

Violence and HIV/AIDS:
The Interface

Voices of Women in
Northern Ghana

2007

ActionAid Ghana
N°. 13 La Tebu Street
East Cantonments, Accra
P.O. Box AN 19083
Accra North – Ghana

Telephone: +233-(0)21 – 764931(2)
Fax: +233-(0)21 – 764930
Email: aaghana@actionaid.org
Website: www.actionaidghana.org

ActionAid is an international
anti-poverty agency working in over 40
countries, taking sides with poor
people to end poverty and injustice
together

ActionAid Ghana Publications 2007

ACKNOWLEDGEMENT

The Board of Directors and Management of ActionAid Ghana are particularly grateful to the United Nations Population Fund (UNFPA) for funding this project: Violence and HIV / AIDS: The Interface.

We are also very grateful to Yaa Peprah Agyemang Amekudzi for conducting the research for this project.

Above all, we want to acknowledge the invaluable contributions of the respondents (participants) especially, the Women. We salute their courage and sincerity

Thank You.

TABLE OF CONTENTS

	Page
List of Abbreviations	4
Executive Summary	5
1.0 Introduction	6
1.1 Background	
1.2 Country HIV and AIDS Profile	
1.3 Violence Against Women, A Situational Analysis	
1.4 Rationale for the study	
1.5 Methodology	
1.6 The structure of the Report	
2.0 Nature of Violence against Women in Northern Ghana	23
2.1 Legal Definition of Violence	
2.2 Respondents' Perspectives	
2.3 Prevalence	
3.0 Ramifications of Domestic Violence in Northern Ghana	37
3.1 Causes of Domestic Violence in Northern Ghana	
3.2 Consequences of Domestic Violence in Northern Ghana	
3.3 The Domestic Violence-HIV Link	
3.4 Testimonies of Survivors of Domestic Violence and HIV	
4.0 Addressing Violence against Women and HIV/AIDS in Northern Ghana	64
4.1 Existing Laws and Policies	
4.2 Types of Service Delivery	
4.3 Collaborations	
5.0 Concluding Discussions	84
5.1 What makes women and girls	
5.2 Why have current HIV control efforts failed	
6.0 Recommendations	92

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral Therapy
CRS	Catholic Relief Services
CBO	Community Based Organizations
CHRAJ	Commission on Human Rights and Administrative Justice
DA	District Assembly
DACF	District Assembly Common Fund
DHMT	District Health Management Team
DOVVSU	Domestic Violence and Victim Support Unit
DPCU	District Planning Coordinating Unit
FGD	Focus Group Discussions
GAC	Ghana AIDS Commission
GHS	Ghana Health Service
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
MDAs	Ministries, Departments and Agencies
MOH	Ministry of Health
NACP	National AIDS Control Programme
NCCE	National Commission for Civic Education
NGOS	Non Governmental Organizations
PLWHA	Persons Living With HIV / AIDS
STI	Sexually Transmitted Infections
VCT	Voluntary Counselling and Testing
WHO	World Health Organization



EXECUTIVE SUMMARY

Background

Under the thematic area of Women's Rights, ActionAid Ghana (AAG) aims to "protect and promote women and girls human rights" as enshrined in the constitution of Ghana as well as international and regional frameworks to which Ghana is a signatory. ActionAid also focuses on transforming and redressing power relations between men and women by mainstreaming gender into its programmes as well as standalone interventions. To do this, ActionAid has formed strong alliances with strategic partners at both the regional and national levels.

This research, commissioned by ActionAid Ghana, is intended to highlighting the vulnerability of women to HIV / AIDS as a result of the violence they face in order to facilitate policy formulation and implementation as well as service delivery that would mitigate such vulnerability.

Study Objectives

The objective of this project is to reduce violence against women (VAM), which plays a critical role in exposing women to HIV infection (in line with UN Declaration on Violence against women, 1994, Vienna Declaration, 1993) through innovative work in the communities which are most affected. Even though there have been several studies conducted into the issue of violence against women, determinants of HIV / AIDS infection and also HIV / AIDS management, there is not enough evidence to show that HIV / AIDS policies and programmes have begun to seriously address violence against women. This gap is accentuated by the HIV / AIDS communities' continuing faith in and emphasis on the ABC prevention approach which assumes all sex is consensual. The research is aimed at highlighting the vulnerability of women to HIV / AIDS as a result of the violence they face



Specifically, the research sought to:

- Identify and analyse the consequences and causes of violence against women in northern Ghana;
- Assess the efforts being undertaken to address issues of violence against women in northern Ghana;
- Examine the relationship between violence against women and their vulnerability to HIV and AIDS;
- Investigate the experiences, perceptions and coping strategies of women survivors of violence and women living with HIV and AIDS; and
- Determine the policy implications of the causes and consequences of violence against women especially in relation to HIV and AIDS.

Study Questions

The following critical questions were examined by the study:

- What is violence?
- How prevalent is violence in the area?
- What are the forms of violence?
- What are the causes and consequences of violence?
- Are there any linkages between violence against women and HIV/AIDS?
- How are women living with HIV/AIDS treated/perceived?
- How are women living with HIV/AIDS treated/perceived?



Study Methodology

This study examined the subject of VAW as it pertains in the northern Ghana. In particular it focused on the three Northern Regions. Six districts (two in each of the three northern regions) were selected namely:

- Upper West – Jirapa, Lawra
- Upper East – Talensi Nabdam
- Northern – Tamale and Bole.

The following methods were employed in conducting this study:

- Interviews and discussions with key informants at the policy level in relevant government agencies and District Assemblies, guided by qualitative field instruments;
- FGDs at the community level guided by qualitative field instruments;
- Individual interviews were conducted with 26 women and 11 men living with HIV; and
- Group presentations of findings were made and discussed to secure commitment and feedback.

The study's sample size was 222 individuals in total representing a combination of 122 women and 100 men. All the persons living with HIV are either unemployed or self-employed as farmers, traders, pito-brewers and charcoal producers. The other respondents were "office workers".

Study Findings

- **Types of violence**

The presented forms of violence in the domestic environment were many. Physical violence was cited as predominant. In all the six districts, physical assault of wives by their husbands was cited as very common.



Other forms of VAW identified by the study included, denial of basic necessities; arbitrary dissolution of marriage without responsibilities and compensation; unnecessary reprimanding of women especially in public to show superiority; widowhood rites inheritance; forced marriages; and rape within and outside marriage.

- **Intersection between VAW and HIV/AIDS**

The study also identified examples of possible linkages between the different types of violence against women and the incidence of HIV. Issues highlighted included the fact that:

- Sexual violence against women, especially forced sex increases the woman's vulnerability to HIV;
- Fear of violence prevents women from negotiating safe sex;
- Fear of violence such as stigmatization, abuse and physical assault prevent women from testing and/or declaring their status;
- Stigma and violence meted to women who test positive have caused them to turn to commercial sex to survive.

- **Causes of violence against women**

According to respondents, ignorance about women's and people's rights; misinterpretation of religious and cultural practices; the power gap between males and females; and disregard of the rights of women to decision and sex among others, are all causes of violence against women. Poverty and lack of formal education were also identified.

- **Consequences**

There was no considerable differentiation on the level of impact of VAW on the community. About 80% of respondents said it retards development in all facets namely, social; economic; and political. Thus there was unanimity in the call for a holistic approach towards addressing violence.



- **Existing Laws On Violence/National HIV/AIDS Policy**

The study also noted knowledge of existing laws and their application was negligible in the northern region. The communities applied religio-cultural beliefs in their day to day interactions. Despite numerous statutes concerning violence, women in northern Ghana continue to suffer at the hands of their male counterparts. Not only are most women ignorant of their rights under the law, they are also not in a position to access justice because of poverty and also they risk societal sanctions if they dare use the law against their kinsfolk. Respondents displayed a complete lack of knowledge or information about the National HIV/AIDS policy, a situation which contributes to the high level of stigmatization of PLWHAs

- **Addressing Violence in Ghana**

Respondents identified various efforts being made in all the districts to address both violence and HIV. Among the identified efforts, awareness creation on the two phenomena ranked highest. The study found out that for almost all the non-governmental agencies working in the communities in the northern parts of Ghana, their prime focus is facilitating information flow on developmental issues central to which are gender-related issues. Thus, communities are expectant that any such information facilitated by these agencies is credible. Of critical value is the observation that when community members spoke of awareness creation, they spoke about a continuum that include sensitisation, education, instructions and to some extent, counselling.

Other agencies identified in helping to address the twin issues of Violence against women and HIV/AIDS included state organizations like DOVVSU, NCCE, CHRAJ, MOH and PLWHA groups. Respondents were of the view that much as the agencies were helping to address the problem, there still remained a lot to be done. About 90% of them expressed the need for increased sensitization and awareness creation to curb discrimination and stigmatization of PLWHAs.



Challenges

Seemingly, dealing with such issues is a challenge because of the influence of religion and traditions. The unwillingness to deal with the police is also a challenge and the inability for state agencies to pursue such issues to their logical and rational conclusions also add to the challenges of finding lasting solutions to violence against women and HIV/AIDS in northern Ghana. These notwithstanding, respondents identified strategies with potential for overcoming the aforementioned challenges.

Recommendations

Recommendations made in this report cover policy, programming, monitoring and evaluation. These recommendations are in the main, targeted at key players such as Religious Bodies, Chiefs and Traditional Authorities, Non-Governmental Organizations and community members. In order to give impetus to addressing violence and HIV, this report also makes recommendations on advocacy strategies as well as how these strategies would be monitored for effectiveness and efficiency.



1.0 INTRODUCTION

This section provides an introduction to this Violence against Women study report. The section includes the necessary background to the study, rationale and study objectives, definitions of violence, analysis of violence trends in northern Ghana and methodology.

1.1 Background

Violence against women is a human rights violation that causes devastating impacts on the health of women and impedes a woman's right to equality, development, security and peace. The terms "violence against women" and "gender-based violence" are used to refer to a range of abuses committed against women that stem from gender inequality and women's subordinate status in society relative to men. In 1993, the Vienna Declaration and Programme of Action defined violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." This definition includes violence occurring in the family, within the general community, and violence perpetrated or condoned by the state. Forms of gender-based violence include, but are not limited to, domestic violence; sexual abuse; rape; sexual harassment; trafficking in women; forced prostitution; and harmful traditional practices.

Even though there have been several studies conducted into the issue of violence against women, determinants of HIV/AIDS infection and also HIV/AIDS management, there is not enough evidence to show that HIV/AIDS policies and programmes have begun to seriously address violence against women. This gap is accentuated by the HIV/AIDS



communities' continuing faith in and emphasis on the ABC prevention approach. For advocates for human rights, two inherent flaws in the ABC prevention approach of Abstain, Be faithful and use a Condom are the assumption all sex is consensual and the emphasis on HIV as only sex-related.

This primary aim of this research is to facilitate all levels of discourse on the interface between violence against women and HIV to ensure the vulnerability of women to HIV / AIDS as a result of gender-discriminatory violence is appropriately highlighted. Thus through the documentation of processes, voices of women and key findings as well as recommendation for policy changes, programming, advocacy and further research is expected to facilitate policy formulation and delivery of appropriate service delivery that would mitigate women's vulnerability.

1.2 Country HIV and AIDS Profile

Ghana is situated on the south-central coast of West Africa on latitude 4.5 north of the Equator with a total land mass of 238,537 square kilometres. The country is bounded on the north by Burkina Faso, on the east by Togo and on the west by La Cote d'Ivoire. To the south lies the Atlantic Ocean with a 560km long coastline. The population in Ghana as at 2006 was estimated as 22,409,572.

Northern Ghana comprises, the Upper West, Upper East and Northern Regions. The northern parts of the Brong Ahafo Region can also be included in the demography of northern Ghana as they have the same anthropology. The land mass area could comprise a third of the entire country.



It is estimated that the first HIV/AIDS cases in Ghana were reported in 1986. Based on the sentinel surveillance system set by the MOH, it is estimated that HIV had already infected 3% of the population of Ghana by the end of 2000. The cumulative total number of reported AIDS cases stood at 47,717 by the end of 2001. According to the HIV Sentinel Survey Report 2006 (NACP/GHS) overall HIV prevalence in Ghana can be said to be at the stabilisation stage with the prevalence reverting to levels recorded in 2004 having dropped for two years continuous. 2006 prevalence at regional level ranged from 1.3% in the Northern region to 4.9% in the Eastern region. Western region had the second highest prevalence (4.3%), with Ashanti and Greater Accra following with 3.7% and 3.4% respectively. Five regions (Northern, Central, Upper West, Brong-Ahafo and Volta) had prevalence of 3% or less. Prevalence in Upper East was 3.2%. HIV prevalence at regional level is calculated by aggregation of samples from all sites per regions. (Source: HIV Sentinel Survey Report 2006 NACP/ GHS)

1.2 Violence Against Women, A Situational Analysis

The enjoyment of the right to the highest attainable standard of physical and mental health has been identified as vital to the life and well-being of women and their ability to participate in all areas of public and private life¹. However, as a result of negative practices and beliefs which place women in perpetual subordinate positions in all spheres of society, health and well-being elude the majority of women. This situation is further aggravated by violence against women which has been identified through empirical studies, as constituting an urgent public health problem worldwide.²



This situation is compounded by the prevalence of HIV / AIDS and according to a World Health Organization report of 2003, studies conducted in sub-Saharan Africa indicate a close association between increased risk of acquiring HIV and violence against women³. These studies vindicate the position of gender activists that, “HIV / AIDS and other sexually transmitted diseases, the transmission of which is sometimes a consequence of sexual violence, are having a devastating effect on women’s health, particularly the health of adolescent girls and young women. They often do not have the power to insist on safe and responsible sex practices and have little access to information and services for prevention and treatment”.

