence. Risk factors may be mobility and the presence of gun or drug trade, conflict, population density and high level of unemployment



ecological model (adapted from Heise (1998).

*Figure 2: Conceptual framework- socioecological framework adopted from Hiese 1988.*

- **Societal factors:** These are broad societal factors that help create the atmosphere in which violence is encouraged or discouraged. These include sociocultural norms that promote male dominance over women and support violence as the acceptable way of resolving conflict.
- Other larger societal influencers of violence are health, educational, economic and social legal systems that promote or discourage economic and social disparities between groups in society.

## CHAPTER THREE: RESULTS/STUDY FINDINGS

A complexity of factors interact to maintain prevalence of DVAW in Ghana. An analysis of these factors are presented to help understand the DVAW situation in Ghana.

### 3.1. Individual, Relationship, Community Factors as well as Formal Organizations and Norms Influencing Prevalence of DVAW in Ghana

#### 3.1.1. Individual factors

##### 3.1.1.1. *Exposure to violence*

Multiple types and forms of violence exist in Ghana. Personal biological factors and history (example psychological or personality disorders, victim of child maltreatment) greatly influence how individuals behave and the likelihood of becoming victims or perpetrators of violence (83). Change article Intergenerational exposure to abuse has been documented to increase the likelihood of endorsing DVAW (30). In Nigeria, women who witnessed their father beat their mother had twice the odds (66%) of experiencing domestic violence compared to their counterparts with no such history (32%) according to the 2018 Nigeria Demographic health Survey (NDHS) (33).

##### 3.1.1.2 *Education*

Generally, education widens individuals scope of understanding a wide range of issues. Higher educational attainment of both spouses or partners have been documented as a protective factor against violence (34). The 2014 Ghana Demographic Health Survey (GDHS) reports 28% of women between 15-49 years endorsing wife beating for various reasons. Women who endorse or accept violence against women are reported to have low education and poor socio-economic backgrounds (16). In Zimbabwe, 50% of women with no education at all experience domestic violence compared to those with more than secondary education (30%) (35). A meta-analysis by Semahegn et al quoted the findings of five studies, reporting less likelihood of experiencing IPV among women having higher education than their husbands compared to those with equal or less education than their husbands (36). Many women with low educational attainment typically endure violent relationships with the belief that good women must persevere for the sake of the children (83) change article. Studies show that women with low education also endorse the perpetration of violence (for example FGM) against their daughters. Evidence from Tanzania shows that the practice is highest among women with no education who believe that FGM is required by their religion and those who want it to continue (6% and 9%) respectively (37). Educating men has been identified as a key indicator for abandonment of harmful practices through advocacy and collaboration (38).

##### 3.1.1.3 *Employment, income and socioeconomic status*

Employment and income status may influence perpetration or endurance of violence. A strong indicator of women disempowerment is poverty. Poor women have limited income generation activities, lack the ability to make choices due to financial restrictions and therefore succumb to the traditional, unpaid role of household caregiver (39). The well-being of women is generally compromised when they lack the tools to advance financially, physically, socially and emotionally, thus increasing their vulnerability to discrimination and violence (39).

Socioeconomic status (SES) incorporates income, educational attainment, financial security, individual perceptions of social status, quality of life, social class and privileges afforded to people in society (40). DVAW is greater in societies that impose social barriers that limit women from improving their SES (11). In the Bawku Municipality and Pusiga district of northern Ghana, FGM is still being practiced especially among women with low SES (41). Similarly, women living disability (often with low SES) suffer a lot of violence in silence. Reports say that police and opinion leaders ignored reports of sexual violence and molestation made by women living with disability (42). Cultural beliefs and norms have forced many disabled women to endure violence and have employed strategies to cope with the situation in order to sustain their female identities (43).

Lockdown measures instituted by world leaders to contain the covid 19 infection have further lowered the SES of women and increased incidents of DVAW. The strain on income, coupled with gender inequality in most patriarchal communities has increased DVAW from their frustrated partners who are expected to economically provide for them (11).

#### ***3.1.1.4 Social networks outside the family***

Availability of functional social support systems influence people's decision to seek help from an abusive/ violent situation. Globally, women fear reporting violence for fear of reprisal attacks or death threats from perpetrators (44). Women may report domestic violence only when they sustain serious injuries or sense a threat on their lives. Moreover most Ghanaian women endure abusive marriages for fear of suffering extreme, regretful post-divorce stigma from family, external relations and also driven by the belief that self-worth is socially conferred or denied (45), (46) Support services available to people who experience violence usually impacts on their mental health. A study on the effect of social support on women survivors of violence in the Gauteng province of South Africa revealed a resilient psychological state among women who perceived their communities to be supportive with added avenues of securing money in emergencies. On the contrary, some women who disclosed personal experiences of violence received negative reactions and became psychologically unstable, resulting in increased utilization of medical services (47).

### **3.1.2 Relationships**

#### ***3.1.2.1 Marital conflict***

Marital conflicts are strong contributors of DVAW. Bride price, a common culturally valued custom in Ghana, used to validate customary marriages, is a contract where material items and/or money are received from a prospective husband's family in exchange for the bride (48). Gender inequality between men and women in familiar relations has been heightened by continuous existence of bride price and its recent commercialization (48). Payment of bride price in the Ghanaian context is directly linked to DVAW through masculine dominance and controlling behaviors. Rees et al 2017, found higher rates of IPV including sexual violence among women with higher bride price compared to those whose partners did not pay their bride price (49). Marital rape in Ghanaian marriages is an open secret. Many married men perceive themselves as owners of their wives after performing marriage rites, entitling them to have unrestricted sexual access to their wives, an idea that women are expected to succumb to (50). Sexual violence is an expression of sex discrimination towards women that dehumanizes women, both in marital life and in the broader society (50). Alcohol consumption and substance use also contributes to DVAW. A bivariate analysis of dependent and independent variables influencing DVAW by Tenkorang et al reported that husbands who consume alcohol were approximately

3% more likely to perpetrate violence against their wives than those who do not (51). Semahegn et al (36) found 16 studies reporting husband alcohol consumption as the most common factor associated with IPV (36).

