

ENDLINE REPORT

I-MATTER PROJECT



2020

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ACKNOWLEDGEMENTS

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ACRONYMS

CSE	Comprehensive Sexuality Education
DOWVSU	Domestic Violence and Victims Support Unit
GES	Ghana Education Service
GHS	Ghana Health Service
SD	Standard Deviation
SHS	Senior High School
SGBV	Sexual and Gender-Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
STI	Sexual Transmitted Infection
SWD	Social Welfare Department
GOG	Government of Ghana
KI	Key Informants

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INTRODUCTION

This end line survey was conducted with the aim of determining the level of impact made as a result of the implementation of the I-Matter project. The indicators and the methods used in the baseline survey were employed. Basically, data was collected from the direct beneficiaries of the project namely; the youth groups and the women empowerment groups. The youth group members were those from the Comprehensive Sexuality Education (CSE) Clubs formed for the implementation of the I-Matter project.

Also, very crucial stakeholders such as the Ghana Education Service, Ghana Health Services Department of Social Welfare, Assemblymen and Chiefs were equally interviewed. These key informants were interviewed on the most prominent issues of SGBV; on community level policies, strategies and bylaws implemented and on barriers experienced.

The I-Matter project implemented interventions surrounding SGBV issues in the youth clubs and the women empowerment groups. The implementation of the above was carried out based on the available data from the baseline survey as reference points. After the implementation, the end line survey is to determine any further changes with respect to the baseline data. Thus, this report seeks to determine the level of the women and youth group member's knowledge, attitudes and behavioral intentions or plans relating to SGBV in their communities.

CHARACTERISTICS OF THE YOUTH

The youth belonging to the CSE clubs were asked to provide their opinions on issues surrounding SRHR and SGBV. The survey was mainly administered to those respondents to whom the baseline survey was administered to.

However, in some cases, where these respondents were not present, the respondents interviewed were those who are active members of the youth clubs.

The rationale behind this methodological approach is to ensure the right assessment of the impact of the activities being run by the clubs on the knowledge or opinions of the youth.

From the table above, 136 respondents comprising of out of school (18%) and in school (82%) responded to the interviews of the youth. Majority of the respondents (62%) are females while the minority represented by 38% are males.

Table 1: Basic Characteristics of Respondents		
Characteristic	Frequency	Percentage
COMMUNITY		
Katanga	20	15%
Wankayaw	21	15%
Kpelema	18	13%
Yariga	19	14%
Sibi	21	15%
Nabu	17	13%
Kpassa	20	15%
SEX		
Male	52	38%
Female	84	62%
RESIDING WITH		
Both Parents	73	54%
Mother	38	28%
Father	15	11%
Guardian	10	7%
RELIGION		
Christian	122	88%
Muslim	11	8%
Traditionalist	3	2%
LEVEL OF EDUCATION		
Out of School	25	18%
Primary	4	3%
JHS	95	70%
SHS	12	9%

Field Data, 2020

122 respondents are Christians while the rest (14) are either Muslims or Traditionalists. With respect to age, the youngest was 12 years and the oldest 23 years. The average age was 17 years with a SD of 1.56.

KNOWLEDGE ON SEXUAL AND REPRODUCTIVE HEALTH

A set of Yes/No/I don't know responses were expected from the respondents based on their knowledge on safe sex, pregnancy and STI's. The questions under this section were 5. The youth seem to be abreast with many of the issues related to sexual and reproductive health. A range of 41% to 64% of the youth give an indication that, they are aware of their reproductive and sexual health as compared to 29.5% and 46.8% prior to the comprehensive sexuality education. The majority of the youth (64%) hold the view that, bathing immediately cannot prevent one from contracting an STI. Comparatively, within a year, the youth's awareness of SRH has been improved by 4%. Prior to the implementation of the activities of the youth club, only 60.4% had held that, bathing immediately after sex could not avoid the contraction of an STI. The average of responses indicating that the youth is well informed is 3.0 (SD1.58).

KNOWLEDGE ON SEXUAL AND REPRODUCTIVE RIGHTS

The youth were quizzed in the areas of child marriage, sexual abuse and the accessing of sexual health services and information. The questionnaire here aimed at finding out whether the youth were aware of their rights or otherwise in the above themes. These categories of questions were 6 in total with a minimum score of 0 and a maximum being 6. The average of the youth that are aware of their rights was 4.20.

The youth especially the females are well-informed when it comes to their right to choose who to marry and their right to refuse an elderly member of their family wanting to touch them against their will. Those with this level of knowledge of their rights (choice of partner and refusal to be touched against their will) has the highest positive response of 78% at par. There has been an improvement on this level of knowledge of their right. In the baseline survey, 64% of the youth were aware of this right of choice of a marital partner. 66% were equally aware of the right to refuse to be touched by an elderly family member against their will.

The lowest awareness level of the youth on their rights has to do with the right to receive sexual counselling or services from the health Centre.

With this, about 59% hold the view that, they do not have the right to receive counselling from the health post. However, 75% hold the view that, they have the right to be treated friendly by health workers.

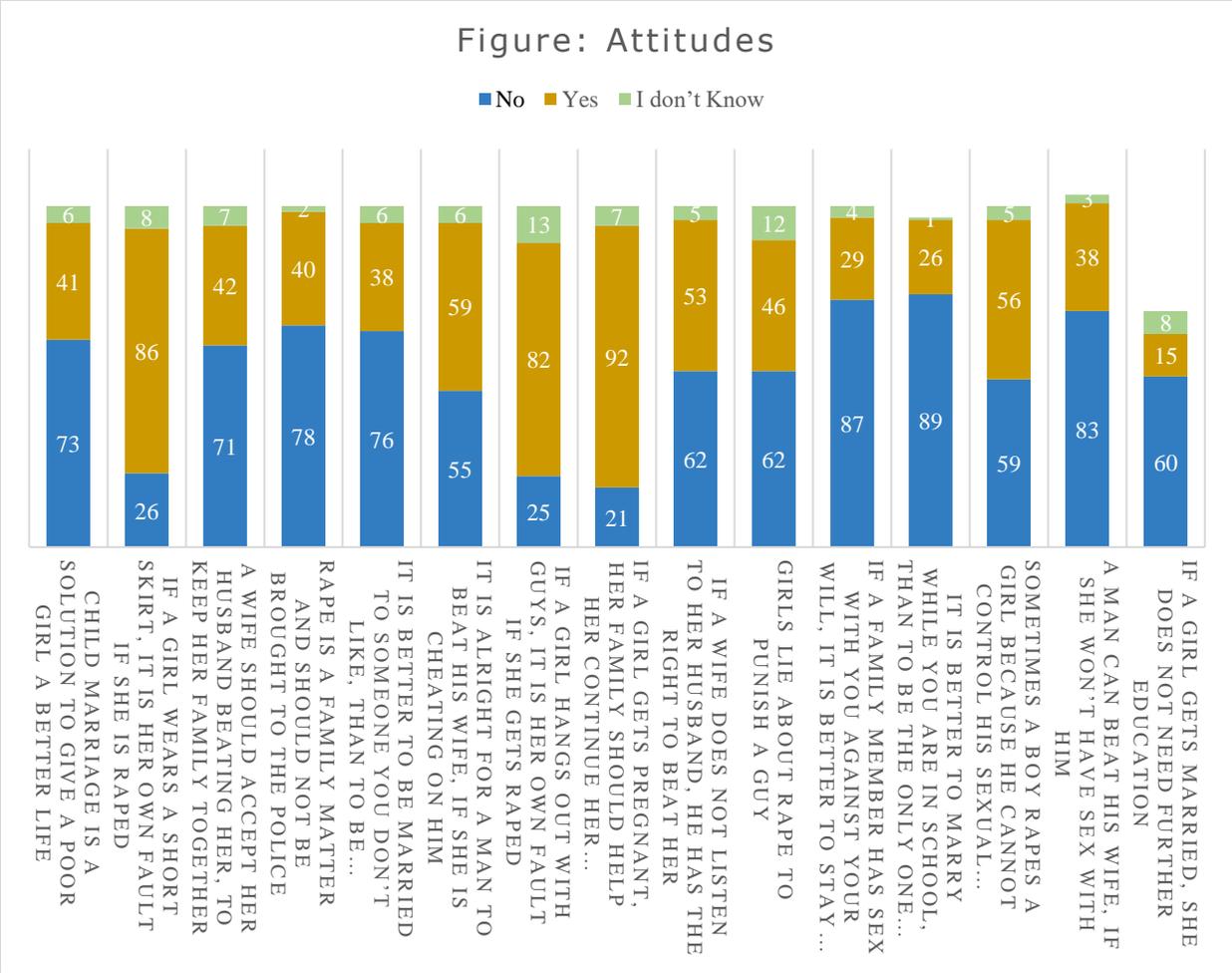
The inconsistency here could be as a result of the question of the kind of services rendered. Thus, the youth think that, one has the right to be treated well by health professionals when it comes to all critical ailments but not that of counselling on sexual matters.