Women, who represent half of all adults newly infected with HIV / AIDS and other sexually transmitted diseases, have emphasized that social vulnerability and the unequal power relationships between women and men are obstacles to safe sex, in their efforts to control the spread of sexually transmitted diseases. The consequences of HIV / AIDS reach beyond women’s health to their role as mothers and caregivers and their contribution to the economic support of their families. The social, developmental and health consequences of HIV / AIDS and other sexually transmitted diseases need to be seen from a gender perspective.⁴

According to the UN Declaration, “violence against women is any act of gender based violence that results in or is likely to result in physical, sexual or psychological harm or suffering

¹ Beijing Platform for action. Paragraph 91

² www.who.int/entity/gender/en/infosheetvawandhiv.pdf

³ World Health Organization (WHO). 2003. Gender dimensions of HIV status disclosure to sexual partners: Rates, barriers and outcomes: A review paper. Geneva, Switzerland: World Health Organization.

⁴ Beijing Platform for action. Paragraph 99



to women.” Unfortunately, women continue to experience violence in their homes, communities, schools, workplaces and indeed anywhere, that human activity is found. For many, the lack of peace and harmony particularly in homes is a very strange phenomena as all over the world, cultures have songs and sayings about the importance of the home and the comforts and security to be found there. As a WHO study found out, in spite of these cultural expectations, “for many women, home is a place of pain and humiliation”⁵,

The incidence of domestic gender-based violence or violence perpetrated in the home continues to escalate and has become a worrying issue in the face of rising rates of HIV / AIDS among heterosexuals and particularly among women. Violence against women is a key factor increasing women’s risk of contracting the virus. Because their sexual physiology places them at a higher risk of injuries and they are more likely to be at the receiving end of violent or coercive sexual intercourse, women are two to four times more likely to contract HIV during unprotected sex than men.⁶

Increasingly, women are dealing not only with violence itself but also with its by-product, HIV and AIDS. The pandemic continues to claim more women than men, and violence against women is fuelling their susceptibility to it. The exponential growth of HIV infections amongst women in turn makes them more vulnerable to violence and stigma from their partners, families and communities.

Since the first HIV / AIDS cases were reported in Ghana in 1986, the number of persons infected by the virus has more than quadrupled as at 2004⁷. Although the first reported cases were

⁵ Summary Report. 2005. WHO Multi-country Study on Women’s Health and Domestic Violence against Women

⁶ UNAIDS Report, 2001

⁷ Ghana AIDS Commission, (2004) Annual Report



mainly male, the 2004 report of the Ghana AIDS Commission based on data from the National AIDS/STD Control Programme indicates that almost two-thirds of reported HIV/AIDS cases are women⁸. Situating these statistics and analysing them in the cultural setting of Ghanaian communities become important as traditional norms and practices exhort females to always please their men at any cost without question.

There is overwhelming research around the world that testifies to the increasing vulnerability of women to HIV and AIDS as a result of the violence they face. This however, is not the case in Ghana: In Ghana, only field experiences and anecdotal reports are the sources from which evidence on the relationship between violence and HIV/AIDS can be drawn. Conducting research into the relationship between violence and HIV/AIDS was to provide empirical evidence for needed action to be taken at policy as well as community and personal levels.

With the number of children affected by HIV and AIDS reaching 100,000, estimated to be more than 130,000 in 2004 and expected to more than double in 2015, women as HIV-positive mothers or as caregivers have the added burden of addressing the needs of these children. This is because the expectation of society for women to be carers/caregivers is still pervasive. In field reports, there is evidence of additional violence perpetrated against women when the male partner finds himself to have contracted the virus: The male partner abandons the woman and children. With society revering marriage, such an abandoned woman then faces stigma for being without a man and for being HIV-positive.

⁸ Ghana AIDS Commission, (2004). " HIV/AIDS in Ghana – Current Situation, Projections, Impacts, Interventions.



Since concerted efforts began in Ghana in response to the pandemic, two distinctive approaches have been adopted. Initially, energies were channelled into IEC i.e. Information, Education and Communication strategies in anti-AIDS campaigns. The perceived failure of these strategies and the recognition of the importance of attitudes and behaviours in anti-AIDS campaigns led to the embracing of BCC strategies. However, despite strenuous campaigns using BCC i.e. Behaviour Change Communication, concerns have been raised about the HIV and AIDS communities' continuing faith in and emphasis on the ABC prevention approach which assumes all sex is consensual.

1.3 Rationale for the study

Primarily, the objective of this research was to provide a clear understanding of the nature, extent and relationship between violence against women and HIV/ AIDS in northern Ghana, in order to inform policy and programming. Against the background that evidence to show that HIV and AIDS policies and programmes which are seriously addressing violence against women is very thin on the ground, this research set out to among others, provide some illumination to several questions. Paramount among them was the question, "So, what makes women, especially girls and young women so disproportionately vulnerable and why have current AIDS control efforts largely failed to adopt an engendered approach to policy framework, practice and programming to address the issue of HIV/ AIDS in the country?"



Specifically, the research sought to:

- Identify and analyse the consequences and causes of violence against women in northern Ghana;
- Assess the efforts being undertaken to address issues of violence against women in northern Ghana;
- Examine the relationship between violence against women and their vulnerability to HIV and AIDS;
- Investigate the experiences, perceptions and coping strategies of women survivors of violence and women living with HIV and AIDS; and
- Determine the policy implications of the causes and consequences of violence against women especially in relation to HIV and AIDS.

1.5 Methodology

This section provides requisite information on the scope of the study, locations, methods utilized, sample size and validity of findings.

This experiential study of women living with violence and HIV / AIDS was conducted as indicated in table 1. Given the nature of the issues to be explored, sampling was purposive by targeting specific respondents. To ensure the facilitation of respondents to reflect on the issues; deepen their awareness of the underlying factors contributing to their vulnerability and most importantly strengthen their power to address the issues, the study employed PLA and other participatory qualitative methods for data collection and analysis.



Table 1: Description of Study Sites by Location

Region	District
Northern	Bole and Tamale
Upper East	Bawku and Talensi Nabdam
Upper West	Jirapa-Lambussie and Lawra

A total of 222 persons made up of 122 women and 100 men participated in the discussions and interviews across the six districts in the three regions. The respondents were drawn from the districts. All the persons living with HIV are either unemployed or self-employed as farmers, traders, pitobrewers and charcoal producers. The other respondents were “office workers”. (See table 2). The specific methods and field instruments utilized were:

- Interviews and discussions with key informants at the policy level in relevant government agencies.
- Individual interviews were conducted with women and men living with HIV.
- Twelve Focus Group Discussions were held with formal support groups of women and men living with HIV/AIDS and women survivors of violence.
- All responses and discussions were put to validation by all respondents and selected members of the society to ascertain the validity or otherwise in Group Discussions.



Table 2: Respondents and Type of Discussion

Type of discussion	Respondents	Number
Key Informant Interviews	Police	6
	Traditional Authority	12
	Health workers	6
	Social Workers	6
	Development Workers	12
	Total	42
Individual Interviews	Women aged below 30 years	12
	Women aged above 30 years	14
	Men	11
	Total	37
Focus Group Discussions	Women aged 19 - 58 years	89
	Men aged 35 - 60 years	26
	Total	115
Group Discussions	Decentralized agency staff	74
	Chiefs/Traditional Elders	18
	Police	13
	Women Movements + NGO	66
	Persons Living with HIV	37
	Counselors	14
	Total	222



1.6 The Structure of the Report

This report is presented in seven sections. It opens with an introduction, which presents Ghana's HIV and AIDS profile in a background. It goes on to examine the subject of Violence Against Women (VAW) from a global and national perspective, and then details the purpose of the research and the methodology employed.

Chapters 2 and 3 of the report present the findings, largely, in the form of anecdotes, as told by respondents. In Chapter 2, the report presents the findings on how respondents understand and experience VAW, in the specific context of northern Ghana. It recounts the experiences of victims of VAW, and the various forms in which the phenomenon has expressed itself in practice. It also documents its negative effects on the rights and freedoms of women in northern Ghana. On the other hand, Chapter 3 presents the opinions of respondents on the causes and consequences of VAW, placing specific focus on Domestic Violence. An account from survivors of VAW who are HIV+ as a result of VAW is also given in Chapter 3.

This is followed by Chapter 4 which is a documentary of efforts being made at the district level by different stakeholders to address violence and HIV.

The report is brought to closure with concluding discussions in Chapter 5 and recommendations in Chapter 6.



2.0 Nature of Violence Against Women in Northern Ghana

“When we are chasing them, we are behind them like dogs and cannot bear not to be in their company. But as soon as we marry them we leave them at home the whole day. When we come back we don’t even sit with them. We don’t converse with them. But women like to have the company of their husbands too. Denying her of your company to me is also violence because you don’t make her happy.”

Male -, Lawra. Upper West Region

2.1 Legal definition of violence

Section 197 of The Criminal Code of Ghana 1960 (Act 29) defines violence thus: “... For the purposes of the chapter “violence” means any criminal force or harm to any person, or any criminal damage to any property, or any threat or offer of such force, harm, or mischief, or the carrying or use of deadly, dangerous, or offensive instruments in such a manner as that terror is likely to be caused to any person, or such conduct as is likely to cause in any person a reasonable apprehension of criminal force, harm, or mischief to him or his property.”

Various international instruments define violence against women. The Declaration on Elimination of Violence Against Women states under Article 2 read together with Article 1 that violence against women constitutes “threats of acts, coercion or arbitrary deprivations of liberty to women, whether occurring in public or private life”. Further, the declaration



states that violence against women, “encompasses but is not limited to: physical, sexual and psychological violence occurring in the family and in the community, including battering, sexual abuse of female children, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence, violence related to exploitation, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women, forced prostitution and violence perpetrated or condoned by the state”.

For the purpose of this study, VAW is defined as a manifestation of unequal power relations between men and women. It includes but is not limited to physical, sexual and psychological harm (including intimidation, suffering, coercion and/or deprivation of liberty within the family or within the general community and also includes that perpetrated by the state). VAW inhibits a woman’s ability to enjoy rights on an equal basis with men.

2.2 Respondents’ Perspectives of Manifestation of VAW

“The women here do not have any rights at all in terms of anything that pertains to life. You are forced into marriage without your consent, you can be withdrawn from school to marry and you have no right to complain. Accepting violence is seen as a mark of a good woman. On the other hand, if the woman perpetrates the violence, she would be called a witch”. Female respondent - Jirapa.

A wide variety of opinion on VAW was captured in focus group discussion as well as in one-on-one interview sessions. The summary of opinions is:



“Anything which is done against the will of a person is violence. It can be denying someone what is due her. Violence against women is where the man takes advantage of his position as head of the house to do things against the woman which makes her unhappy”, is what a male respondent in Jirapa described as domestic violence. This description was expressed in various forms in all the six districts. According to respondents, although men, women and children are all victims and perpetrators of violence, in the domestic environment, it is women who are paramount victims of violence. The feminization of this phenomena was expressed in the pronouns and metaphors used by respondents (both men and women) when speaking about domestic violence.

Vulnerability was also found to be linked to violence as respondents described victims of violence as those usually perceived as weak “like women and children”. In all the twelve group discussions, heated discussions ensued around descriptions of the nature of domestic violence as a power-relation where the powerful, usually the adult male denies the females any rights because they are not in a position to “challenge” him. It emerged from these discussions especially in the Upper West that women who earn good incomes, are economically-independent and therefore “can stand on their own two feet” are hardly the victims of any form of violence. Examples were given of well-educated women with high socio-economic status who are also victims of domestic violence but these were perceived as being in the minority.

Another common thread in naming the nature of domestic violence is intelligence. Domestic violence in the form of non-inclusion in decision-making even at household level was attributed to the perception that women are not intelligent. According to a female respondent in Lawra, “women are seen



as stupid without any intelligence so even the small boy in the house is consulted whereas you cannot be part of any decisions taken at home". In the opinion of a male respondent in Jirapa, *"if the man is the head and it is the head that does the thinking, why should women complain?"* The presented forms of violence in the domestic environment were thus many.

2.2.1 Physical Violence

Physical violence was cited as predominant. In all the six districts, physical assault of wives by their husbands was cited as the most common. It was widely-held that this form of violence is so common that it had become almost acceptable and victims are usually not able to confront it. An example being the narration below which was told by a DOVVSU officer in Tamale.

"A lady reported to our offices with a swollen face. She said the husband had beaten her because she refused to take instructions from her rival. Her rival had told her the husband said she should fill the household drums with water. The victim said she did not do so because she didn't have to take instructions from a co-wife. When the husband came back to see the drums had not been filled, he asked why she had not complied with the directive and before she could finish answering the husband had slapped her several times. We took up the case at the DOVVSU office. The next day she came and changed the story in spite of her swollen face that she had not been beaten. Obviously for fear of the repercussions she could face."

Described as "very rampant", "like eating, three times a day", "everyday, everywhere" and "it is a part of us", respondents mainly perceived physical assault in atomistic terms. One female respondent during the



Lawra group discussion however, drew a picture of the linkage between all forms of violence as captured in below:

“When a man works on the farm with his wife and spends all the proceeds from harvest on himself alone, eating meat and drinking in town with other women, he is causing mental violence. He comes home and because of the mental torture, the wife complains, then he beats her up. That is physical violence. Then he decides that he wants to do the thing. The woman is not in the mood because of the mental torture and the beatings. He says he has dowried her and therefore can have sex with her anytime he pleases. He beats her again and goes ahead to force sex on her. That is sexual violence”. This may be the story of some women but there is no physical violence on its own. It always comes with mental or verbal violence.” Retired Female Social Worker, Lawra

2.2.2 Marriage-related Violence

In all the six districts, the contracting of marriage and dissolution of it were found to be fraught with challenges that all the female respondents described as violation of the rights of women. Some of the male respondents also described the process as a violation of not just the rights of women but men as well. Other male respondents were of the view that the processes are not meant to violate the rights of women but to protect society and uphold traditions and customs. Findings indicate that in all the six districts, the tradition is for a man to identify a woman and contract the marriage with the family of the woman, oftentimes without the knowledge or consent of the woman.