Even in the area of sexual reproductive health rights, studies show that only 52% of in-union women have the liberty to make decisions concerning sexual relations, health care and contraception (52). Men's desire to exercise absolute power and control over women in all areas including sexual relations has robbed many women of their sexual reproductive health and rights. A study conducted by in Ghana by Gyekye et al reported the following, concerning sexual relations from a study participant:

*"The fact is that, maybe I travelled and when I returned I was a bit drunk and smelling of alcohol so if I go close to her, she will say no, but me too once I have the urge or desire, I will force myself but she will also not want to allow me. So right there on the bed, you will see that there will be no peace because I would also insist on doing it. So that is where the misunderstanding will start from, I will force my way through and make sure I have that sex with her before I go to sleep." (≥ 50 y/o, Male, FGD)*

Moreover, arguments concerning access and control of financial resources in the marriage (for example bills, property, extended family), negligence of the family's needs for other less important activities generate arguments that may degenerate into violence (45). Furthermore, some men use infertility and other reasons as basis to dehumanize and abuse women psychologically, physically and financially. An example is provided by Gyekye et al of how a study participant rated animals higher than his 'infertile' wife (45):

*"One man has been quarrelling with his wife and saying hurtful things like, 'If I knew you would behave this way in marriage, I should have rather bought a goat and reared it.' He even added that if he had bought the goat, by now, it would have brought forth a lot of offspring and given him so much more profit than marrying her. This is just because the woman has not been able to bear him a child yet." (30–39 y/o, Male, FGD)*

Gendered inequalities in patriarchal societies permits men to typically regard women as sex objects, as well as dehumanize and treat them as their own properties (51). This notion is strengthened by the perception held by some women that physical, financial and verbal abuses Unfortunately, some perpetrators perceive VAW as a means of resolving conflicts, correcting specific behaviors and communicating love (53). Other perpetrators challenge their critics by claiming that VAW is an avenue for building relationships and an "interpersonal act" that is desired by women (45). Men may use violence as a defense mechanism to keep their wives from interrogating them because most women lack the right to query their partners extramarital affairs in both monogamous and polygamous communities (45).

Women's empowerment is reflected in their involvement in decisions concerning utilization of health care, earnings and ownership of high-value assets (land, house) however, only 62% of Ghanaian women are involved in all three key decisions (16). In Nigeria, as much as 37% of women are not involved at all in these decisions (33). This trend disempowers women, places them at the mercy of their abusers and increases their vulnerability to violence.

### 3.1.2.2 Family structure, women's acceptance of violence

Widespread patriarchal culture in sub-Saharan Africa including Ghana is the foundation of male dominance and the subordinate societal position of women that promotes DVAW (54). Semahegn et al revealed that women whose husbands witnessed their mother being battered by their father had 5 to 6 times the odds of experiencing IPV than women whose husbands had no such history (36). Within the Nigerian tradition and marriage system, the woman is expected to obey her husband, (the head of the household) who may use violence as a tool to 'correct' her misdeeds or mistakes (53). Many women in Ghana endure abusive relationships owing to views about marriage that make women obedient to men, such that violent acts against them go unchallenged (23). Within the confines of marriage, some tribes in Ghana consider women as men's property (a position accepted by many women), causing about 30% of them to be physically abused by either a current or previous partner (39). Local cultural categorization of VAW as a 'private matter' partially accounts for this position. Victimization of women by family members rather than men being punished for perpetrating violence also enhances DVAW. It is generally expected of women by the Ghanaian community to respect and submit to their husbands as well as do all domestic chores, take care of the husband and children after work (55). As a result, women in these communities legitimize male perpetration of violence by accepting these responsibilities (55). For example some women agree that husbands are justified to perpetrate physical violence against them if they shirked their responsibilities or disobeyed him (16) (29) This was revealed through a qualitative study by Gyakye et al as shown below:

*"Mmm, I feel that you should do what the man wants for him, for example wash his clothes, and take care of his feeding, bathing, dressing; a woman should be able to help with those things between the man and herself and being able to give your husband sex is something a woman must do, if you don't allow him and he forces you, you can't say it is rape."(20-29 y/o, Female, IDI)*

In traditional Ghanaian communities, wives are responsible for domestic chores, giving care reproduction and (45). The position of the extended family however, on the perception of DVAW is mixed. A supportive family is protective against DVAW. In other instances however, family interference rather flames DVAW. In many instances, women suffering violence are quickly convinced by their family elders to withdraw violence cases reported to the police (31).

### 3.1.3 Community

#### 3.1.3.1 Isolation of women and family

Unhealthy cultural opinions concerning gender equality relegates the welfare of women to the background by empowering male dominance, control and violence. More forms of DVAW experienced in Ghana include *trokosi* and banishment into 'witch camps'. In the cultural religious context in some parts of Ghana, female virgins or women are captured and put into servitude to atone for the crimes of their ancestors, a phenomenon known as *trokosi* (56). These women totally depend on the fetish priest for basic needs and automatically become his lifelong wives, (termed wife of the gods), unless rescued. Another DVAW in Ghana is the banishing/isolation of women into "witch camps". Women especially, widows, old women (showing signs of dementia), single mothers and unmarried women are superstitiously targeted in some communities of northern Ghana. These women are accused of anything ranging from bad weather, diseases and eventually declared witches (57). Children of the accused (frequently suffering discrimination from their previous communities) may accompany their mother into the camp for protection (57). Inhabitants of these camps usually have inadequate food and water, health, information and no access to education

(57). It is a common speculation that such isolation practices on women are calculated means of ensuring women disempowerment, stripping women of their privileges and exerting control and dominance over them.

men continue to perpetrate DVAW with impunity given the position of some women on the matter as revealed in a study by Gyakye et al:

*“Please if a woman is disrespectful, she deserves to be punished by the husband. If she is punished for a while, she will stop...If a lady is disrespectful, a man can refuse to give you housekeeping money. After a while, she will be quiet and not disrespect. This is one of the punishments.” (30–39 y/o, Female, FGD)*

In extreme situations where women sense obvious threats on their lives, divorce is inevitable. Unfortunately, some religious sects stigmatize women who divorce their violent husbands (58). These negative behaviors only breed depression, fear, stress and low self-esteem on women. Women who experience violence of any form, fear that people would discover their predicament hence, fail to mingle with family, friends and public (46).

Women have been forced into increased isolation; experiencing increased violence and controlling behaviors behind closed doors and an increased separation from avenues of receiving help during the covid 19 crisis (59). Again, disrupted services have increased women’s vulnerability to violence by lack of access to helplines, phones, social services, police and justice and has encouraged impunity of perpetrators (59). Society’s perception of VAW is one of the key determinants of its continued existence or elimination. For VAW to be eliminated, legal and legislative initiatives connected to community initiatives are key (55).