The question on the usage of violence or pressure by a boyfriend on a girl in a case of refusal of sex by the girl was added to the category of sexual rights. 71% do not allude to a boyfriend using pressure on a girl to gain access to sex.

ATTITUDES OF THE YOUTH

As pertained to the baseline survey, the young people's attitudes towards SGBV were measured. A set of 15 questions were administered in this regard. Themes such as: rape, child marriage, wife beating and sexual rights were explored.

From this section of questions, concerning the responses supporting or promoting gender equality, the maximum score was 15 while the minimum was 4. The average score of answers supporting gender equality, not endorsing gender violence and recognizing the need for the development of girls was 10.21 (SD=1.73). From the figure below, the highest level of support for girls' empowerment is the agreement of 92 respondents on the need for the furtherance of the education of the girl child even when she is pregnant. This is actually a plus in the advocacy for the continual empowerment of the girl child. However, the opinion of the youth on blaming victims of rape is still problematic. 86 still argue that, girls that wear miniskirts have themselves to be blamed if they are raped. This opinion in the baseline survey had a non-support rate of 14% of the youth as compared to 22% of a non-support rate in this later survey. 22% rate against rape victim blaming is not the best. However, the proportional improvement from the former indicates that, the support will build up significantly with more sensitization.



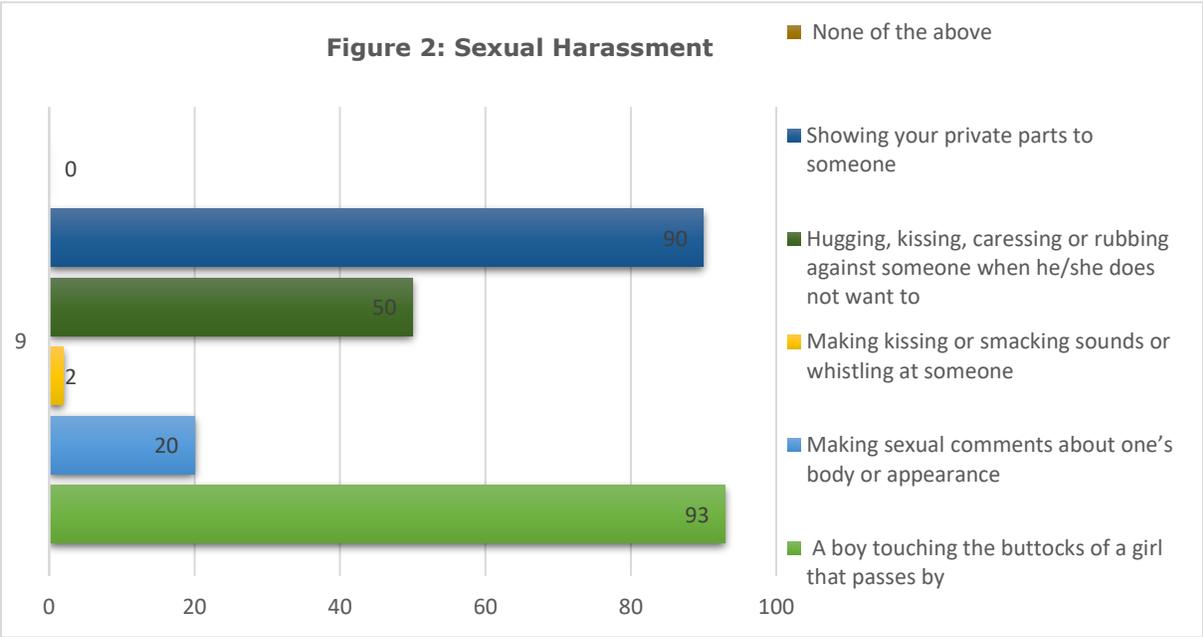
Field Data, 2020

SEXUAL HARRASSMENT

The youth were asked to identify whether the following happenings were wrong or worrying to them. The happenings are some of the various perceived forms of sexual harassments in the communities. The view here is that, if it is accepted in the community, the youth are likely to see that attitude as normal and if not accepted, they will clearly see it as abnormal or worrying. All the incidences listed in the question are seen as wrong as they were seen in the baseline survey. It is equally noteworthy that, the rate of acceptance or otherwise differs from incidence to incidence.

The majority of the youth (113) hold the view that, touching the buttocks of a girl that passes by is not right while the minority (2) argue that, making kissing/smacking sounds or whistling at somebody is wrong. It is clear that, the later incident is frequently practiced in the communities hence, it now seen as a normal thing.

Comparing the data, the majority (100) in the baseline see showing private parts to somebody as worrying but with the end line survey, this concern has the second position with 90 respondents. Generally, the responses have reduced under all the forms of harassment from the baseline to the end line survey. This could be partly as a result of the reduction in the sample size and their understanding of the questions.



Field Data 2020

INTENTIONS OF THE YOUTH

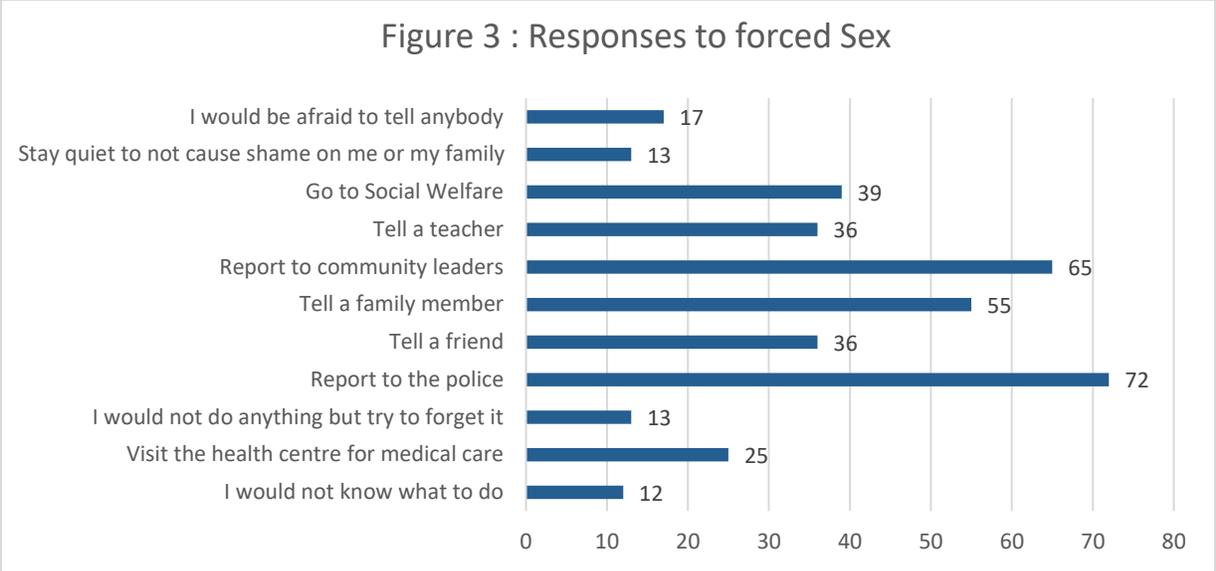
The youth were quizzed on some of the main forms of Sexual Gender-Based Violence and the possible interventions taken to curb such acts. The questions sort from the youth on their intention or plan of action in case they are found in such circumstances.

Mainly, the questions were centered on rape, child marriage/forced marriage, and the beating of wives by husbands and the beating of a girlfriend by a boyfriend.