A woman can be abducted and if successfully sent to the compound of the man, becomes the legal “property” of the man who then proceeds with the finalization of marriage. This is very prevalent in the Upper East Region. See Story 1. When a woman decides to leave the marriage for whatever reasons, the family is supposed to return the dowry paid by her husband. Most families cannot afford to do that and so the woman is sent back to endure the situation. Upon the dissolution of marriage, women are usually given custody of their children without any maintenance responsibility for the men. This puts stress on the women who are often without any income. *“When a woman divorces her husband, to punish her, the maintenance of the child is left on her. The painful thing is that the man would show up when she is about to marry and demand dowry. When it is a son, he won’t show up to help the son get the dowry”* is one woman’s reflection on forms of marriage-related violence.



Story 1: Abduction and HIV

I used to live with my sister when I was a small girl. A brother of my sister's husband also lived with them. This brother left later for the south. I had to return to my father's compound. Later when I was about thirteen, my sister informed my father that she wanted me to marry her husband's brother. He was too old and I didn't really know him. I was upset with my sister. I informed my mother that I would not marry him. My mother complained but my father would not listen because he is the man. I still resisted but my father went ahead to give his blessing without my knowledge. One day, I was sent with a basket of millet to my father's sister's compound. On my way there, two men appeared from nowhere and tied me to their bicycle. They carried me to my sister's compound and locked the gate. I was told I was to marry the brother of my sister's husband. I couldn't even remember what he looked like. I thought I would die. I cried and cried but no-one would mind me. Even the man supposed to be my husband was not around. He was still in the south. It took almost a year before he came up north.

When he came up north, he came to live in his brother's compound. I was told I had to sleep there with him. I refused. My sister's husband warned all the people in the compound not to allow me to sleep with them. So every evening, they would all go and sleep and lock their doors. Only the brother's door would be left open. I still refused and used to sleep in the open. I reluctantly went into the room because I was tired of sleeping outside. I was then about fourteen. He forced me to have sex with him. I cried throughout. After two months, he left again for the south. For a long time, I was not hearing from him so I went south to visit my brother but he sent me away to search for my husband. I found him in another town. We lived as husband and wife. He beat me always for no reason. I became pregnant yet he continued beating me. He beats me over meaningless things just because he is a man and he is older. When I got pregnant, he sent me up north. He came up north and I got pregnant again. He returned to the south but shortly after fell very ill. So he returned to the north. I got pregnant again and I was sick throughout. Just after giving birth, my husband told me that the doctor was concerned about my health so wanted to see me. We went to see the doctor, I took a test and I was told I had AIDS.

It was then that I found out that my husband had tested positive more than a year before my test and had been advised by the doctor to inform me. That day, I was very angry. I was angry with my husband for giving me the disease. I was angry with my sister for meddling in my life and not concentrating on her own life. I was angry with my sister's husband for forcing me to sleep with his brother. I was angry with my dead father for forcing me into marriage. I was angry with my mother for just sitting there and not doing anything when I was being forced into marriage. I was angry with myself for being a good daughter and wife. I have told my sister and her husband about the status of my husband and I but I can't bring myself to tell my mother as she would not be able to handle it.

I should have fought harder. I should have reported all the beatings but I didn't know how to contact the police. I told my mother often about my unhappiness but she made me to understand that it is what all women go through. I found joy in my children because that is the only thing of worth that I have got out of this marriage.

My husband and I are together. He still beats me. I am only 24 years old with three children. I want the doctors to test my children but my husband says they are too young so he would not allow me to. Knowing my status has not affected my life in any way. I am just grateful to the doctors for telling us our status and also giving us drugs and advice. Sometimes people would be talking about you and they keep quiet when you approach and then resume when you leave. I pray that when I reach the AIDS stage, I will be able to pay for my medication. Some days I wake up weak with a very painful headache.



Forced marriages was also one of the issues raised by respondents as constituting violence against women. Steeped deep in tradition, the woman has no choice as to who becomes her partner in life. In most instances very young girls are given off in marriage to older men who already have older wives. This phenomenon makes the marriage lop-sided in the first place. Once the girl enters the home, she is seen as the youngest in the home and so she is expected to serve not only her husband but also the other wives. In some instances, her first encounter with her husband is on the day of the marriage. Coupled with this is the fact that some of the girls are withdrawn from school to be married off thereby curtailing her right to education. In some instances also girls are sometimes betrothed at a very tender age to their prospective husbands. One respondent said she was withdrawn from school to be betrothed. This was because her brother was ready for marriage and the family had no money to pay for his dowry. The dowry paid for her was given to her brother for his marriage and she was sent to live in the home of her prospective husband till she was ready for marriage.

2.2.3 Widowhood-related Violence

A woman alone cannot perform her husband's funeral no matter how strong she is. There is this woman whose husband died and she did not have the money for the funeral. The husband's family asked her to marry her daughter off so she could have money for the funeral. - Member, Widows and Orphans Movement.



It is the accepted norm, in some of the communities that upon marriage, the woman becomes the property of the husband and his family so upon the death of a husband, she becomes part of the husband's estate and is therefore supposed to be inherited by whoever succeeds him. When a woman refuses to be inherited she has to leave the husband's compound and in most cases without her children. In some cases where her decision not to marry is accepted and she wants to remain in her husband's house, she has to remain single forever no matter how young she is. The moment she remarries, she relinquishes her rights to her children and access to the husband's house and any other assets. Should she succeed in taking her children with her, they become her responsibility. According to a Chief of Talensi Nabdam, he is presiding over a case where a woman was widowed and she refused to be inherited. Her husband was in the army. Because of her refusal, her widow's pension card was stolen from her by the man's brother.

The study also recorded several narrations of the violation of the rights of women upon widowhood. In all the six districts, widowhood rites that involve forced incarceration and withholding of liberties such as bathing and eating the food of one's choice and "mixing with people" were narrated. In some cases when a woman loses the husband, she is confined in the room till the husband is buried. This could take a period of 4 months to one year as the case may be.

"The smearing of clay on the widow's body as part of widowhood rites is violence proper because it is very humiliating. The smearing is done immediately after the



burial of her husband and she cannot wash until some other rites are performed. It is very unhygienic. During this time too, the widow cannot cross her legs, board a vehicle, not eat publicly, eat from a calabash hidden in a special type of basket etc. After between 3 months and 1 year she is washed with cold water at the riverside and in some cases, with the husband's brothers watching. It is meant as a purification rite so that when you are inherited by one of your brothers-in-law, your husband's ghost would not come worrying anyone. If you survive the clay too, you are considered innocent of the death of your husband. Here when a man dies, the wife is suspected of having killed him. When a woman dies, it is natural so the men do not go through any rites..."

2.2.4 Economic Violence

What is described by respondents as economic violence was also identified as one of the worst forms of violence in the six districts. The study found out that what is referred to as chop-money in the southern part of Ghana is not part of the culture up north. In the southern part of Ghana, household maintenance money is usually given by the men on a daily or weekly basis, sometimes on a monthly basis. The women are expected to use the money for family meals.

However, in much of the northern parts of Ghana, the equivalent of "chopmoney" comes in the form of a specific quantity of grain at the end of the harvest season. It is the woman's role to find the ingredients for the soup that would accompany the meal made from the grains. According to respondents, the woman is not expected to sell the given grains for even the purpose of buying soup ingredients: Any such attempt



is tantamount to stealing. Since many women have no direct access to land, they make the income required for providing soup ingredients from sale of firewood and charcoal. However, as a female respondent said, *“whilst she is struggling to find soup ingredients, he would be walking about town spending money on meats, women and drinks. If you complain, beatings. He comes home satisfied but still wants to eat at home because he has given you grains”*. In other parts of northern Ghana where this study was conducted, upon marriage, the woman is given some money in terms of gifts from her husband and well wishers who witnessed the marriage. Following this, she does not receive any money for housekeeping during the marriage. She is supposed to use that money throughout the marriage. In some cases, the woman is given a piece of land to cultivate. In addition to that, she is supposed to help on her husband’s farm. However, having supported her husband to harvest his crops, the man sells his produce and keeps the money for himself. The woman’s produce are, however, to feed the family. In cases where the woman does not have a farm, at the end of the harvest season, she may be given a bag or two of cereal from which she is supposed to feed the family for the ensuing year till the next harvest season. Here again, finding the vegetables and meat to accompany the meal made from the cereal is left to the ingenuity of the woman.

Another form of violence which was described by respondents as being linked to poverty is where girls are subtly forced into relationships by their parents especially their mothers. According to respondents, women who are over-burdened with the financial needs of their children, often look forward to their daughters



attaining the age of fifteen and sixteen years. The girls are then “encouraged” to have relationships with men who can “assist” them and the family. Another related scenario as narrated by respondents is where the girls themselves seek relationship with men who are economically sound in order to have their needs met.

2.2.6 Sexual Violence

Apart from violence presenting as physical, mental and emotional, this study found out that sexual violence is also pervasive in the three northern regions. According to respondents, the vulnerability of the woman especially makes her unable to assert herself especially when it involves the “conjugal rights of men” i.e. sex: *“The woman is expected to sit at home so she sits at home. Her man goes roaming. He comes back to worry the woman to play with him at night. She is afraid that he must have picked something and is unclean, but what right has she to complain? He forces himself on her. That is violence because it is done against the woman’s will.”* Some of the respondents blamed sexual violence especially between a married couple on the perception that women never say “yes” to sexual advances for fear of being labelled promiscuous and therefore even when a woman is agreeable to sexual advances, she says, “no”. This perception pervaded the discussions during all the validation meetings during which the females were unanimous that when a woman says, “no” she means “no” but the men are unable to accept that. Whereas some of the males shared the views of the women with one Chief in Jirapa adding that even the body language of the woman would tell you she really means no, some men were of the view that it is the same body language that tells you that her “no” is really a “yes”.



Respondents reported that sexual violence like rape, defilement and forced sex in marriage occurred everyday but went unreported. People are always ready to negotiate when a woman is raped or a girl is defiled since the community members were all regarded as family. There is nothing like forced sex in marriage since the woman is supposed to be ever ready to accommodate the sexual needs of her husband anytime, and sometimes anywhere. For these reasons, the women are not prepared to report even to the police since according to them, the police are all men who are doing the same things to their wives.

2.2.7 Stigmatization

All the women living with HIV/AIDS who were interviewed expressed grave concern about stigmatization. Five respondents said they had been victims of violence because of their HIV status. Two of them said they had been ejected from the family home because the family said they had brought shame to the family. The issue of women being a source of dowry to the family came to the fore when two other respondents said they always received insults in the home because their HIV/AIDS status would prevent them from bringing any dowry to the home.



Story 2: Stigmatization and HIV

I think I am 19 years. I have never been to school. I go to church at Fountain Gate. About 3 years ago, a dead foetus of 5 months was removed from my womb and then I was tested. The results were positive. I think I contracted it from my then boyfriend, a mechanic I cohabited with in Kumasi. I learnt he is now dead.

Then I came here. I met another man myself and he expressed interest in me. I couldn't tell him that I was HIV+. Then one day on my way to the market, I was captured and carried to his house. I lived with him for sometime before he went to perform the marriage rites with my consent. I was married for 3 months when I fell sick and went to live with my family. Then my husband asked me to wait with my family that he will come for me after he had performed some sacrifices but he never came back for me. That was about a year ago. I think he suspects I am HIV positive that is why he has abandoned me. He has two other wives. They were my seniors. I don't know whether he is infected and whether my rivals are also infected.

I have been married once but I have had five other men in my life.

My family stigmatizes me. They are always insulting me because of my HIV status. I have nowhere to go so I try as much as possible to stay out of their way.

I first heard about HIV / AIDS from my employer in Kumasi, but I never took it seriously, till I tested positive. I now know it has no cure and it makes people stigmatize and discriminate against you. Being HIV+ has affected my life negatively. Now I am not able to work and I have to rely on my family who maltreat me. But for HIV, I would be in my matrimonial home. I have not informed anybody but they are all aware of my status and all they do is to insult me. My mother goes with me to meetings but my father and brothers insult me because they know that they will not get any dowry on me.

2.3 Prevalence

In terms of prevalence, respondents were unanimous that domestic violence is prevalent. They however differed on the scale of the phenomena. See a sample of the perceived prevalence of domestic violence in Jirapa and Lawra in Table 3. Whereas respondents were of the opinion that violence is prevalent, it was found out that they go unreported and therefore triangulating these perceptions with police records or records found at CHRAJ and the Department of Social Welfare was not possible.



Table 3: Perceptions about Prevalence of Violence

Level	Women	Men
Too common	7	2
Very common	10	4
Common	7	1
Quite common	0	1
Not that common	2	3
Can't tell	1	0

Findings from the validation meetings indicate that victims of domestic violence especially female victims do not report cases as community members perceive such an action an “affront to the sanctity of family”. Reports are encouraged to be channeled to family members or elders of the community which a male respondent in Upper West described as “the traditional norm”. However, women seldom seize such opportunities. It was found out that the reason for not channeling grievances in accordance with traditional norms is because women feel betrayed by that system. The participants agreed with one female respondent that, *“we need a voice in the palace. Something like a queenmother who makes decisions with the chiefs and elders. We have the magadzia but she is like a political leader of only women so her powers are limited. The chiefs should come together and create a skin for a Pognaa/ Wurache (queenmother) to play this role”*.



3.0 Ramifications of Domestic Violence in Northern Ghana

3.1 Causes of Domestic Violence in Northern Ghana

“If a woman misbehaves like a child, she has to be beaten like a child. Even me I beat my wife everyday.” - Male Public Officer, Bole

Basically, respondents linked the causes of violence against women to three things. Ignorance about women’s and people’s rights, misinterpretation of the religious and cultural practices and the power gap between males and females.