### **3.1.4 Norms and values influencing DVAW**

DVAW has been well accepted as the norm in many societies for many reasons (6). Ghana as a society has been projected as patriarchal where men are accorded substantial power while women are excluded from it. Many patriarchal societies struggle to transition from long entrenched gender roles that wield men absolute power and control that they use to perpetrate DVAW. DVAW is a pattern of abuse over time rather than a spur-of-the-moment event and may start early or later in the relationship (60). A study by Tenkorang et al reveals that existing cultural norms and traditional gender roles have been identified to set the stage for DVAW in Ghana. Patriarchy reinforces male superiority that silences women from revolting against harmful practices that negatively challenges their health, freedom and very existence. Women are disproportionately vulnerable to violence especially where interpersonal violence is accepted as a means of resolving conflicts. Again, women who witness violence (especially unpunished) between their parents early in life may internalize, legitimize and accept violence meted to them as a norm (51). When negative norms that promote men’s control over women is not contested and broken by women themselves, these norms are reinforced (61).

### **3.1.5 Influence of Formal Organizations on DVAW**

Ghana’s constitution defends the rights of women and frowns on any form of human rights abuses including discrimination and servitude (62). Considering the seriousness of DVAW, several countries (about 155 countries)



have passed laws on domestic violence, yet 49 countries still lack proactive laws that protect the rights of women (52) (60) Enforcing these laws has remained a major challenge, thus limiting women's access to security and justice (60). The World Bank reports that, women on the average enjoy just three-fourths of the legal rights afforded to men (43). Perceived state indifference to the plight of abused women in many parts of the world may be DVAW. In Ghana, the Ministry of Women, Children and Social Protection was established in 2001 and dedicated promoting the interest of women and children (7). Again, Ghana witnessed the passage of the Domestic Violence Bill into law in 2007 through parliament.

### **3.2 Health System Responsiveness, Challenges and Effective Management Of DVAW**

As noted by Garcia-Moreno et al, the main role of the health care system for victims facing health consequences of violence is the provision of supportive care. Women find the health care system as a safe environment where they can confidentially disclose experiences of violence for supportive. This supportive care provides immediate and on-going care but also prevents violence recurrence, mitigates its consequences, as well as addresses associated problems such as substance abuse and depression. Again, the health system plays an important role in primary prevention of violence through recording DVAW, highlighting its health burden and promoting harmonized action with other sectors (63). High staff turnover, limited resources, training in isolation and health policy implementation challenges are health system challenges that must be addressed (63). The 2013 WHO guidelines and the United Kingdom (UK) National Institute for health and Care Excellence (NICE) Domestic violence and abuse guidelines are important tools that are useful in building responsive health systems to support violence victims.

A coordinated interaction between the core health system components (health workforce, financing, governance, service delivery, infrastructure and access to essential medicines) is crucial in responding to DVAW.

Ghana's health system has in place basic medical forensic examination procedures that violence victims undergo. These comprise confidential interaction between the victim and care provider, thorough history about the nature of the incident, top to toe physical examination (including genital area photography and instrumentation), laboratory investigations depending on patient consent and eventual filling of legal forms from the police (64). Other activities include provision of pre- and post-exposure prophylaxis in cases of sexual assault. General challenges that presents in most health facilities in Ghana include lack of pre-packed sample collection kits, lack of appropriate storage facilities for collected samples (underwear, shavings etc) and lack of training for care providers for specialized care (64).

Figure 3 below, shows how health system is designed and planned to respond to violence against women according to WHO's health systems building blocks.

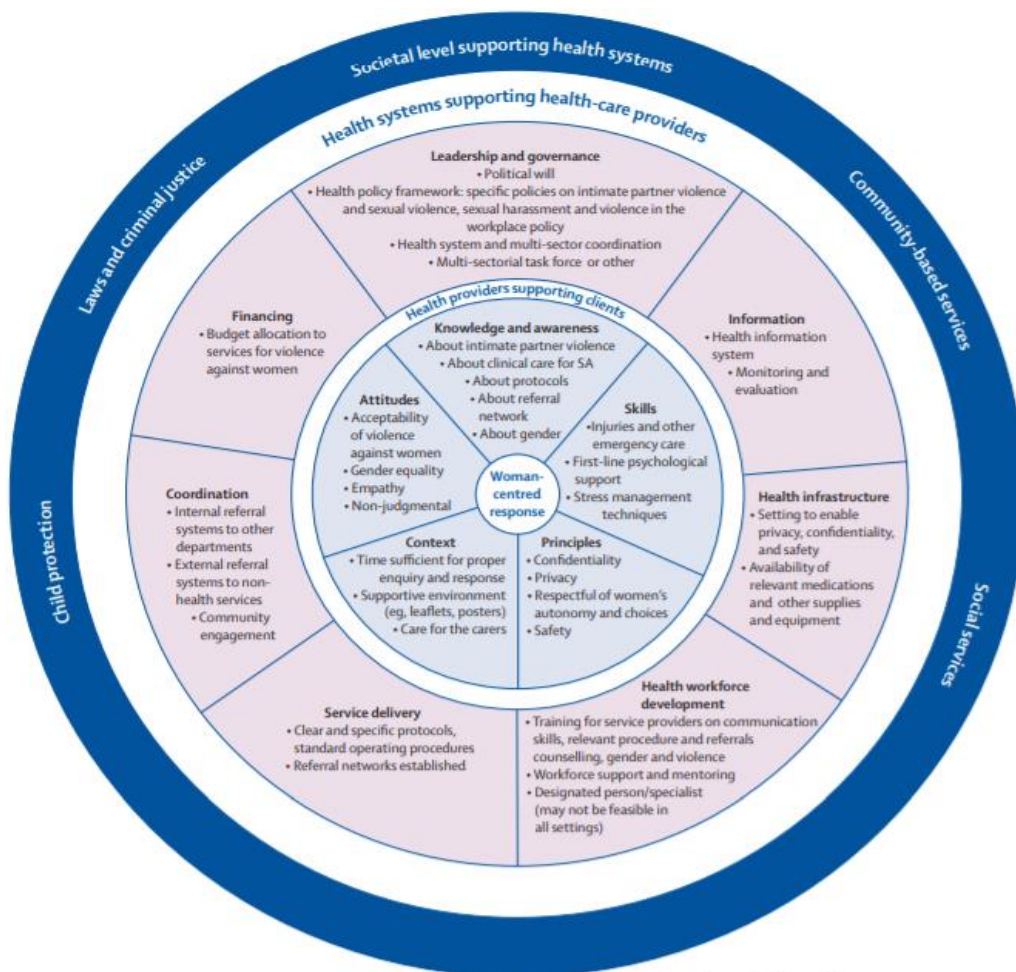


Figure 3: Elements of the health system and health-care response necessary to address violence against women. Adopted from Colombini and colleagues, by permission of BioMed Central. SA=sexual assault.