The young people were presented with several options on how possible to deal with these incidents, including options of not doing anything as same as in the case of the baseline. The figures below illustrate the options that were chosen by young people as ways of handling SGBV's with the chance of choosing multiple options.

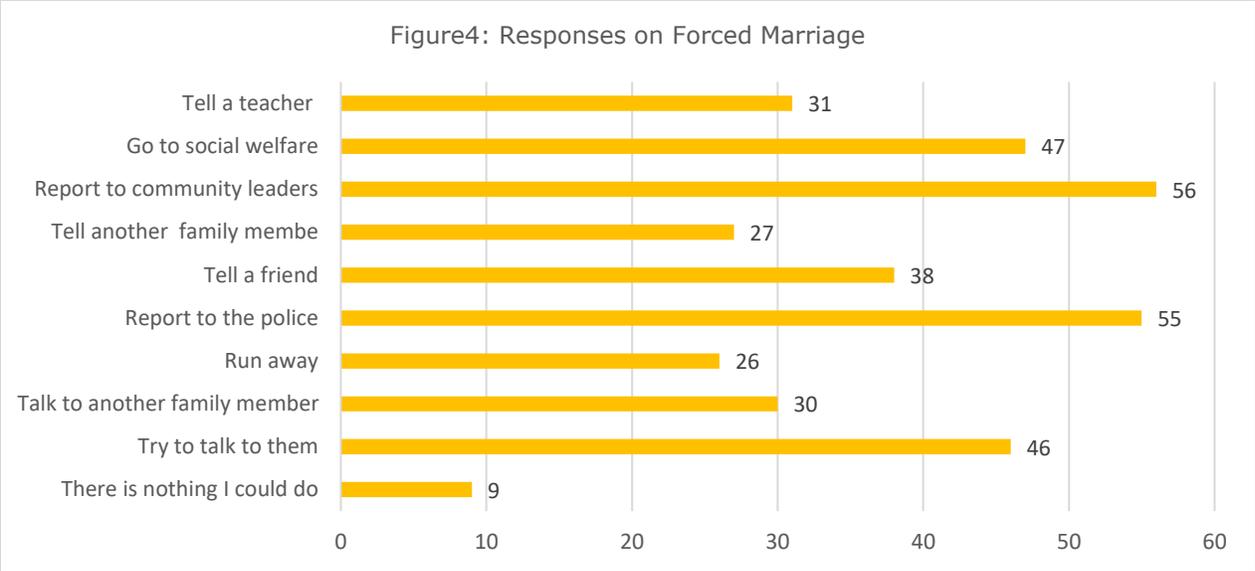
From the figure 3 below, the young people were asked on what will possibly be done when they are forced to have sex.

The majority of the youth (72) see this act as a crime and hence, will prefer reporting the rapist to the police just as the majority (107) will do in the baseline survey. The minority (13) are in the category of persons who will not know what to do or stay quiet about it to prevent any shame of themselves/their family.



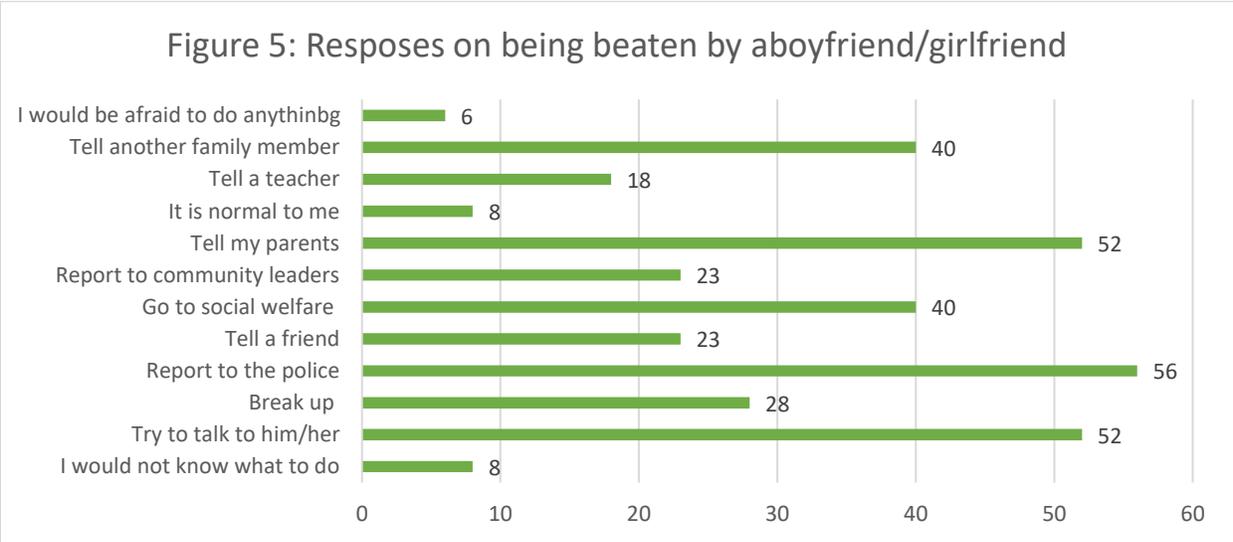
Field Data, 2020

The second question posed to the youth was on what they will do, if their parents forced them to marry. In total, 133(3 missing) young people answered this question. The figure below indicates that, majority of them (56) will report the incidence of forced marriage to community leaders if their parents forced them to marry anyone against their will. The majority (103) will equally prefer to report issues of forced marriage to the elders of the community in the baseline survey. This indicates that, the elders in the communities are highly respected and trusted by the youth.



Field Data, 2020

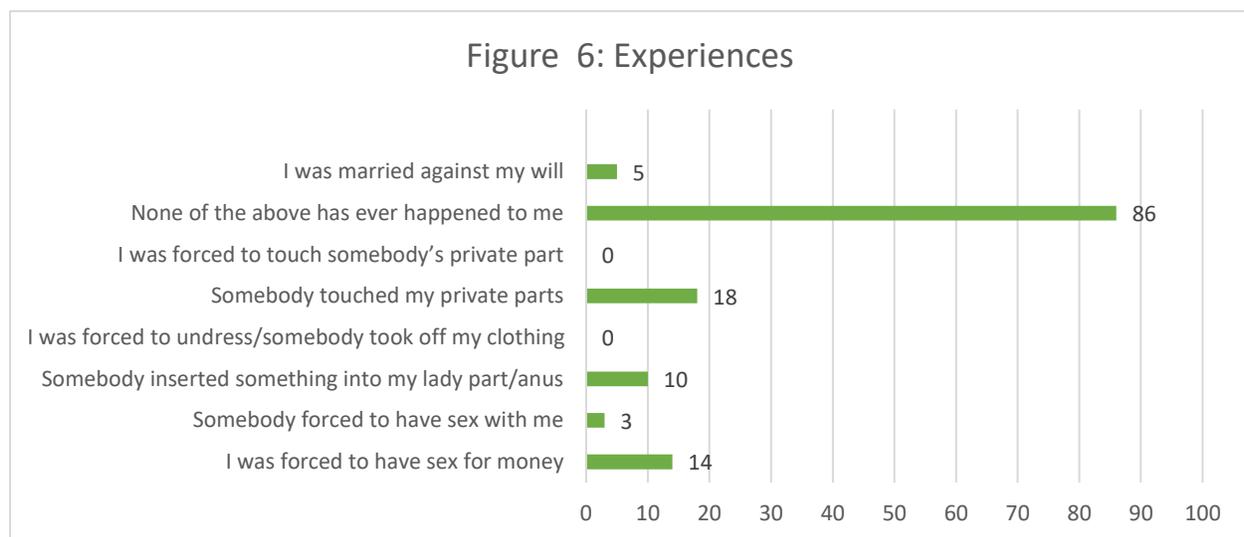
The last question on the response to abuses was on what could be done if a boyfriend/girlfriend beats them. This question was also answered by 132 respondents. Their responses as illustrated in the figure below indicated that, the least (6) option among a plethora of options that is likely to be chosen by the youth is to be afraid to do anything when beaten by a boyfriend/girlfriend. Thus, many of the youth will definitely tell a parent or a teacher or report to police when beaten by a boyfriend/girlfriend.