3.1.1 Polygamy

Ranked by all the six districts as the major cause of domestic violence is polygamy. In Bole for example, the discussions dwelt on the inability of men to cater for their numerous wives which often resulted in quarrels between the men and their wives as well as among the wives. Respondents in Tamale also attributed the inability to sexually satisfy all wives as the cause of frustration among the wives and even in the men leading to unprovoked physical and verbal abuse. In Lawra when respondents ranked polygamy as the highest on causes of violence, the subsequent discussions revealed that it has become a way of life whether the man can afford it or not. According to respondents in Talensi Nabdam, within several polygamous marriages there is always tension even among the children and older wives are maltreated and “packed away”. In the same manner, polygamy in Jirapa was cited as making women even more subordinate as they are quick to



pander to their men without questioning for fear of losing the little attention paid to them.

It was indicated that although Islamic teachings allowed a maximum of four wives, men who are bent on taking more wives would resort to divorcing anytime new wives are sought in order not to fall foul of their religious teachings. Likewise, although Christianity also teaches a man to have only one wife, several Christian men in the three northern regions have more than one wife. According to the Chiefs who participated in the study, polygamy was intentional in the olden days when more children were needed on the farms and more children was also a sign of virility. They therefore contended that polygamy runs contrary to modern tenets of life. This assertion when made in Jirapa did not find favour with one of the young male respondents who contended that there are more women than suitable men and therefore society benefits from polygamy. Story 3 below is a story on the interface of polygamy and HIV:

Story 3: Polygamy and HIV

My husband was an ex-service man. I married my husband out of love. He had two other wives who envied me because I was giving birth to boys. Initially I was very happy but later my husband started to oppress me because of my rivals. My independence was taken away from me. My social and economic status was also taken away from me. My husband used to beat me and I would run away to my parents but they always sent me back. Even in my parents' home, my husband could come and beat me. Tired of my rivals and the constant beatings from my husband, I divorced him about thirteen years ago and took a boyfriend to show all of them. Some time after, I started falling sick all the time so I went for a test. The test showed I had contracted AIDS. I think I contracted it from the boyfriend I took after my divorce.

My life has changed significantly. Socially I suffer a lot of stigma. My mother is now fed up with me because she has to serve me. Apart from my mother, nobody else knows about my status.



3.1.2 Poverty

The next highest ranked cause of violence was poverty. See Story 4 which provides an insight to the cycle of poverty spurred by violence and HIV. According to respondents, many quarrels that arise at home are due to the inability of the men to meet the needs of their families. The study established that the majority of the men in all the six districts are farmers at the subsistence level whose incomes are very dependent on the vagaries of the weather. Since traditionally it is the husband who is the breadwinner, his inability to provide touches on his being/self as a man. For some of the respondents this is his ego but for others, it is what makes society accept him as a man. Therefore, frustrations at not being able to provide for the family, result in violence of all forms.

Another aspect of this according to respondents, is the responses of wives when their husbands fail to meet their demands such as providing for their children, wives and other household needs: In Jirapa and Talensi Nabdam, respondents spoke of women insulting their husbands as useless anytime their needs cannot be met. Respondents were also of the view that if women were earning income to meet the needs of her family and not only to provide soup ingredients, the family poverty would be reduced with ramifications for levels of violence in the home. During the validation meetings, respondents expressed the view that poverty alone cannot be the cause of violence but rather poverty with illiteracy and ignorance.



Story 4: Poverty and HIV

I am 59 years old. I am Catholic. I stopped school at primary two. I am a widower with three children. I come from a polygamous family.

When I first met my wife, I admired her and so I proposed to her. She accepted and we married. I was 30 years old and she was 18 years old. It was my second marriage and her first. We were married for 19 years. My wife died three years ago.

Marriage was good for me because it kept us together and we were to take good care of our children. We were respected by society. My in-laws and my parents liked our marriage.

Poverty led my wife and I into violence. Anytime we fought, my father and my father-in-law came in to settle the matter amicably on each occasion.

I heard about HIV / AIDS on radio and at the health centres. I prayed that I would never contract it because it could kill. Five years ago, I was sent for a lab test by a counsellor and I tested positive. I don't know how I contracted it. Since contracting it, I have been out of job and lost my wife. Because of my sickness, I have been disfigured and cannot work, I am poor. I have informed my mother and my four siblings so they can help me manage but apart from my mother, my siblings do not offer any help. I receive food supplements and free medication from NGOs and churches.

Poverty can make you do so many things. My wife and I loved each other but constantly quarrelled because poverty couldn't make me meet our needs. Then because of poverty, my wife could not survive AIDS. Now because of poverty, I have to depend on others to feed. Counselling helps me to deal with it all.

3.1.3 Traditional Beliefs

In five out of the six districts, traditional beliefs were ranked third. In the three regions, findings were that traditional beliefs place women in the lower rungs of the social ladder. Thus, women are not expected to be part of decision-making and expected to be totally submissive to their husbands, fathers, brothers and all other males in their lives without question. These traditional beliefs have given birth many practices that respondents describe as violation of rights of people especially women. In addition, traditional beliefs have contributed to negative perceptions by both men and women about the role of women at all levels of



society beginning from the household level. See **table 4** for comments on the traditional practices. During the validation meeting in Tamale, a male respondent identified the lack of documentation of traditional practices as a major cause of violence. According to this respondent, *“the problem is that most of our customs are not documented so people pick and choose what suits them. They should be documented so they can be referred to correctly”*. Other respondents (particularly in Lawra and Bole) believed that these practices are the outcome of culture and religion.

Table 4: Perceptions about Traditional Practices

Practice	Comment
<ul style="list-style-type: none"> Widowhood 	<ol style="list-style-type: none"> If a woman loses the husband, she is confined in the room for 4 months. Again if she wants to remain in her marital home, she has to stay single forever no matter how young she is. The moment she remarries, she relinquishes her rights to her children and access to the house. It is believed that if she should stay in the house and remarry the dead husband’s ghost will torment the new man. When a man dies, his widow is automatically inherited by his ‘brothers’. Here in Upper West Region, we call it bye-election because they virtually contest as to who would inherit you especially if your husband leaves property. They inherit, put their stamp on you by having sex then leave you to your god. My husband died from HIV. So, I went for the test and found out I was HIV positive. That was 9 months ago. But nobody knows my status. My status is one of the reasons why I am resisting re-marriage but my husband’s people are not happy with me.
<ul style="list-style-type: none"> Sex 	<ol style="list-style-type: none"> There is a lot of distortion and taboos about sex.



	<ol style="list-style-type: none"> 2. Women are not expected to enjoy sex for fear that they will be unfaithful to their husbands. That is why they cut off parts of her vagina to make the place dead to all feelings.
<ul style="list-style-type: none"> • Forced marriage 	<ol style="list-style-type: none"> 1. The women here do not have any rights at all in terms of anything that pertains to life. You are forced into marriage without your consent, you can be withdrawn from school to marry and you have no right to complain. 2. Forced marriage is another cause of violence because either the two parties are together against their will or one of them loves someone else but is married to the one chosen for her and they are incompatible. 3. Forced marriage make the men think you are worthless. You even begin to think so too.
<ul style="list-style-type: none"> • Perceptions about women 	<ol style="list-style-type: none"> 1. Accepting violence is seen as a mark of a good woman. On the other hand, if the woman perpetrates the violence, she would be called a witch. The women are not prepared to report because it is not our custom. Even the chiefs do not hear let alone the police. 2. Women are not to do that! Women are to do that! That is what society is all about. There is so much ignorance about the role of women. 3. Education and employment also play a role. Currently in the northern region 86% of females cannot read and write and therefore have no access to information. 4. The way we raise our children is another cause of violence. Girls are raised by their mothers so they learn how to be good wives and mothers with all the skills one needs in life. As for us men, we are just allowed to grow so we end up not knowing anything. Instead of accepting we don't know, we rather bully our wives. 5. These fixed gender roles and expectations must change as they are the cause of violence. 6. Men neglect their wives when they are sick. When she is sick, she is still expected to ensure there is food, the children are washed etc. Some men use this reason to marry more women.



	<p>7. The way we women are brought up does not go well for our self-esteem. Our self-esteem is so low. We have been suppressed for so long that we also accept that without a man, we cannot survive. When your walls fall, you sit there waiting for your man who might have gone to Kumasi to return and fix the wall. Because tradition says women cannot build houses. Meanwhile, you can make pots. You even dig deep to get that special clay for pot-making, deeper than the grave. We are told we cannot dig graves. The rate at which men are dying, if we don't get out of this women can't do this, women can't do that, when we die, our bodies would be left in the open to rot as there would be no men to bury us.</p>
<ul style="list-style-type: none"> • Decision-making and communication 	<ol style="list-style-type: none"> 1. Traditionally, you are not supposed to even communicate with your wife. In the traditional setting, the woman is only supposed to say yes to her husband. 2. No human being wants to be dictated to all the time. When women are fed-up, they challenge their men and insist on being part of decision-making. So when the man says A, she would say B. Then trouble. 3. Traditional system which gives all power to males no matter how small or young. 4. The manner in which women want to solve issues. They don't do so quietly in the bedroom. They rather confront you loudly in the kitchen or when they are sweeping the compound. 5. Men's inability to say sorry or apologise as if when they do that they would die. Women are very forgiving. The moment you say sorry, she even grows to love you more because it is a sign that you love and appreciate her. When I am wrong, I say sorry. Even when it is my wife who points out that I am wrong, I apologise. She respects me very much. 6. How many women take part in any decision-making here? Very, very few. Women do not have a say not even when it is to do with their own body because that body is owned by her husband or before she marries, her father and brothers.



<ul style="list-style-type: none"> • Dowry system 	<ol style="list-style-type: none"> 1. It takes men hard time to get all that is demanded so when he gets you finally into his house, he knows he has bought you so when you don't do as he pleases, he gets angry. The only way men know how to vent their anger is to beat so the woman is beaten all the time. 2. When your wife refuses you sex or you come home and constantly there is no food on the table and you remember how much you have paid for such treatment, you feel like even killing her. 3. Although it is the woman who cares for her children even financially, when the daughters are getting married, it is the father who asks for and gets the dowry. When the woman opens her mouth that the dowry is too much she is beaten. If she complains for people to hear, she is ostracized by the community. The man would treat her with contempt that she has disgraced him and the ostracizing would continue even after your death because she would be buried within hours without any ceremony if you are lucky or he would send for your family to come for your corpse.
--	---

Other causes of domestic violence as identified by respondents included, poor paternal care, wives being sexually shunned by husbands, lack of understanding among spouses, laziness of women, interference of parents and relatives and infidelity by both men and women. Early marriage was also identified during all the six consultations as a major cause of violence in that the girls are often too young to understand and cope with the challenges of marriage. In Lawra, Jirapa and Talensi Nabdam, alcoholism was identified as another major cause of violence. According to the respondents in Upper West (both Lawra and Jirapa), drinking of pito and akpeteshie is a way of life of men in their communities, *“they are always found in town drinking until they cannot even walk properly, then*



they come home to worry the wife. The things men put in their mouths like alcohol, 'wee' and cigarette make them short-tempered and unreasonable. Often at the time of marriage, the man is fine and does not drink or smoke. Then he starts and begins to look miserable and begins to misbehave. You feel sorry even looking at him and he is repulsive to you. This might show in your face or your actions and provoke his anger".

3.2 Consequences of Domestic Violence in Northern Ghana

According to respondents in all the six districts, the consequences of violence are too many to count. Visually, the causes and consequences of violence against women mentioned by respondents appeared as "webs made by thousands of busy spiders". Below are words of a sampling of respondents on consequences of violence against women:

"How do you have a peaceful rest when there are beatings and crying all around you? Everybody's peace is disturbed when there is domestic violence. The consequences of domestic violence are too many to count. Everything is affected. Even if there is no violence in your home, the noise from the next house, disturbs your peace"— Male, Jirapa

"Can you imagine that when your man has been roaming, he will come back with diseases such as HIV and infect you? So many women who are infected got it through that. If you are lucky not to contract any deadly disease, you might become deformed from all the beating. So many women in our region have lost their teeth and it is all to do with the beatings. The hefty slaps and blows send your teeth scattering". – Female, Lawra



“The worst consequence of our widowhood rites is the bye-election. The brothers do not even bother to find out what killed their brother then they quarrel among themselves to inherit their brother’s widow. If she is infected, she brings it to the house. The man gets infected and so do the other wives minding their business in the house”. – Female, Lawra

“Then there are the children. Which child can grow normal always witnessing violence in the house? The sons would grow up thinking it is normal to beat and maltreat their wives. Some people even say it is our culture. But it is not. Maybe it has become a part of the way we live but it goes against our tradition to behave like this towards your woman. The daughters also grow up accepting that as for men they are like that so she accepts the beatings and the insults and the humiliation. She keeps quiet when the man comes back from his roaming. When she finds out she has been infected, she does not even tell him for fear he will pack her away meanwhile he is the one who has given it to her”. – Female, Talensi Nabdam

Table 5: Ranking of Consequences of Violence by sex

Females	Male
1. HIV	1. Insecurity at home and community
2. Disunity in family	2. No peace for development
3. Broken homes	3. Injury
4. School drop out	4. Diseases like HIV
5. Children on the street	5. Stigma
6. Disharmony	6. Death
7. Teenage pregnancy	7. Increased family expenditure
8. Children imitate the negative things they see and do them when they are adults	8. Retards growth and development of children
9. Lack of development in the community due to nonparticipation of women	9. Child delinquency
	10. Mental suffering and illness



<ul style="list-style-type: none"> 10. Mental disturbances 11. Physical deformities 12. Loss of job due to frequent absence due to beatings etc that cause injuries and even trauma 13. Women and children become timid, lose confidence 14. Extra-marital affairs by women with men who can provide for them Death, Injuries and pain (both emotional and physical) 	<ul style="list-style-type: none"> 11. Nobody would speak well of the community 12. No investments 13. Barrenness 14. Increased child care burden on women 15. Strained family relations even among extended families 16. Deformities 17. Children grow up with negative perceptions about gender roles 18. Timid children 19. Lack of harmony 20. Loss of interest in marriage by young girls 21. Children learn to accept violence as a way of life so if it is a man, he becomes a perpetrator and if a woman, a victim 22. Death 23. Disability 24. Women become too submissive. 25. The women and girls are driven down south,
---	--