Source: Garcia-Moreno et al, 2014.

### 3.2.1 Health worker knowledge and attitude

Health workers role in the detection and management of victims of violence cannot be over emphasized. Health care providers appropriate response differs according to the entry point of identifying the survivor, the woman's recognition of the violence and the type of violence involved (63). Often, health-care providers encounter women affected by violence unknowingly. Functions of health care workers in relation to DVAW can include but not limited to identification, initial supportive response to disclosure or identification, provision of clinical care, follow-up and referral (63). Health care providers must recognize and appreciate the fact that women's needs differ at different times and different women have different needs. It is crucial that health care providers not only treat injuries but also identify the violence behind the injuries and address them accordingly (63). The WHO recommends that health care providers be trained to be aware of the physical and mental health indicators associated with violence and ask if they are present, respond to them, rather than universal screening (65).

Challenges concerning the capacities of the workforce and support avenues within the health system remains inadequate in Ghana. The crucial role that health services and providers play in addressing violence against women is often not recognized or executed (63). Reports say that, training deficits, lack of knowledge on reporting regulations and absence of appropriate framework to guide suspected physical abuse management in the health system are may serve as barriers that hamper timely identification and necessary intervention needed by violence victims. To maximize the identification of cases, clinicians are required to ask women who have experienced violence questions in a compassionate, non-judgmental manner and in a safe environment while ensuring confidentiality (64). Service providers must also show sensitivity to the needs of marginalized groups including but not limited to women living with physical and mental disabilities, migrant women, asylum seekers and refugees, substance abusing women and women living with HIV. To further protect women who have survived domestic violence, protocols, Standard Operating Procedures (SOPs), effective referral system and responsive providers must be in place (65) .

Inequalities and gender norms have however created a complication where healthcare workers themselves are products of the same sociocultural context of experiencing or perpetrating violence (64). Additionally, perceived power wielded by health workers through their professional status (in the eyes of the public) further widens their relationship with survivors of violence (64).

### **3.2.2 Barriers to seeking care/ logistics availability**

An important challenge within the health system that presents as a barrier to many women, post violence is the cost of receiving care. Traditional healers are usually the first point of call for many women when they sustain injuries from violence in the home (66). Unavailability of relevant logistics, inadequate supply of essential medicines and other petty costs greatly influence women's decision to demand care post violence. The burden of out of pocket purchasing of medical supplies, Sexually Transmitted Infection (STI) and pregnancy prophylaxis (64), cost of signing legal forms (also known as police form) poses as a barrier to receiving forensic services. Some patients may receive incomplete care because they have to choose between those services that they can afford.

Lack of private, dedicated spaces in many facilities impedes the efforts of care providers from receiving all needed information as well as hinders women from freely giving violence related information to providers. Shared rooms, partitioned with screens and curtains around the patient makes it difficult for women to share violence related information especially, sexual violence (64).

### **3.3.0 Government and DOVVSU and media's roles**

#### **3.3.1 Government's commitment towards DVAW**

Ghana's commitment to protecting women from violence and discrimination is reflected by her being signatory to international treaties and conventions such as the CEDAW. As part of the Domestic Violence Act of 2007, a Domestic Violence Victim Support Fund (DVVSF) was established. The purpose of the fund is to provide basic material support for victims, train families of DV victims, train and build capacity of persons connected to the provision of shelter, rehabilitation and reintegration (67). The fund caters for any matter connected with rescue, rehabilitation and reintegration of DV victims as well as mandates government to construct shelters for DV victims in all regions and districts (67). Shelters provide temporary housing aside offering counselling, legal services, employment assistance and economic empowerment initiatives to victims (68). However, almost fifteen years after passing the DV law, Ghana is yet to have a state-owned functional shelter for abused women (68). This position brings into question government's commitment regarding the protection of women's rights, considering the pervasive nature of DVAW in the country. With over 10,000 violence cases being received by the DOVVSU annually and over 2000 women in need of shelters, law enforcement agencies are left with no option than to send victims back home to their abusers (68). The two NGO owned shelters in the country are faced with resource challenges, compelling periodic closure as was the case of The Ark Foundation (68).

#### **3.3.2 Role of DOVVSU**

The DOVVSU, a sub-department within the Ghana Police service (formerly called Women And Juvenile Unit-WAJU) was established in October 1998. It is mandated to eliminate all forms of violence and abuse and respond to acts of violence against women, children and men in the home (69). In addition to its mandate, it also prosecutes perpetrators of domestic violence and child abuse. The unit is currently guided by these legal frameworks; the 1992 constitution of Ghana, the Criminal Offences Act (Act 29) of 1960, the Criminal Code (Amended) Act, (Act 554); the Children's Act, 1998 (Act 560); the Juvenile Justice Act, 2003 (Act 653) and the Domestic Violence Act, 2007 (Act 732). The unit also refers victims for medical services, clinical psychologists, social workers and counsellors attached to the Unit. It collaborates with NGOs, human rights groups and institutions to address domestic violence issues. The DOVVSU activated its hotline with support from the UNFPA to eliminate the communication barrier that prevents victims and observers from reporting domestic violence to the Unit (70). With 112 offices across the country, the DOVVSU plays a crucial role in eliminating modern slavery and all forms of human trafficking (69). Despite majority of Ghanaian women being aware of DOVVSU, knowledge of the kind of service provided by the unit is limited (71). Additionally, women are also reported to be skeptical about the Unit's ability to adequately handle domestic violence especially IPV (71).

### **3.3.3 Role of the mass media**

Media's coverage and presentation or reporting style of DVAW greatly influences both public perception and magnitude of the problem. To design effective health promotion interventions, the media's style of reporting public health issues such as DVAW is critical (72). A framing study by Owusu-Addo et al revealed the episodic nature of media reportage of VAWG as individual cases without recourse to the social contexts within which they occur, including frequent victim blaming language use (72). Violent events many not always be reported equally. Again, social media, like traditional media plays a crucial role in raising awareness on DVAW, yet, non-users of social media constitute 60% of the global population (73). This status may be influenced by factors such as awareness, accessibility, availability, affordability to Social Media Digital Technologies (SMDT). Consequently, any reporting, analysis, and interventions channeled through social media unintendedly excludes these people (73).