Field Data, 2020

EXPERIENCES OF SRHR

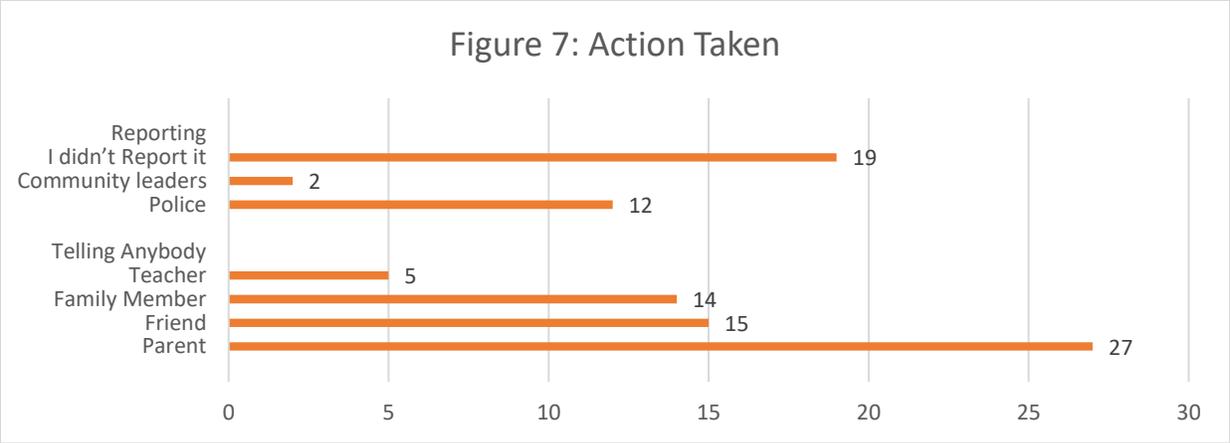
This part of the survey looked at the various forms by which the youth have personally been victims of the listed abuses. 7 different forms of abuses were listed with the option for the youth to tick as many as applicable to them. The watch word here is, the personal experience of the youth in these incidents and not the experience of any person. From the figure below, 86 representing the majority have never experienced any of the listed abuses. However, the rest with a majority of 18 have someone touched private part against their will. Among the abuses, it seems that, forcing a person to touch another's private part and one been forced to undress the other are none existent in these communities.



Field Data, 2020

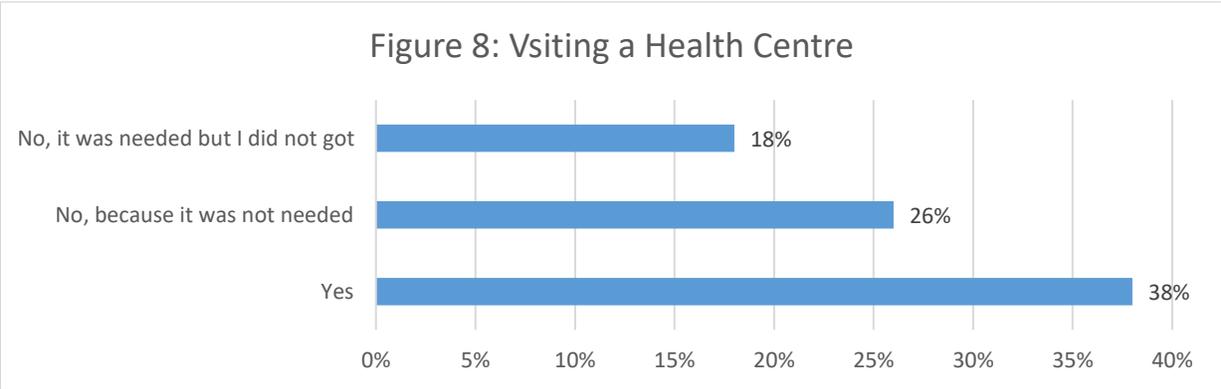
ACTIONS TAKEN

At this point, all those respondents that have not experienced the abuses mentioned above were not allowed to continue with the interview. Thus, the 47 respondents that have experienced the above abuses were then allowed to comment of the necessary steps taken after the abuses. From the figure below, the upper part of the figure tells about who the case of the abuse was reported. The lower part of the figure shows the part that explains to whom the survivors told about the abuse. Majority (27) of the victims prefer reporting the case to their parents



Field Data, 2020

Majority of the victims (38%) as indicated in the figure below after the abuse had visited the health facility to receive medical care. Some took will have visited the health facility for medical care but did not have the resources to do so as shown in the figure below



Field Data, 2020

WOMEN SURVEY

Interviews were administered to the women that are part of the empowerment groups of the I-Matter project. The women were quizzed on matters bordering on the knowledge on sexual and reproductive health, physical violence, sexual violence and gender inequality and misconceptions about child marriage.

Similarly, to the baseline survey, the women were asked about their experiences of SGBV. They were equally asked to tick some of the measures that were taken in terms of telling or reporting any experience of SGBV.

The survey was administered to a total of 36 women in the different communities. As it can be seen from the table below, 5 women from Wankayaw, 4 from Kpelema, 6 from Yariga, 5 from Sibi, 8 at par from Nabu and Kpassa. The differences of the sample sizes of the women in the communities was as a result of the availability of them. Due to the fact that, these women are into agriculture and the period for the collection of the data fell in the rainy season, it was difficult getting the needed numbers to be even in all the communities. However, since the analysis is not done based on community to community and also based on the fact that, all the women were taken through the same trainings, the biases are likely to be minimized.

Most of the women identified as Christian (30), with 8 identifying as Traditionalists and one a Muslim. All the women are married and staying with their husbands. None of the women as at the time of the interview was schooling.

Table 2: Basic Characteristics of Women Respondents		
Characteristic	Frequency	Percentage
Community		
Wankayaw	5	14%
Kpelema	4	11%
Yariga	6	17%
Sibi	5	14%
Nabu	8	22%
Kpassa	8	22%
RELIGION		
Christian	30	83%
Muslim	1	3%
Traditionalist	5	14%

Field Data, 2020

ATTITUDES OF THE WOMEN

The attitudes of the women towards rape, victim blaming, reporting of SGBV incidents, child marriage, wife beating and sexual rights were tested just as in the case of the youth group. Yes/No/I don't know options of responses were provided in these categories of questions. The total number of questions under the testing of the attitudes of the women are 17. Answers that promote gender equality, do not condone violence or victim blaming, recognize sexual rights of women and recognize misconceptions about child marriage were calculated as ideal or correct answers.

The possible minimum score that could be obtained is 0. The average score obtained by women was 9.23 ($SD=1.97$), with the lowest score being 1 and the highest score being 15.

For 9 out of 17 questions, the majority of the women chose for answers that condone physical and sexual violence against women and blaming of survivors of sexual violence in the baseline survey whereas in this end line survey, only 3 out of the 17 questions carry the majority condoning gender inequality. There has been a great improvement here and this is due to the empowerment sessions organized for the women. These three questions are on, the rights to be treated friendly by health workers, the right to refuse husband sex and the blaming of the victims of rape because one does not dress appropriately as per the standard of a married women. From the Baseline survey the rate of those blaming victims of rape on the grounds of wearing miniskirts was 90.2% while the rate is 92% in this end line survey. A woman claimed that, married women are normally respected and expected to act as role models. Hence, per their culture, women are to dress morally and not to wear miniskirts or dresses that expose their private parts. 78% in the baseline accept that, sometimes a man rapes a woman because he cannot control his sexual desires however, this stance is highly opposed by 89% of the women in the end line survey. This massive improvement as opined by the women is as a result of the impact of the group learning session. They now see rape as planned by a man and not just the lack of control of emotions.

Also, about 66% of the women in the baseline survey accepts beating from a husband for the sake of keeping a marriage however, currently, 100% of them will not condone the culture of silence over the any physical abuse from a man.

With regards to the girl child empowerment, majority (100%) alluded that, a girl should be helped to continue with her education even when she becomes pregnant. However, the women indicated that, the help should be contingent on the fact that the girl will be serious in school. The women equally agree that, the decision to allow such a girl to get to school will mostly be decided by the girl's father.

SEXUAL HARASSMENT

Women were also asked what they considered to be wrong or worrying behavior just as in the case of the youth. A list of some sexual harassment behaviors was listed and the women were asked to tick if they considered that as a wrong behavior.