3.3 The Domestic Violence-HIV Link

Violence against women is a key factor increasing women's risk of contracting the virus. Women are two to four times more likely to contract HIV during unprotected sex than men, because their sexual physiology places them at a higher risk of injuries. They are also more likely to be at the receiving end of violent or coercive sexual intercourse (UNAIDS 2001). The situation in

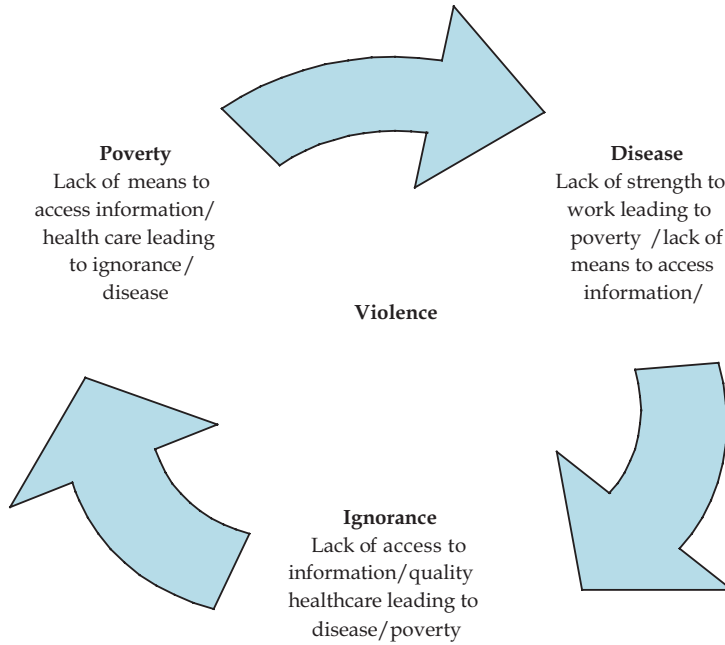


this country is no different. Studies show that a woman's first sexual encounter itself is likely to be forced (Moreno 2003). Although, most countries consider 18 as the legal age of marriage, it is estimated that over 100 million underage girls will be married in developing countries excluding China, over the next decade (Population Council, 2004).

In Ghana, the issue of forced marriages with girl children is gaining grounds, particularly in the three northern regions and shows no signs of abating. Also, in Ghana, women migrating to Abidjan, Cote d'Ivoire to pursue various economic ventures including commercial sex-work to alleviate poverty, have returned home with high HIV-infection levels (Jackson, 2002). It was therefore not surprising that almost all the respondents could easily perceive a linkage between domestic violence and HIV. In discussions in larger groups, very few respondents could not see any link between domestic violence and HIV. In all, five males (Bole - 2, Tamale - 1, Bawku - 1, Jirapa - 1) were unable to link the two phenomena. In Jirapa, respondents were quick to link violence and HIV in a cycle of poverty. According to them, although the nature of violence against women varies, the root cause as well as main consequence is poverty which in turn, spawns diseases including HIV. This assertion when tested in the other district discourses found high levels of resonance among respondents. The perceptions of respondents about the linkage or interface of VAW and HIV can be graphically shown as in Figure 1 below:



Figure 1: Poverty Cycle



Further indications given by respondents on the issue of the domestic violence-HIV link, were

3.3.1 Forced sex, rape and defilement

“Defilement and rape can lead to HIV because of the force and bruises. There is one case we are dealing with where a man raped a girl. We reported to the chief and the man admitted he raped her and said he will marry her. For the Chief, that settled the matter. We took her to the hospital for a test and she had gonorrhoea. Only God knows what else she could have been infected with. We reported to CHRAJ but the



mother did not want to pursue the matter because she said she would be sacked from the house. The father also said he did not want a police case. Without their consent, we could not go to court so we dropped the case.”– NGO Worker, Tamale

3.3.2 Forced Marriages

The young girls are often betrothed and given off in marriages at a very tender age to men old enough to be their fathers. This forces them to run down south to work as kayaye i.e. head-porters. Once they are down south, they get involved with truck-pushers who are also young males from the north trying to eke out some economic living in the southern cities. The new environment which is often perceived as hostile brings these young females and males together often in sexual relationships. Unfortunately, these relationships are kept at casual levels where one female could find herself the object of sexual appeasement of more than one male at a time. The truck-pushers also act as pimps placing the girls in prostitution rings after ‘work’. These compromising situations have led to high rates of sexually-transmitted infections and HIV among the young girls and boys.

3.3.3. Stigmatization

The study found that even though most of the women living with HIV/AIDS had made their status known, they had mainly made their status known outside the district in which they reside. Many of them were currently living outside their hometowns or original places of abode to mainly avoid HIV-related



stigmatisation and discrimination. It must however be noted that, another reason for their migration is to enable them to access healthcare and psychosocial support. Even this decision is distilled through their fear of being found out if they should access such healthcare in their own district. The study found out in all the six districts that for some of the women, being away from their hometowns posed economic challenges thus they are, despite their HIV status, engaged in commercial sex work in order to survive.

3.3.4 Widow inheritance

“It is a common thing to see widows being forced into marriages here. The women who have lost their husbands and refuse to be inherited are forced to leave their husbands’ houses and since they have nowhere to go, they go to the streets to solicit and they secretly earn a living as sex workers. When a widow is inherited without going into the cause of husband’s death, if the husband died as a result of HIV and she is positive herself, she will end up infecting the new man who will also infect his other wives.”

3.3.6 Other perspectives regarding linkages between VAW and HIV

- *“The men don’t care about child welfare. It is solely the responsibility of the woman and because of the neglect, the women and children go out to make money to take care of the children and themselves.”*
- *“Denial of sex often leads to unfaithfulness and extramarital affairs and only God knows what diseases are picked up.”*



- *“In this community, women are not allowed to question their husbands so even if you are aware of your husband’s risky sexual behaviour, you cannot negotiate on issues of sex. If you insist on using condom, you will have to explain or go away.”*
- *“During funerals, men put their wives aside and engage in relations with visiting women. Since these women are always sleeping around, they tend to infect the men who in turn infect their wives.”*
- *“Serial monogamy is also inadvertently practiced here. The men keep divorcing and replacing their wives. The divorced women also remarry and so they keep spreading the virus if they have it.”*
- *“When women lose their husbands, with no one to take care of them and their children, they travel to Accra and Kumasi to engage in prostitution and Kayaye.”*
- *“As a result of violence, women are pushed to look for food and shelter and other needs and they can infect people or get infected through the sex trade.”*
- *“The men don’t care about child welfare. It is solely the responsibility of the woman and because of the neglect, the women and children go out to make money to take care of the children and themselves.”*
- *“When the woman is not treated well at home, there is divorce and they run out of the home and end up in Cote D’Ivoire. They then give themselves out to any man because of their daily bread and then become vulnerable to HIV/AIDS. When she returns with a lot of things and she is*



well dressed, she is hot cake and the married men befriend them and get infected."

- *"Since women are not allowed to remarry and continue staying in their deceased husband's home, they remain in the homes, stay single and have several lovers. This also leads to AIDS."*
- *"It is a common thing to see widows being forced into marriages here. The women who have lost their husbands and refuse to be inherited are forced to leave their husbands' houses and since they have nowhere to go, they go to the streets to solicit and they secretly earn a living as sex workers."*
- *"Forced sex and rape are done without protection and this leads to HIV/AIDS."*
- *"Polygamy results in faster spread of HIV/AIDS."*
- *"Inadequate sex education in schools."*
- *"Inadequate and incorrect information on HIV/AIDS prevention."*
- *"High stigmatisation of PLWHAs makes it difficult for them to come out thereby practising unprotected sex underground."*

3.4 Testimonies of Survivors of Domestic Violence and HIV/AIDS

- **Arranged marriage 1**

I have been an office worker for 26 years. I am 51 years old. I completed school at the advanced level. I am divorced. I had 2 children but one died in 1986. I have been separated for 11 years and I did not marry again. My wife is now married to another man.



My marriage was arranged by my father when I was in 6th form but I loved my wife. We were married for 15 years. When we married, I was 25 and she was 19. My marriage was a monogamous marriage. My wife left me because she caught me cheating on her once. In the course of my work, I used to travel a lot and I was having sex with women I thought were safe. In the course of the marriage, we never fought. It was such a good marriage that she wanted to come back to me but by that time, she was pregnant with another man.

I heard about HIV/AIDS in 1986 on the radio. At that time, all we knew was that it was an incurable disease. I got to know my status when I was advised to go for a test because I kept falling sick and despite frequent visits to the hospital, I was not getting well. The results came out positive. I believe I got it through sex. The counselling helped me a lot otherwise I would have committed suicide.

So far, I have informed only my father and daughter. I told her because I was informed the ARVs could cause complications and so I needed someone who would be able to understand my situation. So far my daughter has been very caring. My father is also very caring. Nobody else knows because of the stigmatization of people like me in my community. When people get to know of my status, they will shun me. We are confronted with poverty and ill health. It is not easy to fend for oneself. There is also the issue of stigma and discrimination. Because of that, people are afraid to declare their status. There should be a lot of education and information. This will make people understand and support us. NADMO has zonal offices and when given the resources, they can help in the awareness creation.

- **Arranged marriage 2**

I am 40 years. I am a basket weaver. I have done this for 6 years since I became a widow. I used to do petty trading. I have three children.

My marriage was an arranged marriage but I did not object because in those days we were submissive. I was about 11 years old and not ripe for marriage so I stayed in my husband's family for 4 years till I was ready. My husband was about 31 years old. He had one wife



before me and after me, he married 2 more. He worked as a miner. I was in school but because my brother was ready for marriage, I had to be betrothed so he could get dowry for his marriage. After my father's death, my mother had to single handedly take care of 9 children so when I was married off it was one child off her hand. My dowry also helped to pay for my brother's marriage.

Looking back, I should not have married at the time I did. During my marriage, my children and I were well taken of. However, with the demise of my husband, his family took everything we owned especially when they realised they could not inherit me: The only surviving brother of my husband was directly after my husband so custom did not allow him to marry me therefore there was no one to take of me and my children. My brother-in-law went to the extent of removing our roofing sheets to roof his own house so my brothers had to come and thatch the house for me. They took our land so I do not have land to farm on. I have to rent land to farm vegetables. My brothers have to intervene otherwise, I always end up with beatings from my in-laws. According to my brother-in-law, no woman has the right to question his actions so when my brother threatened to report him to the police, he also swore to sack us from the house if police action is taken against him so we have to be silent and endure him. At the moment I am not allowed to use the access gate to the house. I have to pass behind the house so I can enter my room.

I first heard about HIV / AIDS from my brother. Anytime he came from Accra, he would gather us round and advise us about a new disease. I initially did not know how much of a problem it was but now I use my experience to advise people. About 4 years ago, I received fire burns and when at the hospital I was tested and counselled after which they informed me of my status. All my children were delivered through operation so I do not know whether it was through the operations or my husband. I did not have any blood transfusions either.

Since knowing my status, I am not at ease mentally. I had to stop my trading business. Sometimes, I wonder if I should commit suicide. I have informed my brother and sister. It is to prepare them so they can take care of my children when I am no more. My first child is aware and she is caring. My mother visits a lot and she is also caring. My neighbours are not aware.



The PLWHA meetings have helped me a lot and given me hope. When we meet at PLWHA meetings, we inspire ourselves and share experiences. We have mutual contributions which we use to support our vocations. The church helped in organizing my husband's funeral. The Pastor gives me money every now and then. We also get support from Actionaid and the CRS. I have been a member of the Yinli panga PLWHA group for 2 years now. There is material and emotional support. I wish for an increase in Income generational activities.

We face a lot of stigmatization. People also use us for their own ends. They promise to help us but they ignore us. There should also be a lot of education to reduce stigmatization. This will help us move about freely. I think it is the duty of Religious bodies and opinion leaders in the community.

- **Polygamy 1:**

I am 42 years old. I am a civil servant. I also sell ice water to support my salary. I have been doing this work for 22 years. I am a Moslem by religion, married with 4 children. I met him myself and I did not have anyone to take care of me so I married him. I was 20 years old when I married and he was 35 years. He was self-employed. My husband had a wife and 2 girlfriends. Now that he is sick, he has left them.

Marriage affected me adversely. I wanted to further my education but my husband did not allow me. There was violence in my marriage but I handled it with patience. I got to know about HIV when one of my sisters contracted the disease. At that time, I did not know that one could have HIV and live a long life. Now I know the difference between HIV and AIDS. I kept having malaria and I went to test and I was diagnosed HIV positive.

I think I contracted it through my husband. Since testing positive, my life has changed a lot. My husband does not support me in any way. My siblings and my relatives do not get near me. Anytime I get to the office, my colleagues go out of the office. NGOs, Religious and Traditional leaders should educate men to stop polygamy.



- **Polygamy 2:**

I am 54 years. I have been a farmer for 30 years. I am a Moslem. I have two wives. Anytime I returned from visiting my male friends my wives would start bitter quarrels with me because they feared I had been with other women and I would contract some disease and give it to them. My landlord always stepped in to intervene.

I first heard about HIV/AIDS from the radio and the community. My impression was that there was no cure. A counsellor asked me to take a test and I tested positive. I think I contracted it through sex with women because I have been with many women apart from my wives.

- **Infidelity 1**

I am 39 years and I am a farmer. I am a Moslem and a divorcee with 2 children. Our decision to marry was mutual. We were married for 10 years. I once travelled when I came back, she was pregnant by another man even though I was taking care of her. When we married I was 28 years and she was 22 years old. She had married once before I also married her. When I was married, I kept a couple of girlfriends.