## **4.0 CHAPTER FOUR: Effectiveness of justice administration on DVAW and effective Interventions against DVAW**

### **4.1 Justice Administration**

Enacting legislation to address issues of violence (especially DVAW) is a worthwhile step by governments that demonstrate commitment to protect citizens from any form of violence even in the most “private” sphere of life. However, various countries deal with DV differently due to different contents of their DV laws (74). In an evaluation study on the content and application of DV laws in 100 countries including Ghana, Ortis-Barrenda and Vives-Cases (2013) evaluated what inspired the components of the laws and these include human rights standards such as “definitions of the main forms of VAW, identification of women as beneficiaries and the promotion of the participation of multiple sectors in VAW interventions” (74). An analysis of majority of legal texts examined showed a limited scope for comprehensive treatment and protection of women, as a result of non-incorporation of these key elements (74). A multi-sectoral intervention to violence is defined as one involving health, education, mass media, judicial system, police and social services working together to champion the welfare of women. An analysis of legislations of ten African countries including Ghana showed a fragmented rather than a comprehensive approach to dealing with DV. For example, Mozambique, Namibia and Ghana had police and justice sector interventions while Zimbabwe and Sierra Leone had the police, justice and education sector interventions (74).

As reported by Adu-Gyamfi, legislations, legal measures and institutions (both governmental and NGOs) are available to address DV, yet DV is still prevalent in the Ghanaian community. Discussions on the effective implementation of the domestic violence Act have received little attention owing to general lack of political, social and economic will to accomplish the provisions in the law. More than a decade after passing the DV Act, 2007 (Act 732) followed by a corresponding Legislative Instrument, Domestic Violence Regulations (LI 2237) in 2016, DV victims are yet to experience the full reality of this framework’s operations in their lives. A coalition on DV (the Pearl Safe Haven) had lamented the failure of the state to implement the DV Act, financially resource DV work organizations as well as develop and implement violence related policies in schools and workplaces (75).

Capacity and logistical challenges also exist in the justice administration system. Judges who understand the gendered nature of abuse are needed to pass deterrent sentences on perpetrators of DVAW. Of 12,706 cases received by the DOVVSU in 2010, only 954 were sent to court, resulting in an abysmal 118 convictions (representing approximately 1% convictions of all reported cases) according to DOVVSU’s annual report. Obstruction from opinion leaders and perceived corruption among public officials are hindering progress on war against DVAW. The general public’s perception that domestic violence is a private matter, provides the perfect atmosphere for violence that degrades and violates women’s dignity. The condemnation and shaming of women for seeking redress from the hardships they face has created a culture of silence among many victims of DVAW. Delays involved in bringing domestic violence cases to trial, expensive legal costs and bureaucracies are also significant obstacles that impede women’s access to the formal justice in Ghana (7).

## **4.2 Interventions/Strategies Towards Ending DVAW**

These are programs that use mass media, community engagement, social policy advocacy to engage men and boys in antiviolence campaigns. Others focus on inequitable gender norms as the main problem area and design appropriate contextual programs. These efforts ride behind theories and assumptions that involve men as perpetrators of VAW including DVAW, towards ending GBV. These movements may be small, large, local or international.

### **4.2.1. Strengthening Community Support Networks**

#### **4.2.1.1 *The Rural Response System & Community Based Action Teams (COMBAT) in Ghana***

The Gender Studies and Human Rights Documentation Centre, (Gender Center) developed the RRS in 2002 order to address key findings from its 1998 study on Violence Against Women (VAW) and children in Ghana (84). The research further revealed the following: That (D)VAW was regarded as a private matter (to be resolved in the family) rather than a crime, perceiving interventions as intrusion into private circumstances (84). In addition to this view, lack of support for violence victims, poor state response to VAW, high degree of tolerance of VAW in Ghana and general confusion of what constitutes violence compelled women to informally talk about their experiences with informal networks or keep silent completely (84). The Rural Response System (RRS) was developed as a strategy to guide communities to respond appropriately to violence disclosures as identified by the Gender Center (GC) (84).

Addo-Lartey report that the RRS operates on the theory that deep-seated norms and learnt behaviors require cumulative interventions over time to produce desired change (76). Under the RRS, Community Based Action Teams (COMBAT), comprising men and women selected by community members, traditional leaders, state agents and are trained by the GC to create awareness on GBV. COMBAT utilizes public meetings in churches, community festivals, association and groups meetings and radio programs to raise awareness about the harmful effects of violence through role play and discussions. As a form of referral, COMBAT links victims to service providers example the Ghana Health Service (GHS), police or the Commission on Human Rights and Administrative Justice (CHRAJ) and follow-up later. COMBAT is again trained to understand that certain cases must be dealt with by the law only, considering the social context in which it operates. Capacities of state agency representatives are also built to improve their response to cases reported to them through trainings received from the GC (76).

The RRS was impactful as community members understanding about the different forms of violence improved as they desisted from classifying violence as a private issue (77). Up to 90% of community members and staff from state agencies also reported a general reduction in violence as well as a growing recognition of women's rights (77).

**Figure 4** show the Rural Response System (RRS) theory of change model, showing the pathways of using Community Based Action Teams (COMBAT) and state agencies to reduce incidence of violence against women and improve the wellbeing of women.