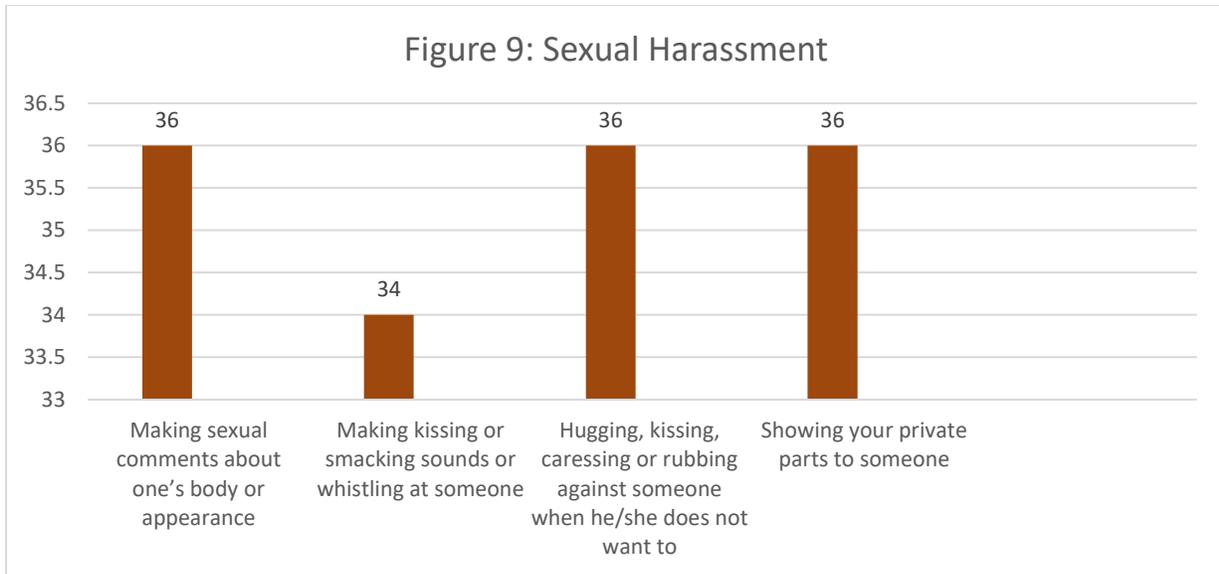
Table 3: Attitudes			
	No	Yes	I don't Know
A wife should accept her husband beating her, to keep her family together	92%	8%	10%
Child marriage is a solution to give a poor girl a better life	100%	0%	0%
Women lie about rape and harassment to punish a man	97%	3%	0%
It is alright for a man to beat his wife, if she is cheating on him	92%	8%	0%
I have the right to be treated friendly by health workers	89%	11%	0%
If a woman is hanging out with men, it is her own fault if she gets raped	97%	3%	0%
You have the right to say no to sex with your husband	100%	0%	0%
If a wife does not listen to him, the husband has the right to beat her	100%	0%	0%
You have the right to say no to sex, even if somebody has paid things for you	0%	100%	0%
Child marriage protects the girl against rape	100%	0%	0%
Matters of rape and defilement should be dealt with in the home, not reported to the police	100%	0%	0%
If a woman wears a short skirt, it is her own fault if she gets raped	8%	92%	0%
If a girl gets married, she does not need further education.	100%	0%	0%
A man can beat his wife, if she won't have sex with him	100%	0%	0%
A man beating his wife is a private matter that should not be discussed outside the couple	100%	0%	0%
Sometimes a man rapes a woman because he cannot control his sexual desires	89%	11%	0%
If a girl gets pregnant, her family should help her continue her education	0%	100%	0%

Field Data, 2020

The underlying intention here is to find out what is actually seen as a harassment or wrong by the women in the various communities.

As it can be seen in the figure above, all the behaviors listed are perceived to be wrong by the women. All the women ticked the acts as wrong but for making kissing or smacking sounds or whistling at somebody.

34 representing the lowest of the women choose the option of making kissing or smacking sounds as a worrying behavior in their community.



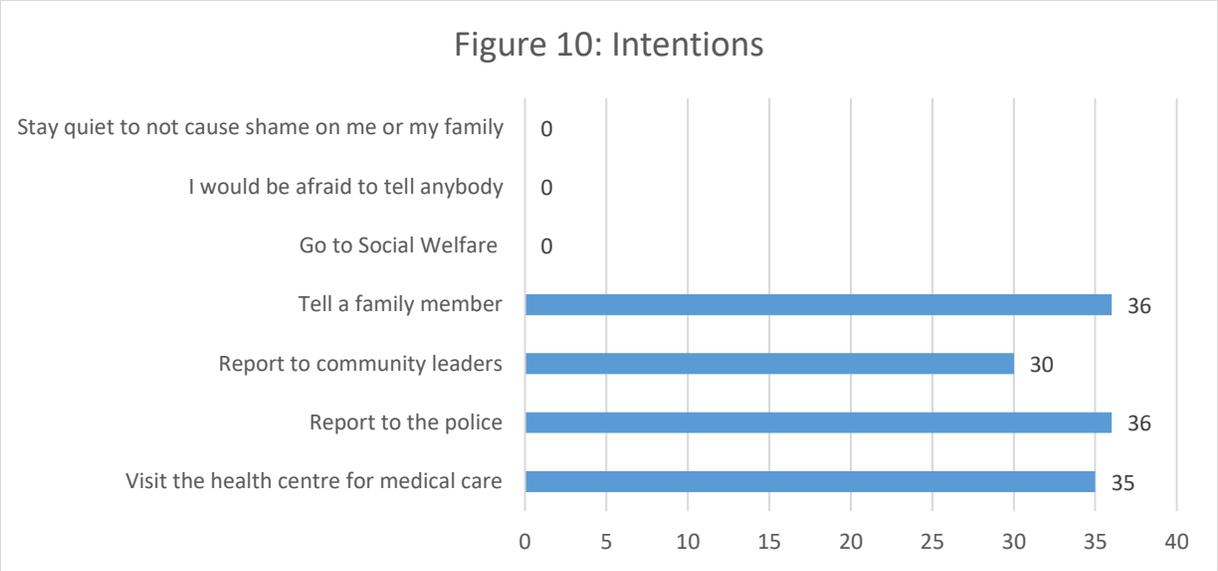
Field Data, 2020

The choice of these 34 could be as a result of the fact that, once a while, person uses that mode of communicating without any wrong motive especially in calling another that the name is not known to him/her. The lowest response under this session was same under the baseline survey.

INTENTIONS

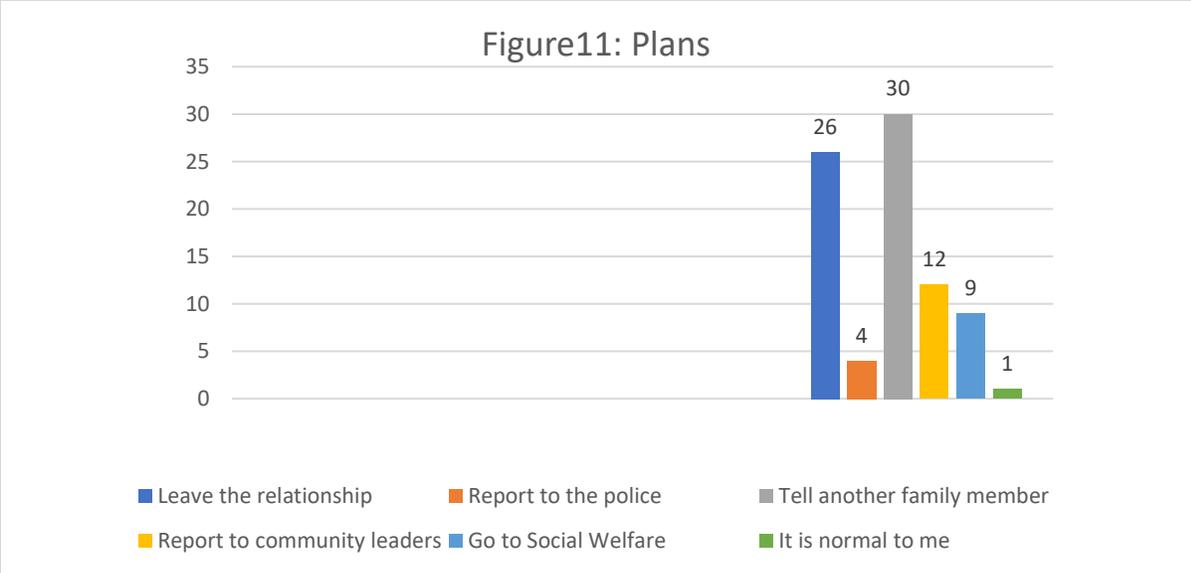
The women were asked about their intentions or their plans if the underlisted acts SGBV is encountered. Possibly choices of action that could be undertaken by victims of SGBV were provided. The women had the choice to chooses as many as it was applicable to them. The figures below illustrate which options were chosen by women as ways to deal with experiencing these kinds of SGBV's.