I tested positive when I went for a test. I had been falling sick frequently. I think I got it from sex with a woman. Being positive has brought untold hardship to me. I have stopped farming and it is my father who now takes care of me. He is also a pensioner. I have not informed anyone of my status because of the stigmatization of PLWHAs in this community. My father is the only one who knows and he is very caring. Out of his meagre pension, he gives me money for my drugs and transportation to go to the hospital. I have been a member of the Positive Steps Association for about 6 months. If you think stigma, you will get it. Sometimes even when you are passing and people are talking, you will think they are talking about you.

- **Infidelity 2**

I am 37 years. I had been married for 7 years but I left that man because he was very jealous and possessive. He also used to beat me a lot. He had children with different women but did not marry them.



I met another man later in the course of my work. He used to operate the mills at where I milled my palm kernel. He proposed to me and I went to live with him. We lived together for 11 years. We did not marry because we were waiting to come back home to perform the marriage rites. Somewhere along the line, he stopped working at the mills and became a diamond miner at Akwatia. He was also having children with different women. When he realized he was HIV positive, he ran away and left me. He came back after 3 years and died 3 months ago. I had no peace in my co-habitation because I was always fighting his lovers. I even used to assault him with broken bottles.

My first husband oppressed and beat me but my second man was loving till he started chasing women. That is when we started fighting. I once wounded him with a broken bottle and was threatened with police action but he begged for me and the case was dropped.

I heard about HIV/AIDS from people and radio discussions. I was very scared especially since the man I was living with was a womanizer. Now I know it is real and that people have to be careful. I became aware of my status when I fell sick and went to the hospital for a test and I was informed I had contracted HIV. I think the man I was living with gave it to me because he had a girlfriend who died suddenly and was confirmed HIV positive. Later, he also became sick.

When I fell sick, I sold all I had to seek medication. I am now a widow. The nurse at the hospital informed people of my status and they now shun me. My parents have sacked me from the house and I stay at the Bawku Hospital. I have never hidden my status. Even the men who come to propose to me, I tell them of my status. My first husband wanted me back but I told him of my status. Our relatives should be advised to accept us. This will help us to live longer. If they throw us out, we will be raped and the virus will spread.

- **Infidelity 3**

I am 34 years old and I used to be a petty trader. I started selling ice water but I have stopped. I am a Catholic. I stopped school at primary class 6 because my father said he could not afford my school fees. I am a widow with 2 sons.



My marriage was by mutual agreement. We were married for 12 years and he was my only husband. At the time I married, I was 20 years and my husband was a couple of years older than me. I was his only wife although he had several girlfriends. He was a businessman. I went into my marriage with joy. Money was no problem. My only problem was my husband's womanizing. My children were well cared for and my in-laws were my friends. I was afraid when my husband was chasing women but I never complained for fear of being sacked. He died 2 years ago.

I first heard of HIV/AIDS from FM stations. I only knew one contracted it through sex. I realized I had acquired it when they tested my blood and it was positive. I think my husband gave it to me. Testing positive has affected my life negatively. I even lost my job of selling ice water when my supplier found out I have AIDS. Now my last child is not in school because I cannot afford to pay his school fees. I always cry when I think of these things.

I have informed my sister and my mother of my status. My mother visits me and brings me food. My sister takes care of me even though she can't afford enough for herself. Apart from them, I have not informed anybody else. Religious groups like the Catholic Relief Services give us food. I have joined a PLWHA association for 5 months now. We receive counselling and food.

PLWHAs face a lot of discrimination. People should be informed about the disease so they will know we are not harmful. This will make them come near us. It is the government's responsibility to do that.

- **Stigmatisation 1**

I brew pito and I have been doing it for 15 years now. I am 35 years. I was given out in marriage by my parents when I was about 16 years. My husband is a farmer. I have left him because he is irresponsible and lazy. He was not taking care of our six children and me. Marriage only negatively affected my life but at least I had the courage to leave him.

I heard about HIV when I was made to take care of a sick relative who was said to be having AIDS. The symptoms scared me. I found out in 2005 that I was HIV positive through laboratory test after being sick frequently. I know I got it from the sick person I was



caring for. I have not told anyone about my status because I brew pito and that is my only source of income to help me take care of myself and children. Even so, some people including my landlord suspect my status so he is ejecting me from his house.

- **Stigmatisation 2**

I was living with my mother in La Cote d'Ivoire till she died. I used to trade in cloth but now I don't have any money because I used all my money to treat my illness. I am 25 years old. I am not married. I have a 9 year old son. I did not go to school. My son's father does not take of him so I do that all by myself. My father had an accident at the workplace so he was retired. My son's father was a womanizer so I left him. He was also violent and used to beat me at the least instance. He was a fitter and about 2 years older than me.

When we broke up, I started a relationship with a man who died 2 years ago. I heard about HIV/AIDS on the radio. After my boyfriend's death, I kept falling sick and no medication could help so I was asked to take an AIDS test. I tested positive. After his death, I have never been with any man.

Now I am not working and I have to take care of my son all by myself. I am afraid to declare my status to anyone because of the way they treat persons who are HIV positive. Not even my family because I know they will shun me.

- **Widowhood 1**

When my husband died, I was smeared with clay for 3 years. When you are smeared like that, you cannot bath. This was because my brothers-in-law said they did not have the means to perform the purification rites that would enable them do by-election on me. They requested that I should pay for the ritual. I refused because I did not want to be inherited and worse, I didn't see why I should pay for the ritual for someone to enjoy. So, I went to the river by myself and washed everything off. I didn't die.



I used to live in Techiman with my husband. He was a collector at the lorry station and I used to sell pito. When he fell seriously ill, I brought him home then he died. I returned to Techiman after washing off the clay to continue my business then I fell ill and returned home.

Long after my husband died, I got very sick and got some severe rash on my skin. I went to the hospital. I was given some drugs and also tested. I was found to be HIV positive. I got very angry and sad because I couldn't see how I could have acquired the disease.

The nurse was good. She counseled me to stay strong and not blame myself. Now when I look back, I think it was my husband who infected me. I have not checked my children but they are all healthy.

- **Widowhood 2**

I am 30 years.

I met my husband in the market. I was about 15 years and he must have been 18 or 19 years. He proposed and I accepted. He went to see my people and did what he was expected to do and we got married. He was not married when we met but later I found out that he had had two girlfriends before marrying me and he was still seeing them. This caused several fights between us. He liked women too much. He used to beat me 'paah'. Anytime he beat me, I would run to my father's house. He would come and beg my father and I would return with him. Then it would start again. I used to complain to him that his womanising would one day bring me some disease but I never thought of HIV because I had never heard of that.

I got to know there was something called HIV when my husband fell ill and I took him to the hospital and he tested positive. They asked about his girlfriends and places where we had lived. They then explained things to me and asked that I also take the test. I was positive. I told him what he had done to me. He couldn't say anything because at that time he was very ill and couldn't speak. He died shortly after. Very pitiful. The man who had been so powerful, always beating me just laid there unable to speak until he died.



When he died, his family tied the animal skin thing around my waist which is used to pull you around. After burial, they said I needed to be smeared with clay but said they needed to get a hen before the performance of the rites that come before the clay. After two weeks of waiting for them, I left their compound to take care of my children. I returned willing to go through the rituals. They were still not ready. I felt they were wasting my time so I left them again, went and washed and went to church for thanksgiving. They were not happy with me so the last time I went into their compound, all the brothers ganged up to beat me. I reported to the police and they have been arrested. I used to even report my husband and the Police used to deal well with him.

I have made my husband's people aware that I would not be inherited by anyone. They don't know my status and I won't tell them but they won't also get me to marry. I have decided that no matter what, I will stay together and not allow anyone to force me to marry. Now with HIV all over the place, it is even more important that women know who they are marrying. I used to be a very busy businesswoman and now here I am selling akpeteshie small, small because of sickness. I used to travel to Kumasi to bring jerry-cans for sale here. I also used to deal in akpeteshie. Now I only sell akpeteshie small, small.

I have not told anyone about my status. At least I have somewhere to put my head down with my children. I can feed them too. I don't want anyone to find out because the discrimination is painful and would be more painful coming from your own relatives. I was advised to test my youngest child. Although the result was negative, they have asked me to return for another test in 2 years.

Stigmatization needs to be addressed. We need strong support groups not only to receive medication, food and money but where we can freely support each other even if with only words.



4.0 Addressing Domestic Violence in Northern Ghana

4.1 Existing Laws and Policies

Based on the findings of the study, one can safely conclude that knowledge and application of protective legislation among the communities in the three northern regions is negligible if not non-existent. A critical analysis of the interviews and discussions indicates that the communities are regulated not by the laws of Ghana but by religio-cultural norms and usages. These have been accepted as the regulations of the communities. There are no doubts that all the accepted practices of violence against women i.e. Forced/early marriages, assault and battery, widow inheritance, rape, cruel and harmful widowhood rites, Female Genital Mutilation, property dispossession etc are all against the law as per the statute books of Ghana.

This sub-chapter focuses on the laws and policies of Ghana with direct bearing on violence against women. The sub-chapter dwells extensively on relevant laws of Ghana and how they protect the rights of women as women and citizens of Ghana. In addition, the sub-chapter at the type of marriages in the country and rights of spouses in marriage.

According to the laws of Ghana, “violence” as defined previously should afford all protection and safety. However, apart from efforts being made by the Ministry of Women and Children Affairs, there is a dearth of protection where violence and its interface with HIV is concerned. For instance, although the domestic violence law, (Act 732) provides remedies against a person who knowingly infects another with HIV or any sexually-transmitted disease, there is clearly an inadequate appreciation of the wider ramifications of violence for HIV transmission.



4.1.1 Fundamental Human Rights

The 1992 Constitution of Ghana, states in Article 37 (1) under The Directive Principles of State Policy that, “The State shall endeavour to secure and protect a social order founded on the ideals and principles of freedom, equality, justice, probity and accountability as enshrined in Chapter 5 of this Constitution; and in particular, the State shall direct its policy towards ensuring that every citizen has equality of rights, obligations and opportunities before the law.” Article 39 (2) also states that “The State shall ensure that appropriate customary and cultural values are adapted and developed as an integral part of the growing needs of the society as a whole; and in particular that traditional practices which are injurious to the health and well-being of the person are abolished”.

4.1.2 The Criminal Code of Ghana - Act 29

A large portion of the sections in Act 29 focus on defining and describing harm, assault and violence leaving no one in doubt as to how the law seeks to address violence. Female circumcision; assault and battery; assault without actual battery; cruel customs or practices in relation to bereaved spouse; kidnapping; rape; defilement; and non-consensual marriage are all mentioned under this act as forms of violence that attract penalties associated with second degree felonies. It is worth noting that even threat of harm is considered as violence: Section 74 under Act 29 states inter alia that “whoever threatens any other person with unlawful harm, with intent to put that person in fear of unlawful harm, shall be guilty ...”



4.1.3 The Domestic Violence Act, 2007 (Act 732)

This is an Act of Parliament which seeks to address violence in the domestic setting. The passage of the Act through Parliament took a very long time and generated a lot of controversy before being enacted into law. The Bill was sent to Parliament in 2002 but was passed in February, 2007. For the ordinary 'man on the street', the law was reduced to a discussion about "marital rape". Women's groups in Ghana agitated for its passage for a long time before it was passed but it was assented to by the President on the same day it was passed.

The meaning of domestic violence as given under this law is any engagement of the following within the context of a previous or existing domestic relationship:

- (a) An act under the Criminal Code 1960 (Act 2) which constitutes a threat or harm to a person under that Act:
- (b) Specific acts, threats to commit, or acts likely to result in
 - (i) physical abuse, namely physical assault or use of physical force against another person including the forcible confinement or detention of another person and the deprivation of another person of access to adequate food, water, clothing, shelter, rest, or subjecting another person to torture or other cruel, inhuman or degrading treatment or punishment;



(ii) sexual abuse, namely the forceful engagement of another person in a sexual contact which includes sexual conduct that abuses, humiliates or degrades the other person or otherwise violates another person's sexual integrity or a sexual contact by a person aware of being infected with human immunodeficiency virus (HIV) or any other sexually transmitted disease with another person without that other person being given prior information of the infection;

(iii) economic abuse, namely the deprivation of economic or financial resources which a person is entitled to by law, the disposition or threatened disposition of moveable or immovable property in which another person has a material interest and hiding or hindering the use of property or damaging or destroying property in which another person has a material interest; and;

(iv) emotional, verbal or psychological abuse namely any conduct that makes another person feel constantly unhappy, miserable, humiliated, ridiculed, afraid, jittery or depressed or to feel inadequate or worthless;



- (c) harassment including sexual harassment and intimidation by inducing fear in another person; and behaviour or conduct that in any way
 - (i) harms or may harm another person
 - (ii) endangers the safety, health or well-being of another person,
 - (iii) undermines another person's privacy, integrity or security, or
 - (iv) detracts or is likely to detract from another person's dignity and worth as a human being.

This law also gives clarity on processes for seeking remedies from filing of complaints with the police; the kind of assistance to expect from the police; the role of the social worker, probation officer and health care provider; and the protection a victim can expect. It is also explicit in the law that domestic violence is not justified by consent. This for many advocates is seen as a positive antidote to widely-held belief that consent is given at the beginning of every marriage and thereafter, no consent has to be sought for, for example sex within a marriage. It is clear that on paper at least there is more than adequate protection for women's rights from all forms of violence. The study has indicated that the reality facing many women and girls in the communities is very different.



4.1.4 Laws on Marriage in Ghana

Customary Marriage and Divorce (Registration) Law, 1985 PNDCL 112

Section

1. On the commencement of this Law any marriage contracted under customary law before or after such commencement shall be registered in accordance with the following provisions.

7. (1) Where a marriage registered under this Law has been dissolved in accordance with the applicable customary law the parties to the marriage shall within three months of the dissolution notify the Registrar of the District in which the marriage was registered that the marriage has been dissolved.