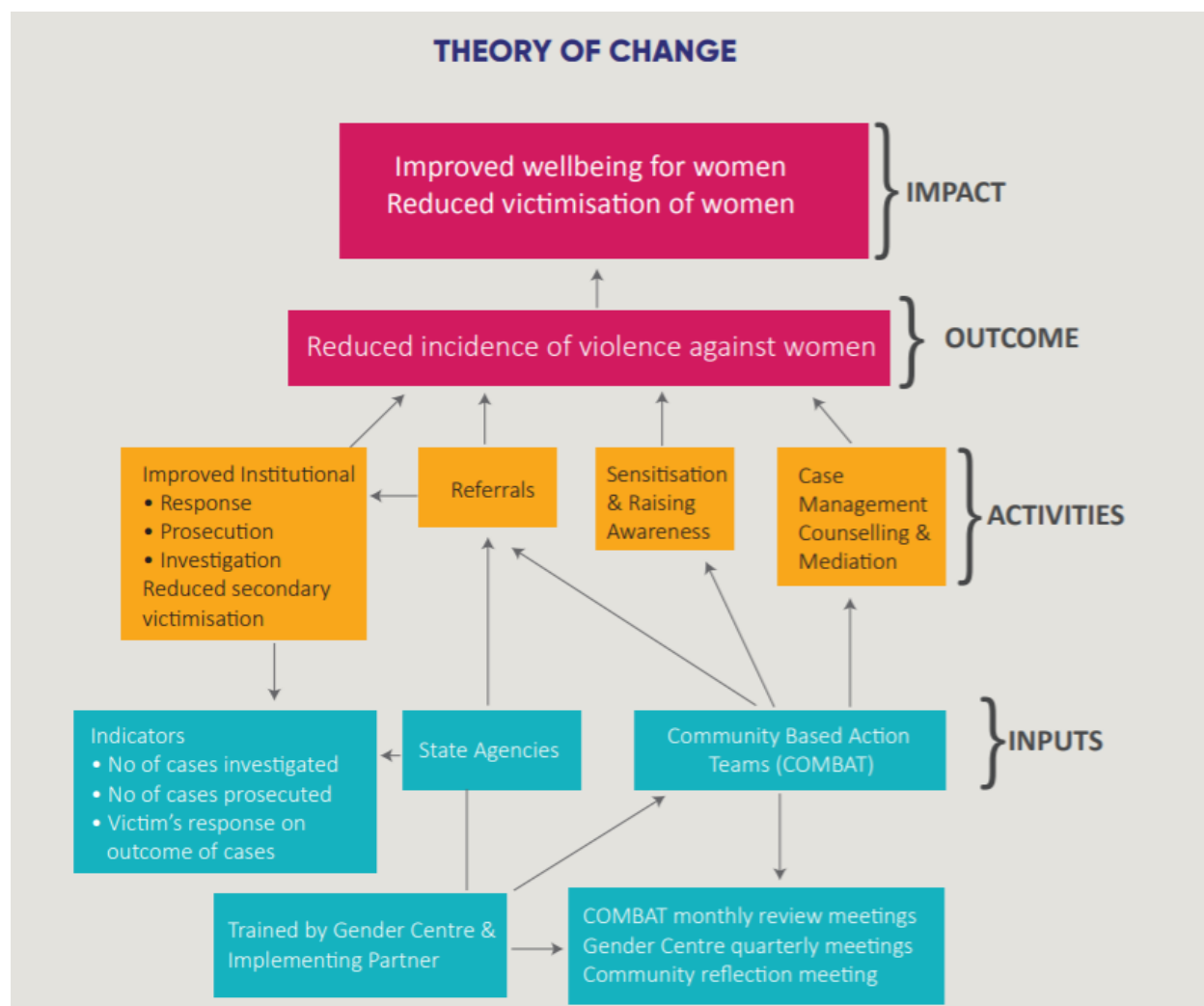


Figure 4. Intervention logic model to reduce incidence of violence against women in Ghana; developed with inspiration from the “Duluth” Model.

*Source: Addo-Lartey et al.2019.*

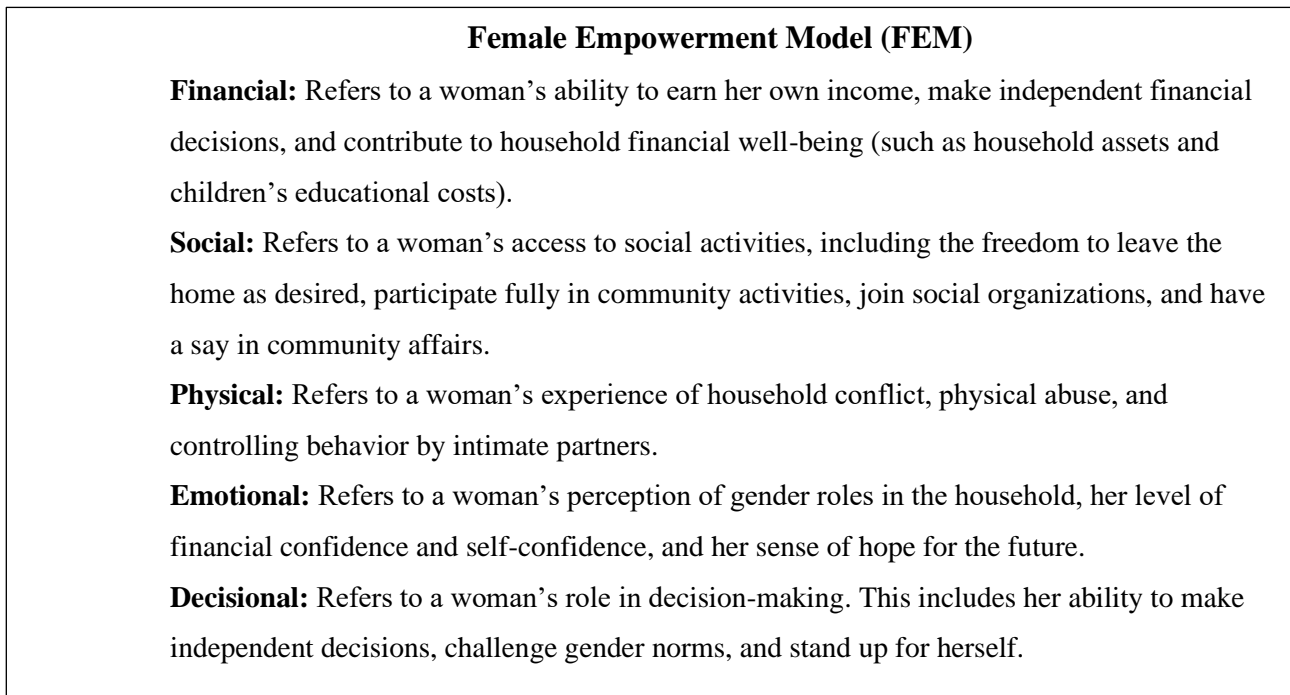
## 4.2.2 Women Empowerment

### 4.2.2.1 The Fiaseman Rural Bank Micro-finance Scheme (FRBMS)

Recognizing the link between poverty and DVAW, as well as how socio-cultural practices and traditional beliefs disproportionately disempowers women in Ghana, the FRBMS was rolled out. The FRBMS was created through a partnership between Fiaseman Rural Bank and Care International to provide microcredit to groups of 5-20 small business owners, based on the group model of microfinance (39). Participants from the five communities involved in the intervention were assessed for gender role changes and whether the intervention effectively empowered women as well as benefited men and children (78). Assessment of this intervention was under-pinned by the Female Empowerment Model, adapted from the Chronic Poverty Research Centre (CPRC) as shown below:



**Figure 5** showing the Female Empowerment Model (FEM) which served as framework for the FRBMS intervention.



**Figure 5.** Female Empowerment Model (FEM). (Adapted from Chronic Poverty Research Centre. 2008,pp.2-3).

As reported by Arku & Arku 2009, Female respondents of all 40 households sampled in the FRBMS intervention reported seeing positive improvements in all five indicators. Households were defined as “two or more related or non-related persons living in the same compound and who combine resources to support their living” and “all women in the male-headed households were married to the male head” (108, p. 202) On physical empowerment, a focus on inter-spousal conflict levels revealed a dramatic reduction during the intervention, (see figure 5) with 70% of female respondents indicating reduced conflicts, a 27.5% where conflict was rampant and a 5% increase in no conflict at all.