First of all, women were asked what they would do, if they were forced to have sex. In general, the data show that none of the women would decide to do nothing in cases of rape. Just as the case of the baseline, majority of the women (36) will prefer telling a family member of an incidence of rape.



Field Data, 2020

The least of them would prefer telling the community leaders. There is the possibility of a community leader being a family member, hence, this could affect the option of telling either the leaders of the community or a family member. A good number being 35 will equally prefer reporting to the police and visiting a health care centre for checkup.



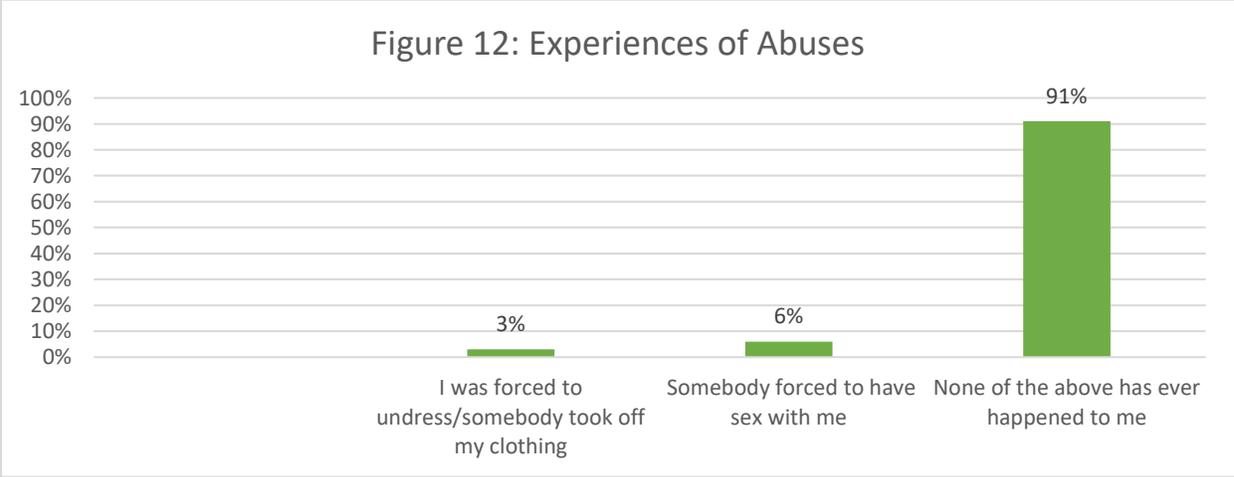
Field Data, 2020

The second question with the responses in the above figure indicates what the women would do if one is beaten by the husband.

Also, a list of options was provided for the women to choose depending on their applicability to their intentions or plans of action. All the women had responded to this question since they were all married and staying with their husbands. As it can be seen from the figure above, which is contrary to the opinion held earlier in the baseline survey. The women now have in mind the various actions to be taken in instances where they are beaten by their husbands. Just only one person sees physical abuse from husband as normally however, the majority (30) of them will prefer reporting domestic abuse to their family members. A good number of 20 of them feel that, they cannot accommodate an abusive man and hence, will break up their marriage under such circumstances. This is a clear indication that, the women are empowered to know their rights and to believe in themselves and not shield an abusive husband because one wants to keep her marriage.

EXPERIENCES OF ABUSES

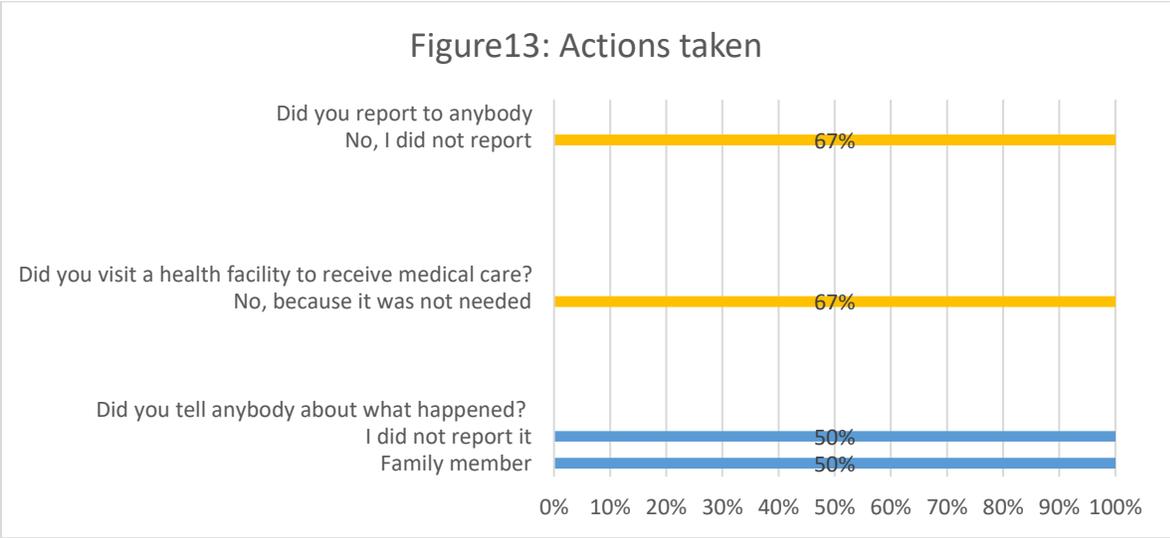
Women also indicated which type of sexual violence they experienced, which is illustrated in the graph below. Even though admitted in the baseline survey that, these numbers are an underestimation of the real situation, especially because marital rape is often not recognized as rape in the communities targeted leading to the high levels of not experiencing rape. The picture is still the same even after the empowerment of the women. From the figure below, a high level of 91% have never experienced any sexual abuse ranging from rape to been forced to undress. The commonest form of sexual abuse among women in these communities is rape which represents 6% of the women.



Field Data, 2020

The women were equally asked a question with respect to telling and reporting of the sexual abuses to the appropriate quarters. The questions were administered to only the 9% of the women who had experienced some level of sexual abuses in their life.

The survivors of sexual violence (9% of the women) were further interrogated on whether they told anybody about what had happened, whether they reported the case and whether they attended a health Centre for medical care. From the figure below, half of the women told a family member and the rest did not tell anybody as compared to 40% of domestic violence survivors telling a family member in the baseline survey. These cases are sensitive in the communities hence, no one will be willing to tell anyone who cannot be trusted. Hence, in the absents of trusted persons as perceived by the victim, she coils back to herself. The reason is that, most of them still want to keep such matters within the family without be ridiculed in the society as disgracing their husbands. To prove this, about 67% of the victims did not report the abuse to any authority and did not visit a health centre for medical care. Comparatively, during the baseline survey, 90% of victims did not report and 80% did not visit the health centre. The refusal to visit the health centre are all measures in shielding the abuse once the abuse might be known by the medical personnel.