- **Mohammedan Marriage**

Communities in northern Ghana, especially in the Upper West and Northern Regions are predominantly Muslim and therefore marriages contracted in these communities are predominantly Mohammedan. Mohammedan marriages in Ghana are governed by:

The Marriage of Mohammedans Ordinance (of Ghana) 1907 CAP 129

The Ordinance provides in Section 5 as follows: Every Mohammedan marriage celebrated under this Ordinance shall be registered.



- **Effect of Registration**

No marriage contracted or divorce effected by persons professing the Mohammedan faith shall be valid unless registered under this Ordinance.

- **Consent in Marriage**

In *Outlines of Muhammadan Law*, Fyzee referred to an Indian case entitled *Ghulam Kubi v. Mahommad Shafi* in which Ahmad J. described a Mohammedan marriage as follows in a part of his judgement, *“According to Muhammadan Law, it is absolutely necessary that the man or someone on his behalf and the woman or someone on her behalf should agree to the marriage at one meeting and the agreement should be witnessed by two adult persons.*

- **Capacity**

According to Fyzee every Muslim of sound mind who has attained majority can enter into contract of marriage. Majority is attained at puberty. The presumption is that a person attains majority at 15. A marriage entered into by a girl while she has not attained puberty is null and void. If a Muslim minor has been married during minority by a guardian, the minor has the right on attaining majority to repudiate such marriage.



- There are many tensions in respect of marriage because in Ghana there are three forms of marriages - all recognized by the courts. Civil Customary and Mohammedan customary marriage is governed by customary marriage and divorce (registration) Law, 1985 PNDCL 112 while Mohammedan marriage is governed by the (marriage of Mohammedans Ordinance of Ghana 1907 CAP 129)

4.1.5 Property Rights under the Law

The property rights of spouses and children are guaranteed under the 1992 Constitution of The Republic of Ghana. Article 22 of the Constitution clearly states that a spouse shall not be deprived of a reasonable provision of the estate of a spouse whether or not the spouse made a will before he/she died. This law seemingly supports the Interstate Succession Law, 1985 PNDCL 111 which provides inter alia that, "the devolution of the estate of any person who dies intestate on or after such commencement shall be determined in accordance with the provisions of this Law subject to subsection(2) of this section and the rules of private international law".

PNDCL 111 goes further to describe how the estate of a deceased must be shared equitably. Six years after the passage of PNDCL 111, and with the experience of implementation on their side, an amendment was sought resulting in the Intestate Succession (Amendment) Law, 1991 PNDCL 264 to give even better protection.



4.1.6 National Policies on HIV and AIDS

Ghana established the National AIDS/STD Control Programme (NACP) in September, 1987 under the Ministry of Health. This body was responsible for the co-ordination of the National HIV/AIDS response for over 14 years. Recognising the multi-faceted nature of HIV/AIDS and the devastating impact it could have on the socio-economic development of the country, the Government of Ghana then invited other stakeholders including NGOs, ministries and the private sector to assist the MOH in its fight against HIV/AIDS. A National AIDS Commission was then established to co-ordinate the expanded national HIV/AIDS response. The Ghana AIDS Commission was launched in September 2000 to among other things intensify advocacy and public education at all levels.

- **National HIV/AIDS Policy**

The Second International Consultation on HIV/AIDS and Human Rights in September, 1996 drew up 12 International Guidelines that form the broad basis for international policy around HIV/AIDS. The guidelines relate to three overlapping and complementary areas:

- Improving the accountability and multi-sectoral response of government.
- Wide ranging law reform and legal support services around discrimination, privacy, criminal law, public health, and the specific needs of vulnerable groups such as women, children, sex workers, prisoners and others.



- Helping build an effective and ethical response in the community and the private sector.

Guideline 1 enjoins states to establish an effective national framework for their response to HIV / AIDS that ensures a coordinated, participatory, transparent and accountable approach, integrating HIV / AIDS policy and programme responsibilities across all branches of government.

Guideline 8 enjoins states to, in collaboration with and through the community, promote a supportive and enabling environment for women, children and other vulnerable groups by addressing underlying prejudices and inequalities through community dialogue, specially designed social and health services and support to community groups.

As in most developing countries, the scale of response in Ghana, however, remains far below what is required for effective prevention, care, and long-term mitigation of the impacts of AIDS.

- **National HIV/AIDS and STI Policy**

The Ghana government has developed a National HIV / AIDS and STI Policy document out of which a National Strategic Framework on HIV / AIDS was developed. The Framework provides the basis for the mobilization of all sectors including MDAs, the private sector, NGOs, District Assemblies, sub-district communities and other stakeholders to implement the National HIV / AIDS and STI Policy.



The Strategic Framework presents the overall goal, guiding principles and prioritized strategies on the prevention of HIV transmission as well as the provision of care and support to people infected and affected by HIV/AIDS. Finally, it outlines the overall institutional arrangement for decentralized implementation.

4.1.7 Ministry of Women and Children Affairs - Policy on VAW

The Ministry of Women and Children's Affairs the government agency that coordinated and facilitated the passage of the Domestic Violence Act, is also engaged in disbursing loans and grants for women empowerment. Following the passage of the Domestic Violence Act, the Ministry has developed a policy on VAW as part of their action plan which should be launched before end of year 2007. This policy is expected to provide parameters for addressing VAW within the context of HIV.

4.2 Types of Service Delivery

Respondents identified various efforts being made in all the districts to address both violence and HIV. Among the identified efforts, awareness creation ranked highest. The study found that for almost all the non-governmental agencies working in the communities in the northern parts of Ghana, their prime focus is facilitating information flow on developmental issues central to which are gender-related issues. Data made available to this study from respondents show various types of awareness creation ongoing in the communities: When community members speak of awareness creation, they are speaking about a continuum that includes sensitisation, education, instruction and to some extent, counselling.



Despite awareness creation being ranked as the main effort being made to address domestic violence and HIV, respondents were unanimous in arriving at the conclusion that there has been low impact. According to a female respondent in Bawku, “NGOs have made a lot of efforts but the problem is rooted in the religion and culture” and her statement sums up the perceptions of respondents in the twelve different reflections that were done during the group discussions. Some respondents however dissented and commented that the issue was not to do with deep-rooted religious and cultural values but rather with the message and its packaging. The perception of a male respondent from Talensi Nabdam on this is that, *“People say there has been enough education and sensitization. I think that we have not done enough. We cannot cease until we have achieved behavioural change. There is still stigma and discrimination in the community, so until we achieve zero stigma, we cannot stop. We have practiced a narrow focused programme. When you leave out the poverty component, you will fail. There should therefore be direct service delivery like provision of food and micro projects etc in addition to the talk. The messages should also be in words and pictures that we are familiar with.”*

Apart from the non-governmental organisations, which were identified as the prime lead in awareness creation, respondents also identified government agencies particularly the Gender Desk of the District Assembly and the National Commission on Civic Education as agencies providing various types of services that create awareness on domestic violence as well as HIV. The study also found out that in all the six districts, government agencies and non-governmental agencies team up to facilitate awareness creation on HIV as well as domestic violence. The Domestic



Violence Victims Support Unit (DOVVSU) of the Ghana Police was however never mentioned as being a part of the agencies creating awareness.

4.2.1 DOVVSU

Although DOVVSU was never mentioned as being one of the agencies involved in awareness creation on VAW, it was mentioned as helping to address domestic violence by providing support to victims after the violence has occurred. Respondents perceived that, backed by legislature, DOVVSU arrests and detains perpetrators of violence as well as lead their prosecution. The representatives of the Police were however quick to add that upon an arrest of a perpetrator, the Police prefer to counsel and arbitrate before detention. Prosecution, according to the Police was always the last resort for intractable perpetrators. This position of the Police however, was received with mixed feelings by respondents: In Lawra and Talensi Nabdum, this was seen as creating room for arbitrariness and abuse of office by the Police.

On the part of the representatives of the Police, their processes in dealing with issues of domestic violence are in recognition of repentance and forgiveness on the part of the perpetrator and victim respectively. The Police in Jirapa, Lawra, Talensi Nabdum and Tamale expressed concerns about interference of Chiefs, Traditional Authority, Religious Leaders and other opinion leaders in the course of Police duty. According to the Police, these interferences thwart their efforts at “bringing sanity into the society”. In Jirapa, respondents expressed the opinion that the change of name of the unit from ‘Women and Juvenile Unit’ (WAJU) to DOVVSU has made the unit accessible to men in society.



The officer-in-charge of DOVVSU in Jirapa confirmed this adding that since the change of name, the number of men reporting domestic abuse to their persons is about twenty-fold of the previous figures.

4.2.2 National Commission on Civic Education

In addition to the establishment of DOVVSU, respondents mentioned the National Commission on Civic Education, the Commission of Human Rights and Administrative Justice and the National Population Council as agencies that engage in awareness creation on the local radio stations.

4.2.3 District Assembly Gender Desk

The establishment of the Gender Desk at the District Assembly was also mentioned as important for addressing gender-related issues such as domestic violence. Discussions however indicate that the Gender Desks do not implement interventions that address the needs of victims of gender-based violence within the context of HIV. The linkage between domestic violence and HIV was therefore new to the desk officers. Not surprisingly, the respondents of the individual interview (which targeted persons living with HIV) did not perceive any relationship between themselves and the Gender Desks.

4.2.4 Non Governmental Organisations (NGO)

In relation to HIV, respondents identified again, NGOs as being the prime leaders in efforts at addressing the needs of persons infected and affected by HIV in the three northern regions of Ghana. Mobilising persons living with HIV into groups was ranked as the highest and best effort made by these agencies. Respondents,



particularly persons living with HIV, spoke about the manner in which these groups have become the platform for, being with each other; receiving food rations and medication; and receiving counselling among others. The Health facilities at the district level were also identified as providing needed services for persons living with HIV such as VCT services and ART.

Some controversy was stirred when views about the role of health-workers and 'development workers' was discussed in relation to efforts at addressing HIV and domestic violence. To respondents, because workers of non-governmental agencies are 'development workers' their approach towards dealing with issues is holistic as opposed to the 'singular' approach of health-workers. According to respondents, whereas the 'development workers' would seek to support the person living with HIV with income-generation, food rations, school fees, medication, information and provide 'psychosocial' support, the health-workers are concerned with providing medication and food rations. Thus, in the six districts, members of groups that are linked with non-governmental agencies including faith-based organisations refer to their groups as support groups and "look forward" to meeting days as such days afford them the opportunity to share information. On the other hand, members of groups that are linked with the health facilities perceive their meeting days as occasions for receiving food and medication.

As the respondents expressed confidence in the efforts of development and health workers, some (Jirapa, Lawra, Talensi and Bole) were of the view that efforts should concentrate on building the capacity of persons living with HIV to enable them lead their own support groups. Discussions at the individual level and also in



groups indicate that there is a growing dependency by persons living with HIV on development and health workers which does not augur well especially as with the introduction of ART, HIV-positive persons can live 'normal' lives for a long time. On the other hand, some persons living with HIV in all the six districts rather perceive the development and health workers as being unwilling to allow them independence as they (persons living with HIV) are the source of income for the development and health workers.

“Because of us, people from outside send money. We don't see the money. All we know is that the money has been used for us. When the food comes, especially the food, they take more than half for themselves and leave the little for all of us to share. You should see the big pans their children bring to take their shares away, when we are the ones to be benefiting from it. We don't work and it is difficult to get food but for them, they work and it is not that difficult for them to get food but they just take all the food away. They don't really care about us. When you complain, they say you are ungrateful, you are greedy, this and that. Now they have introduced something we hear. The more the numbers the clinic has, the more the money and things you get. So if you don't belong to their group when you go to the clinic, they insult you and charge you for the food. But they say we should pay thirty thousand cedis to register and we will be paying something every month too. And these monies would not go to government. They will all go straight into their pockets. Why should someone's illness make another happy?”

4.2.5 Traditional Authority

The role of Chiefs was also ranked high in all the six districts. According to respondents, the active



involvement of Chiefs and opinion leaders in identifying issues of concern and speaking at awareness creation campaigns are yielding dividends. Respondents identified the role of Chiefs as custodians of customs and taboos as making them credible advocates in changing inimical customs. In Upper West, the Chiefs have already met to discuss traditional practices such as forced marriage, child marriage and widowhood rites including inheritance and have committed themselves in abolishing the components that run contrary to the rights and dignity of people. Despite these assertions, respondents were of the view that the Chiefs could make their efforts more credible if they should desist from using their authority to interfere in cases at the police or other agencies such as CHRAJ. Respondents in both Upper West and Upper East expressed the need for the chiefs to work closely with the “land-owners” and family heads on the removal of traditional practices that abuse the rights of people. Reasons given included the fact that in these two regions in particular, the “land-owners” and family heads are very powerful and the ones always ready to hold onto customs.

4.2.6 Associations of PLWHAs

In Ghana, the main body of persons living with HIV / AIDS is known as the Wisdom Association. There are also local chapters in the regions and districts. The various groups continue to hold meetings in the hospitals in areas designated for quarantined patients. Due to the continued stigma associated HIV / AIDS, most of the chapters visited in the northern regions were not operational for fear of being recognized. All the groups visited hold their meetings in the



hospitals and complained of discrimination from the hospital staff. In the Talensi Nabdam district for example, PLWHAs reported that even the medical doctor in charge of PLWHAs was discriminated against. Their meeting place was in the Doctor's office where there were fans and only one bench to sit on. In the Bole district, there was no association as nobody was prepared to come out to declare their status for fear of being ostracised. Majority of the members, however, expressed their satisfaction at being members of the groups. The reason being that anytime they met, they shared experiences and were also given food rations.

4.2.7 Ministry Of Health

The Health facilities at the district level were identified as providing needed support for persons living with HIV such as access to VCT services and ART. The hospitals also served as meeting areas for associations of PLWHAs.

4.2.8 Religious Bodies

Respondents also mentioned Religious organizations as agencies helping to address the problems of violence against women and HIV/AIDS. The Catholic Relief Services was providing relief for PLWHAs in the form of stipends, food rations and soap. In Bawku, the Presbyterian Church had opened a shelter for victims of stigma and violence.