**Figure 6** showing a considerable decline in conflict level between couples during the intervention.



**Figure 6.** Conflict levels between spouses. Bercaw, 2012.

An overall increase in respondents income also allowed them to contribute more to household needs provision. Socially, women were able to travel, interact more with family and friends while their husbands took care of the children and the home, a rare phenomenon that women could not expect prior to the intervention. Emotionally, majority of male and female respondents appreciated gender role changes that took place during the intervention, with husbands agreeing that their wives' access to the microcredit facility reduced anxiety and pressure on them to provide for the family. In terms of decision making, women's options and decision-making power improved significantly during the intervention. Again, more household responsibilities were undertaken by men while women took part in more economic decisions. Most participants concluded that this intervention had improved the overall husband-wife relationship they always desired (78). This is evidence that governments and organizations can use micro-finance as a tool to empower women as well as reduce conflict and violence in the home.

### **4.2.3 Strategies to engage men in controlling GBV:**

#### **4.2.3.1 Safe School Program**

Building on the UN Women programming guidelines for the preventing violence against women and girls, the United States Agency for International Development (USAID) expanded this foundation to include parts of the economy including education (5). According to Ampofo 2016, the USAID guidelines targets gender equitable attitudes through gender based group activities under school- based programming. Under the USAID school-based programming, boys and men lead interactive, informative discussions and serve as role models in dealing with violence in schools including sexual and dating violence. Funded by the USAID office of Women in Development, the program was implemented by DevTech systems Incorporated in 40 communities in Ghana. DevTech collaborated with stakeholders from the education ministry, Youth and Sports, local and international Aid organizations. Using the socioecological model, activities were performed in all four levels using participant groups of boys and girls, 10-14 years and other stakeholders in the school system (79).

Ampofo again reports that gender equality between boys and girls, particularly to the understanding and acceptance of boys and making them advocates of change was the main emphasis Devtech Systems. At the individual level, significant attitudinal change (especially among boys) was observed, owing to improved knowledge on gender equality. Knowledge gaps identified among community leaders, in identifying school-related-gender-based violence closed significantly at the community level after training. For example, over 75% of teachers could report properly compared to the pre-training state of only 45%. At the institutional level, male teachers were trained to abandon gender biased approaches and embrace child-centered approaches by equally engaging boys and girls in the classroom. The expected impact was that attitudes of male and female students will be changed through their male teacher. The national level saw the inclusion of men and boys in the introduction of gender equality policies, with the aid of activists and advocates. The safe school program was impactful as boys became more accommodating of girls as co-equals, encouraging girls to venture into leadership roles in school (79).

## **4.2.4 Using Media and Technology**

The mass media and less conventional community participatory approaches have the power to effectively disseminate information, rally support and instigate dialogue needed to challenge gender norms around VAW (77).

### **4.2.4.1 Community radio in Nepal (Samajhdari)**

In Nepal, community radio, a low-cost form of media was used to reach dispersed audiences, the illiterate and those who did not have access to electricity or had no television (77). Locket and Bishop reported the following: Through the Equal Access Nepal's VOICES project, a weekly radio program called Samajhdari was established with support from the UN Trust Fund (77). Samajhdari provided and facilitated discussions on issues pertaining to VAWG and HIV. Community reporters (women who themselves, are experiencing or survivors of violence and/or living with HIV), were trained to collect and document stories of violence experiences of rural dwellers. This process fostered wider community participation. Information collected was used to feed Samajhdari. To help them lead training for other community members, grassroots women were trained in legal literacy, community mobilization, women's rights and VAWG. Many women at the community level became focal points for information dissemination on legal rights and also became linkages to service providers for women who either experienced violence or were at risk of it. Outreach activities, known as 'listening groups' facilitated by community reporters was combined with the radio program to links to people's own lives and relationships (77).

Mass media approaches proved to be effective in instigating critical reflection on attitudes and behaviors, and challenge gender stereotypes circulating in media. Women who agreed to the need for an intervention to stop VAWG, significantly increased from 26% to 89% and 13% to 79% among men. Again, women who disagreed that women and girl should tolerate violence rose from 41% to 68%. There was also a 14% increase in respondents who consider forceful sex with a woman, a crime. The program was impactful by compelling men to reflect attitudes towards women and also provided avenues for challenging gender norms (77).

## **4.2.5 Traditional Leaders changing traditions in Zambia**

The theory of change provides access to justice through both formal and informal avenues. Traditional leaders (custodians of culture) are important partners, with power to change customs and traditions that uphold women's rights; however these leaders rarely resolve disputes in a manner that protect women's interests (77). Recognizing the influential role of traditional leaders, Women for Change (WfC), a Zambian women's organization, uses human rights education and education methodologies to promote critical reflection on traditional norms and practices in rural areas (77). Regional workshops (organized by WfC) for chiefs from other Southern African Development Community (SADC) countries lead to the establishment SADC Council for traditional leaders. Peer-to-peer exchanges aimed at building and share learning were piloted between Zambian and Tanzanian traditional leaders. Based on the impact of the program resulted in chiefs banning negative cultural norms and introducing financial penalties on people who flouted these directives as well as appointing female Village Headpersons. Following peer-to-peer exchange, traditional leaders collaborated with NGOs for the first time to form a network to combat FGM in Tanzania (77).

## **5.0 CHAPTER FIVE: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 Discussion**

#### **5.1.1 Reasons for continuous perpetration of DVAW**

Patriarchal cultural norms and traditions have been identified to significantly influence the perception, attitudes and reactions of the individual and community members on DVAW. Women's acceptance of wife beating and other harmful gender norms such as GFM is consistent with the socioecological model of 1998 and strongly linked to DVAW (32). The general belief that domestic violence is a private matter that must not be interfered with by the law was observed to be recipe for continuous perpetration with impunity. Traditional, religious leaders and family heads (usually the first to receive DV reports) who discourage women from pursuing DV offenses to the latter, not only obstruct these women from receiving justice but also encourage perpetrator impunity. This position demonstrates general ignorance on the part of these leaders, couples and the general public as a whole of the seriousness of DV, its illegality and the need for police intervention. It also reflects a gender inequality machinery, targeting women to tolerate and accept violent behaviors from men, for several reasons including 'discipline and correction'. Society's expectation of women to respect and submit to their husbands, coupled with their lower socioeconomic status has contributed to women generally accepting male perpetrated violence.