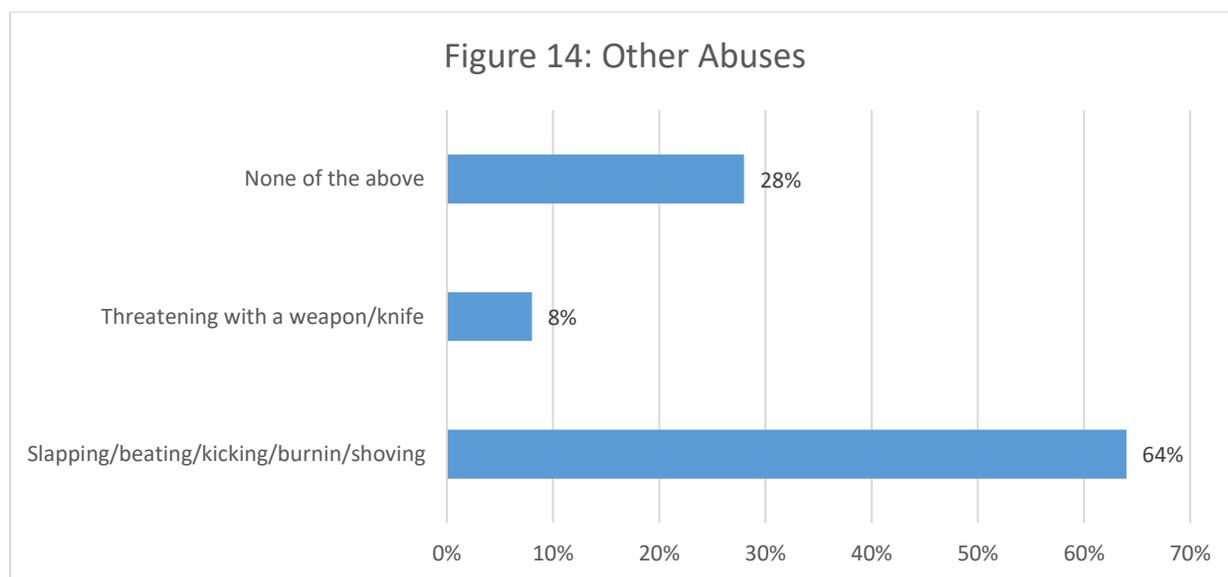


Field Data, 2020

OTHER ABUSES

Apart from sexual violence, we also asked women about their experiences concerning other forms of violence such as slapping, been threaten with knife and the others as shown in the figure below. The options were that, a woman could select as many as she has ever personally experienced.

The highest form of violence against women apart from sexual is beating/ slapping/ burning/shoving/kicking of wives by husbands. 26 of the women representing 72% have experienced the above-mentioned abuse. However, 10 representing 28% of the women have never experienced any of the listed abuses. Comparing with the data of the baseline survey, many more women are willing now to voice out other abuses they have experience in their marital homes.



Field Data, 2020

As in the case of sexual abuse, women here were asked the same follow up questions about whether they told anybody about what had happened and whether they reported the case and whether they attended medical centre for health services. These responses were from the 72% who have experienced other forms of abuses and not of the total sample size of 36 women. It is equally noteworthy that, some of the calculations would not add up to 100% since some of the victims of the abuses do not want to talk about such experiences. This is understandable since they are sensitive issues.

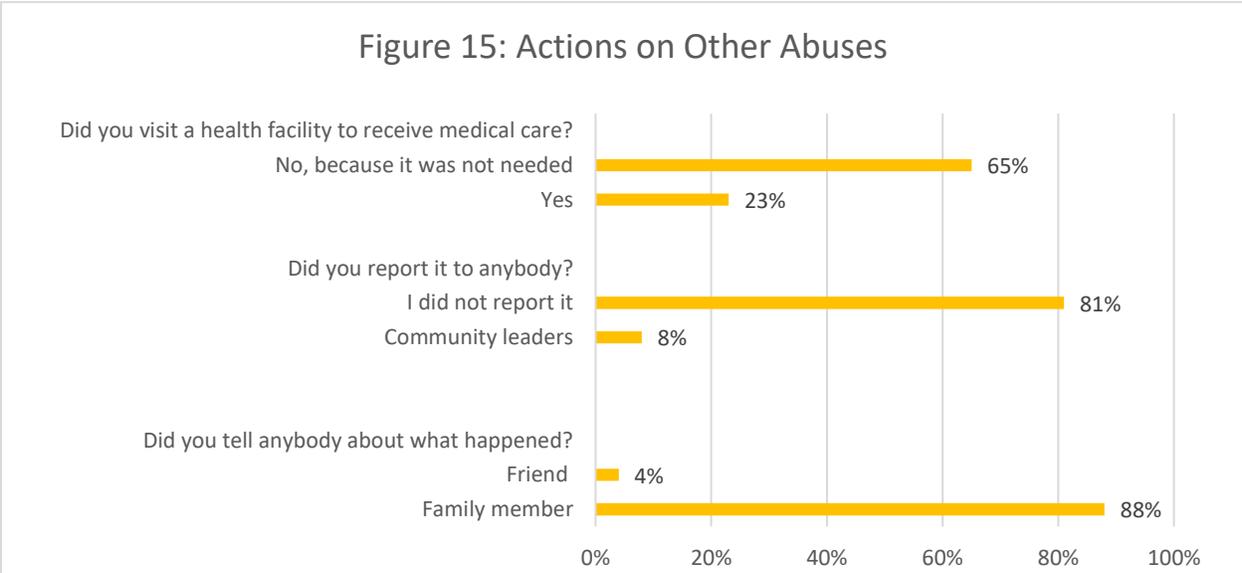
From the responses as indicated in the figure below, 88% of the victims told about the abuses to a family member.

This family member could be from the man or the woman’s side but as alluded to by some of them in most cases, it is the family member of the man. These issues are mostly seen as family issues and hence are settled at the family level. According to some of the women, when the abuse becomes rampant without any solution from the family of the man, then the women is likely to tell her family members to intervene.

Since, these abuses are family related, about 80% of the victims did not report to the police or social welfare department for their intervention.

As for medical services, most women who needed these kinds of services did not access that and think it is not necessary. However, about 20% accessed health centre for medical care after been abused by her husbands.

The actions taken by the women on mattes of abuses with the exception of sexual abuses were similar in both the baseline and the end line surveys. However, women under the end line survey were more opened in discussing issues even bordering on abuses than during the baseline survey. This indicate that, the empowerment campaign has been beneficial to the women.



Field Data, 2020

KEY INFORMANT INTERVIEWS

A chief, the head of the Department of Social Welfare of one of the project districts, and Assemblymen were equally interviewed in this survey. The intention of including these key informants was clearly indicated in the baseline survey as to get idea of what happens at the level of policy and leadership on SGBV issues in the districts or communities. This same approach of engaging the key informants is informed by the reason that, the survey wants to find out whether there have been any changes after a year. Below were the issues that were posed to these key informants for their opinions or experiences.

MOST PROMINENT SGBV ISSUES

With regards to the most prevailing SGBV issues, all the respondents alluded to the fact that, Teenage pregnancy tops all. The main cause of this teenage pregnancy as indicated by the Assemblymen is the culture of betrothal. The culture where a girl is given out to someone without consulting the girl is prominent in some of the project communities. He added, once a girl is given out, the next thing is pregnancy. However, the Head of Social Welfare Department indicated that, such cases have drastically reduced in their district for the past one year. He mentioned of only one case that was brought to their attention for the past one year. That is not to mean that, the district witnessed one case of child marriage, the cases might be higher within the communities but not been reported to the Social Welfare Department. This is actually affirmed by the low rate of reportage of abuses to the appropriate quarters in the communities.

The next common SGBV issue is an abusive husband. The SWD witnessed a case of this in the past one year. That case in question upon integration was reported by one of the Assemblymen to the SWD for intervention.

CAUSES OF SGBV ISSUES

KI's were further asked to list some of the causes of the issues mentioned above. Specifically, we looked at teenage pregnancy, beating of wives by husbands and child marriages.

Comparatively the reasons given were the similar to those mentioned in the baseline survey.

Namely, the causes are; culture of the people, poverty, lack of education, irresponsible parenting and wayward girls. One of the causes that did not appear is the irresponsibility of some parents. An Assemblyman indicated that, some parents do not take good care of their

children by providing their basics. Some of these girls seek help from others and at the long run they are impregnated by such helpers.

COMMUNITY LEVEL POLICIES THAT ADDRESS SGBV

This session with the key informants included community level policies aimed at addressing SGBV. Basically, the informants provided information surrounding policies of prevention and reporting of abuses to the appropriate quarters. Also, the opinion of the informants was sort on the successes of these policies in their communities.