Notions of men concerning the payment of bride price is significantly associated with husbands objectifying and controlling their female partners. It can be deduced from the results that many women risk being beaten or raped if they refused to fulfil their conjugal duties towards their husbands. Women being blamed for challenging men's authority (by expressing their opinion about sexual relations and other important decisions) has probably trapped and silenced many Ghanaian women into unsatisfied marriages. Extensive national debate on the negative aspects of patriarchy as a culture is worth considering. The role of mass media in curbing the DV menace is crucial. The mass media owes the Ghanaian public the duty to present DVAW as a collective development problem rather than the current narrow and individualized picture, devoid of social context (72). The importance of media education to improve understanding of what DVAW means, the DV law ( DV Act 732), public health importance of DVAW and its relationship with the SDGs, socio-economic impacts on individuals and the larger society as well as helpline information cannot be underestimated.

#### **5.1.2. Organization of services to mitigate effects of Domestic Violence on women**

Concerning the multi-faceted nature of DVAW, a comprehensive approach to service provision is key in minimizing the effects of violence and ensuring optimal functioning of victims/survivors of DV. A coordinated set of activities and approaches involving health, education, mass media, judicial system, police and social services is needed to improve health, human rights knowledge, secure justice and support for survivors. The government's commitment to eliminate DVAW from Ghana's social fabric is better demonstrated by the government leadership in establishing safe havens across the country for abused women. This commitment is further reinforced by how well all related institutions

are resourced to carry out their constitutionally mandated duties. Private sector engagement and support in the sustenance of initiatives that involve men to empower women cannot be overlooked in the war against DVAW. Capacity building and adequate logistics provision for legal practitioners, health, shelters, social workers and the security services to effectively deal with this menace is crucial if potential perpetrators will be deterred from violating women. It has been established from this study that bureaucracies, legal costs and delays involved in seeking justice has crippled women's confidence in the justice administration system such that many do not report DV cases (7).

### **5.1.3 Community engagement to fight DVAW**

This study reveals that community members attitudes are consistent with other Sub-Saharan countries (Nigeria, Tanzania, Zimbabwe) where women are caretakers of the home yet, decisions domestic decisions including those of sexual relations are the sole prerogative of men (80). Not only are Ghanaian women required to be submissive and dutiful towards the husband, but also expected to exhibit unquestioning attitudes towards abuses, as the reverse are interpreted as challenging male authority . Again, psychological abuses from men that dehumanize female partners, comparing them to animals, reflects the pervasive nature of DVAW in Ghana (80). Clearly, the dominant construction of masculinity needs serious attention, if any intervention tailored towards eliminating DVAW will be impactful (80). Community engagement through involvement of religious and traditional leaders in partnership with government agencies and NGOs are worthwhile approaches needed to drive home change. Widespread community-based change can be achieved through designing cultural and other context specific programs that build respect and admiration for women, acknowledge domestic partnership and promotes shared decision making (80).

It is also evident from the study that, some men detest DVAW. Non-violent men in the community may be considered effective vehicles to convey preventive interventions in the control of the menace.

### **5.1.4 Empowering women to resist Domestic violence**

Evidence from the study shows that wives acceptance of DV in Ghana was attributable to educational level, economic status, childhood exposure to violence, husbands alcohol consumption and male controlling behaviors (36). Such attitudes are consistent with findings of the 2014 DHS (16)and founded on patriarchy where gender inequalities between men and women are reinforced. Early socialization of girls on gender equality, equal rights and curricular content that boosts their confidence is crucial in transforming women's attitudes towards violence. Education through social gatherings, mass and social media is needed to help women appreciate that their fundamental human rights are not been bought by their partners through payment of bride price (81). Such messages enlightens women and improves their agency to report violent behaviors directed at them to the appropriate agencies (81). As suggested by Pierotti, improved levels of education among women, access to media and urbanization are key, if women would reject DVAW as a justifiable form of social control (82).

## 5.2 Conclusions

This study reveals the prevalence of all forms of violence against women and their pervasive nature in the Ghanaian fabric as a result of gender inequality evident in patriarchal culture. To deal with DVAW holistically, social determinants of the problem (example education, employment, culture) must be given attention to improve the public disposition towards domestic. Continuity or otherwise of DVAW very much depends on women's literacy, consciousness of their self-worth, agency and determination to resist negative practices and behaviors directed at them. Women must again, recognize their immense contribution to society's development by identifying themselves as drivers of positive change. Women need to become aware of their ability to defeat the social stigma and fear that cripples them from reporting violence and seeking justice. The health system, security, judicial and social services deserve greater resourcing and commitment in order to free women of violence in their homes. As long as society considers women to be inferior beings who must be under the authoritarian rule of men, and as long as men are socialized to equate masculinity with toughness and violence, all forms of violence will continue to thrive within the domestic sphere. The entire Ghanaian community must be aware of the vicious cyclical impact of DVAW on children and the fact that interventions are ineffective as long as DVAW is deemed a private issue.

## 5.3 Recommendations

1. Engaging high repute community and religious leaders as anti-DVAW ambassadors to effect lasting social change, Community-based interventions can be designed to change gender norms on masculinity and to give more women a voice in Ghana.
2. In collaboration with religious organizations, the Ministry of Gender, Children and Social Protection consider expanding pre-marital counselling to cover basic human rights, implications and legal consequences of DVAW.
3. Policy makers may consider adopting the UNFPA's guide "Programming To Address Violence Against Women: 8 Case Studies to design" to design a context specific policy document to be followed in addressing DVAW in Ghana.
4. Intensify human rights education, including education on DVAW, through inclusion into all levels of school curriculum, persistent media campaigns and community based programs.
5. Government, NGOs and private sector should scale up support for programs/interventions that project both men and women at the forefront of advocating DVAW.

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## APPENDIX 1: Map of Ghana



## APPENDIX 2: LIST OF FIGURES AND TABLE (S)

### LIST OF FIGURES

**Figure 1:** Map of Ghana (Study area)

**Figure 2:** The socioecological model

**Figure 3:** Health system organization to enhance response to domestic violence

**Figure 4:** Women Empowerment Model

**Figure 5:** Rural Response System

**Figure 6:** Graph showing levels of inter-partner conflict during FRBMS intervention

### LIST OF TABLES

**Table 1:** Table showing search strategy for the study