Generally, to prevent the occurrences of SGBV in the communities both the SWD and the Assemblymen normally engaged in the campaign of sensitizing the communities at durbars or festivals when they are given the platform. The SWD sometimes runs education programs in the communities on the effects of SGBV. Within the past year, education programs were run on the effects of child marriage on the education of the girl child and the society as a whole. With respect to the chiefs, severe punishment measures were put in place to deter perpetrators of SGBV especially domestic violence.

The chief and one of the Assemblymen mentioned of an abusive husband at fault been required to provide a goat and schnapps to pacify the gods. However, the question here is, is this punishment model deterrent enough to stop one from abusing the wife? The chief answered this question in the affirmative since, it will take most of the husband a fortune to be able to acquire a goat if one does not rear one.

According to the Assemblymen, the Assembly had planned of publishing SGBV per communities in the district. This concept of naming and shaming will enable communities to be serious in fighting against SGBV since no community will be happy to tagged with any negative perception.

The danger here is that, some of the opinion leaders may cover up some of these abuses so that they are not reported.

However, the Assemblymen argued that, they have men on the ground in these communities who will help them unearth these issues.

With regards to the policy of reporting SGBV in the communities. The Policy of the Assemblies is to report to the police. However, most of the cases are usually reported to the SWD or the

chiefs or the Assemblymen. Thus, many not want the police to be involved in such matters because of the fear of the perpetrator been jailed.

PERSONAL INVOLVEMENT OF KEY INFORMANTS

The engaged of these informants in the fight against SGBV has been the same within the last year. The Assemblymen claimed that most of the cases especially on wife beating been handled by the SWD were actually reported by them. They key informants mostly engage in sensitizing the communities on child marriage and domestic violence.

PERSONAL AND OTHER BARRIERS IN THE FIGHT AGAINST SGBV

All the informants including the SWD which is an agency of GoG on those social issues alluded to the following challenges as hindering the work. Resources such as logistics in the form of vehicles and public address systems to help in the sensitization of the communities are lacking.

Also, the insecurity of the Assemblymen or persons who do report SGBV was mentioned as a challenge. Even in some communities the police are attacked by community members as claimed by one of the Assemblymen.

Furthermore, some victims are very reluctant to report the cases of SGBV in the communities. The commonest in this category is the beating of wives.

Key informants equally looked at the barrier's survivors of SGBV and service providers face in accessing justice and support. Namely, the common barriers listed are; stigma, threats and the cost involved. The Assemblymen claimed that, their lives are been threatened by the families of some perpetrators especially when they report the case to the police.

The threats come in the form of warning to their families in the community and the possibility of losing their seats as Assemblymen.

OPINION ON SEXUAL HEALTH EDUCATION AND ACCESS TO SRHR

As in the case with the baseline survey, key informants were asked on whether they think sexual health education should be provided at schools.

All of the key informants agreed that sexual health education should be provided to young people by GES and their parent as well. However, they argued that, what is taught must be age and culture sensitive. They agreed that, the focus of sexual health education must be based on abstinence and not encouraging children to engage in early sex before they are married to their husbands. This, they agreed is in line with their culture. However, those above age 18 could be taught safe sex practices to avoid teenage pregnancies and its subsequent challenges.

REPORTING TO THE POLICE

We asked key informants if they thought issues of child marriage and rape should be reported to the police, or it should be dealt with at the home.

According to all key informants, these child marriage and rape issues are crimes and by law, are required to be handled by the police. However, the two Assemblymen have divergent opinions. One proposed that, the culture of the people through the instrumentality of the chiefs have in some cases better approaches in handling matters of the SGBV especially in cases of child marriage and rape. He claimed that, sometimes when cases are reported to the police at the end, nothing comes out of it even though some level of enmity is created among family members of the victim and perpetrator.

However, the other Assemblyman indicated the prevention of these crimes can only be prevented when the police are involved. He claimed that, the only institution the people fear is the police and not the chief or the SWD of the district.

SOME SUCCESS STORIES

NAME: Abigail

AGE: 15 years

Before I joined the Ready Steady discussion group, I didn't know rape/defilement and child marriage were crimes in Ghana. I used to judge/frown on rape victims and teenage pregnant mothers, but now due to my participation in the discussions, I know it's not a shame to report perpetrators of these crimes and also to support any victims of abuse to receive justice. Currently, in order to make the community a safe place for girls, I share my knowledge with other girls on teenage pregnancy prevention and effects of child marriage etc so that they will protect themselves and their siblings from experiencing these issues.

NAME: Adoyana

AGE: 35years

I have been ignorant about reporting issues of rape and defilement, although I knew it is wrong and a shameful act, I felt it was appropriate to be handled at home and not reported to the police so as to save both families especially the girl from societal shame. Also, I never discuss issues of rape, teenage pregnancy and menstruation with my children, which I believe has contributed to my daughter's pregnancy at a teen age. My participation in the women group discussions have thought me a lot and I have begun discussing issues of Sexual and Gender-Based Violence and reproductive health with my children. Also, I now hold the belief that perpetrators of these crimes especially rape should be punished by law and I advise women to report these cases if I get the opportunity.

NAME: Erica Gmano

AGE: 30 years

I used to beat and insult my children whenever they misbehave, so they were scared always and this situation created a lot of stress and tension at home. After participating in the ready steady discussions, and sharing my concern among group members, I resulted on discussing issues with my children and not be violent to them. It has been hard for me, because even when I am angry, I still try to listen and discuss issues with them. My home for some time now has been calm and peaceful because my children listen to me when I ask them to do something especially with household chores, read their books.

My children are happy and my husband also stays at home more often than he usually would have. Interestingly, I now save more money and provide sufficient food for my family because I don't have to buy medicine to cure blisters or headaches resulted from the beatings.

NAME: Mpopiin Bigala

AGE: 30years

My boyfriend denied his responsibilities as a father even though my family and I tried to talk with him but to no avail. It wasn't an easy experience as the news spread in the community, my unborn baby was called fatherless and me as a promiscuous woman. I heard of the Ready Steady group, this group support women who are going through SGBV issues, so I confronted the group facilitator about my problem and he led me to the Social Welfare office where my boyfriend was invited for a discussion. After several discussions, he finally agreed to take responsibility of the pregnancy as all evidence proved he was the father of my baby. Since then, he provides the necessary financial support as it was agreed and now even though I lost one of my babies during birth my family is happy now, my baby is now recognized and I have restored my reputation in the community. I can now associate freely in the community.

Unexpected result

In the Northern region, kumbungu community, a baby girl (2 years old) was defiled by a young man about 24 years old but the family didn't have the resources (Financial) to seek medical services and legal justice due to the high cost of medical examination report that will aid prosecution of the perpetrator. This incidence caused trauma and distressed for the survivor and the family. The project even though not implemented in this community, supported the baby and the family to seek medical care, and also through the SHE plus Helpline, they were linked to the police station and finally, the perpetrator was jailed for ten years.

RECOMMENDATIONS

Some recommendations are made after the engagement with the youth, women and the key informants. It is noteworthy that, these are not exhaustive but are critical for the fight against SGBV in the communities. These recommendations are enumerated below;

1. Sensitization and Education on Sexual Health: the youth or victims of abuses need to be further educated on the possible impact of their lack of accessing health care when they are abused or when they are in doubt on how to handle SRH issue. The health care professionals need to handle the youth professionally when they come to the health post to access sexual health care.

2. Resourcing of agencies: the GoG and her development partners need to resource the SWD for an effective fight against SGBV. The chiefs and opinion leaders should be enlightened more or further trained to be used as instruments in handling and reporting SRHR issues.
3. Policy formulation: since the abuses are from the communities, it will be better to use the bottom -up approaches in formulating policies by the districts in fighting against SGBV. The chiefs by this, must be actively engaged in this formulation.
4. Reformation of survivors of SGBV: there is the need for the districts to be provided with a fund and homes for the management of the survivors of abuses. Professionals such psychologists can be employed in these homes to provide the needed support for victims. Also, the fund can be partly used to set some of the victims to start or learn trade.

CONCLUSION

The report shows that issues of SGBV are still prevailing in project communities, and in some cases, community members endorse norms that condone violence. However, it can be concluded that, the I-Matter project has significantly contributed in the fight against SGBV and enhanced the knowledge of the youth and women on matters surrounding their sexual health and rights. Amongst the enormous challenges facing the fight against SGBV, some of the people in the communities are challenging the status quo as a result of their current stage of understanding of their SRHR need.