4.3 Collaborations

According to respondents, several efforts are being made at different levels in the sampled districts. Among these other efforts are the formation of women's groups through which financial support is channelled to make women more economically independent of their husbands and other male relatives and the establishment of shelters for victims



of domestic violence. There were some differences in the ranking of these efforts as indicated in table 6 but these are of little significance. For example, although the women of Tamale mentioned the establishment of shelters for battered women, the men did not add that to their top four. Table 6 is a compilation of the four topmost efforts as ranked by women and men in the six district consultations.

Table 6: Efforts being made to address domestic violence and HIV

District	Women	Men
Bole	<ul style="list-style-type: none"> • Awareness creation • Education of people • Preaching against violence • Some organization provide legal assistance free of charge • Organisations are doing a lot of education, counseling, sensitization and advocacy • DOVVSU receives complaints but they deliberately drag cases • A women’s shelter has been established • Preaching 	<ul style="list-style-type: none"> • Awareness creation • Education and sensitisation by various organisations • Chiefs speak against violence • Community leaders arbitrate • NGOs and Youth groups in the region do IEC • Community sensitization • Initiation of Women Rights Advocates • The problems are just marital quarrels at the family level so they are settled at home. DOVVSU intervenes only when it is critical, they first try to use traditional set up.
Jirapa	<ul style="list-style-type: none"> • Awareness creation, education and sensitisation 	<ul style="list-style-type: none"> • Awareness creation
	<ul style="list-style-type: none"> • Education of women on their rights 	<ul style="list-style-type: none"> • Police/DOVVSU doing their best in counseling, referral, arbitration, advice and detention but chiefs and opinion leaders interfere



	<ul style="list-style-type: none"> • Law enforcement - arrest, 'counseling' and punishment by police • Skills training especially economic skills and financial support to work 	<ul style="list-style-type: none"> • Assisting people with referrals • Change of name from WAJU to DOVVSU has helped men financial Support to work
Talensi	<ul style="list-style-type: none"> • Media, churches, traditional leaders are creating awareness about issues such as HIV, Violence etc, • We have women's groups which meet to discuss how to handle issues affecting women • Sensitization by chiefs, Opinion leaders, CBOs, NGOs, • Counselling, provision of food, ART and shelters by NGOs 	<ul style="list-style-type: none"> • Sensitization and creating awareness • Laws protecting women • Enforcement agencies, chiefs, Opinion leaders have all challenged, discouraged and sanctioned those responsible. • Provision of food rations, Shelter, ART, Counselling
Lawra	<ul style="list-style-type: none"> • Public education • Formation of groups for women and PLWHA • Counseling, advisory services, medical treatment, VCT facilities and ART • DA providing economic support to women and Susu creation to help women not to 'bother' their men 	<ul style="list-style-type: none"> • Public education and sensitisation • Collaboration of agencies • Bye-laws and settlements by Chiefs • Counseling • Financial support of various forms
Bawku	<ul style="list-style-type: none"> • Education by NGOs, Churches and nurses • Women groups have been formed to help women • Establishment of DOVVSU harmful traditional processes • Police detention and Court prosecution 	<ul style="list-style-type: none"> • Use of peer educators • Financial support like loans for women • The educated ones are speaking against • DOVVSU sends battered women to the hospital



As mentioned earlier in this chapter, agencies at the district level are increasingly striving to collaborate on issues affecting their districts. For some of the key informants, the collaboration is to ensure optimisation of effects of intervention. For others, the focus is on achieving set targets at minimum cost and therefore they pool resources such as vehicles for implementing activities. For some other agencies, the show of solidarity sends signals to community members that the agencies have been established to work for and with them. Accordingly, in Jirapa and Tamale for example, the Police would not hesitate to call on any of the non-governmental agencies to support them with a vehicle if the need arises. In the same manner, agencies providing food rations work through already existing institutions. This kind of collaboration according to respondents, works to their advantage as it makes referrals easier. It surfaced in four of the districts that for some time the inability of the agencies to collaborate led to the creation of territories to the disadvantage of community members. According to one policeman, *“when the CHRAJ man knows very well that he has to refer a case to the social welfare people, you will see him following the case even to court then it becomes a problem affecting us in the Police”*.



5.0 Concluding Discussions

In attempting to draw conclusions from the findings, the study permitted itself in answering the two important questions, *“What makes women and girls so disproportionately vulnerable to HIV in the three northern regions of Ghana?”* and *“Why have current HIV control efforts failed to stem the high rates among women and girls in the three northern regions of Ghana?”*

- 5.1 The perception about women as subordinate to men which has over the years been relentlessly reinforced by religion and traditions can be pinned down as the main reason for women’s inability to assert their rights including sexual rights. Poverty, the nature of the female sexual organ, ignorance, rape, poor parental care, indecent dressing, maturity rate of girls, polygamy, over-dependence of women on men and illiteracy featured among the reasons given by respondents as pre-disposing women to vulnerability.

A critical analysis of the list and the discourse that ensued around them indicate the intricate links between all of them and religio-cultural perceptions about women. For instance, the level of poverty among women generally when compared to men. This is because many women are illiterate because they have not received formal education because female children are not priority on the educational quests in many families. Illiteracy makes the women unable to acquire employable skills and therefore they are reduced to petty trading and farming. Because traditionally a woman does not have control over land, her access to land is impeded and derived from her husband or her male relatives. Whatever she farms is mainly for household consumption and therefore she earns no real income from her efforts. The poverty thus makes her dependent on her husband.



The dependency on husband in turn makes the woman submissive to the husband for fear of losing her source of livelihood. This, coupled with ignorance about her rights as she cannot freely associate or participate in public discourse does not help build her self-esteem. Without self-esteem, the woman tends to sell her self short believing that without a man in her life she and her children cannot survive. Hence, the many women who allow themselves to undergo widowhood rites to purify them to be “inherited” by the dead husband’s relative. The helplessness showed by many of the female persons living with HIV who were interviewed for this study is another manifestation of the low self-esteem which the constant reference to the traditional perception of women reinforces.

According to a female key informant, “unless we begin to believe in our worth, the whole world will make us believe we are not worth anything” and added that as a counsellor for one of the PLWHA support groups, she uses herself as a survivor of an abusive marriage to help them gain confidence in themselves. She tells her story in story 4. The submissiveness expected of women makes them unwilling to confront violence perpetrated against them even in their homes. The home that is supposed to be their sanctuary becomes a prison for many women. As narrated elsewhere in this report, submissive wives submit to sex against their will even when they are in fear of being infected with sexually transmitted diseases including HIV.



Story 4: "When the table turns"

Mothers-in-law! Mine told me when her son married me that when he beats me or maltreats me, I shouldn't complain or report to anyone. In other words, she knew her son was going to beat me no matter what.

True to my mother-in-law's expectations, my husband beat me at the least chance for more than 17 years. One day, I got fed-up and grabbed him when he was beating me. I beat him flat. I was so surprised that I could beat him and I felt sorry for having wasted all these years. All this time that he was beating me, I never reported to anyone but when I beat him, he went to the police, they laughed at him. The tables had turned. He went to report to the Chief. I was called by the Chief to answer for the abomination. I said I would not apologise and that he could divorce me because I was fed-up. His family said if he should divorce me, they would take their dowry back. I told them that if they want their dowry back, then they should put the children I had bore him back inside my womb, restore my virginity and repair my uterus. Then I went to my father and threatened him not to return any dowry.

The marriage was dissolved without any dowry being returned. They left the children for me to care for. Not a single kobo from him or his family. I raised them without complaint and my daughter finished training college. Immediately she found someone to marry, my ex-husband and his people resurfaced requesting her dowry that they were using that to replace what I refused to return.

I decided that no man would ever take me for granted. I acquired some land and when the Chief heard about it, he wanted to stop me because it is an abomination for a woman to build! I said to him that I was not going to sit around for any man to build for me before I put a roof over my children's head. I went ahead and put the house. I am still alive. They think I am something else and call me names but actually they all admire me. The Chief even seeks my advice now and then.

As for me ever since I beat my husband, I have never looked back. I haven't beaten anyone since but I still feel good for giving him a taste of his own medicine. Maybe that is when I found my confidence.

From the consultations, it was clear that all the women including those in polygamous marriages prefer monogamous marriages without infidelity. Respondents were unanimous that polygamous men frequently have concubines and casual sexual partners. Although their wives are aware, they are not able to complain without being subjected to physical and verbal assault and sometimes, the withholding of money. The cycle then continues that when the woman is deprived of financial support, either she herself turns to another man secretly or encourages her daughter to. Controversially, it also became clear that monogamous marriages are not synonymous with fidelity. There are causes of infidelity which place men and



women at risk and it can be concluded that these causes are rooted gender expectations of both men and women and what society permits as gender behaviour.

Whereas a man can walk into a shop to purchase condoms to protect himself, that is a behaviour seldom shown by men. Rather women, who by the nature of their perceived role in society are at risk, cannot freely walk into a shop to purchase condoms. In instances that women have attempted to do that without their husbands' permission, the results have been violence of all forms. The efforts by especially health-workers to include men in discussions about the use of condoms not only as a contraceptive but also protection against sexually transmitted diseases may well hold a key to addressing this issue.

Another conclusion that can be inferred from data provided by respondents is the treatment of issues in atomistic terms by even development workers. For example, HIV hardly features as a gender issue in the interventions of development workers. Likewise, gender issues do not feature HIV-related interventions. Yet from the stories narrated in chapter four of this report, gender disparities and discrimination predispose women and girls to HIV.

5.2 Why have current HIV control efforts failed to stem the high rates among women and girls in the three northern regions of Ghana?

Primarily, current HIV control efforts have failed to recognise the lack of or low participation of women in decision-making even when the decisions are about themselves. Targeting women with messages that require them to make 'unilateral' decisions yield little result. According to respondents, the female condom for example has very minimum user rate in all the three northern regions because the decision to use them



does not rest with women. Serious attention need to be paid to interventions that also address society's stance on the role of women in decision-making.

There is awareness about factors that make women and girls vulnerable to HIV. Some of these factors are gender-related such as widowhood rites, scarification, female genital mutilation and child marriages among others. These issues are however addressed again with an atomistic approach which does not recognize that the cause and effect nature of HIV require a systemic approach. By address to address all the causal effects as reported in chapter 3, HIV remains high among women and girls.

Much has been said and written about the need for the critical involvement of men in gender-related issues. Yet, interventions continue to focus on women regarding women's issues. This consultation sought to involve men in all the three levels of consultations and the dividend yielded proved that for any shifts to be made in HIV control efforts, men would have to be involved. The involvement of men would bring about an awareness about their actions on women especially with regard to reinforcing their vulnerability and susceptibility to HIV. It was gratifying to note that during the consultations, there was heightened awareness that although society permits men to inherit their brothers' widows for example, should the widow be infected, the man and his other wives are at risk of infection. During the consultations in the six districts, this caused the male respondents to examine the purpose of inheriting widows. Indeed, during the four validation meetings, the male respondents were unequivocal on the need to expunge the requirement for a sexual relationship when a widow is



inherited. In the Upper West for example, it was found out that purpose of this traditional practice is to ensure that the widow and children are not left to fend for themselves as in the past, “women were not able to stand on their own”.

It can also be concluded that the failure to involve Chiefs and other opinion leaders in HIV campaign negates many good efforts at stemming the high rates of HIV among women and girls in the three northern regions. Having established the strong linkage between domestic violence and HIV, there is an urgency to involve the custodians of traditions and religion to ameliorate harmful customs. This would make customs friendly and responsive to needs of society rather than deny especially women and girls of their rights. Respondents mentioned efforts of the Chiefs of Upper West for example in addressing the inimical traditions, expunging them and passing bye-laws to ensure compliance. HIV control efforts have not tagged unto these proposed interventions. Thus whilst domestic violence associated with traditions and customs is being addressed, it is not being seen as driving the rate of HIV among women and girls because of their vulnerability induced by gender discrimination.

What is it that drives HIV positive women to hide their status from their husbands? As narrated in chapter 4 of this report, even where an HIV positive woman believes she was infected by her husband, she prefers to keep her status to herself and continue to lead ‘a normal life’ for fear of being thrown out of her home: “For fear of losing everything”. HIV rate among women and girls are said to be high by the health-workers in key informant interviews. Management of the virus also becomes challenging as the woman continues to have sex with her infected husband without protection.



Almost a decade ago, HIV control efforts identified Greater Involvement of Persons living with AIDS (GIPA) as a strategy for the prevention of the spread of HIV. GIPA was also identified as a sound strategy for mitigating the effects of HIV. This intention witnessed the formation of support groups for persons living with HIV to serve among other things as a capacity-building platform to help them articulate issues affecting them better. Affirmative action was taken in Ghana to ensure that on the Ghana AIDS Commission for example, representatives of persons living with HIV were present. In the three northern regions of Ghana, the study found out that the support groups that exist are mainly for the distribution of food rations and medication. Whilst some of them serve as platform for information sharing, sharing of psychosocial support and income-generating activities, none of these groups has ever been involved in any advocacy on issues related to their well-being. Hence, although there has been a shift of a sort in the GIPA paradigm with the call at GIEPA i.e. greater involvement and empowerment of persons living with AIDS, women and girls and indeed all persons living with HIV in the three northern regions are yet to experience this.

From the foregoing, women and girls continue to experience domestic violence validating the WHO Multi-country Study on Women's Health and Domestic Violence against Women summary report of 2005 that, "for many women, home is a place of pain and humiliation". The incidence of domestic gender-based violence or violence perpetrated in the home does not seem to be abating in any significant manner in the three northern regions of Ghana despite the numerous efforts being made by governmental and non-governmental agencies

⁹The strategic responses are outputs from the three validation meetings held in the three northern regions.



6.0 Recommendations

“There is one case we are dealing with where a man raped a girl. We reported to the chief, the man confirmed he raped her and said he will marry her. For the Chief, that settled the matter. We took her to the hospital for a test and she had gonorrhoea. Only God knows what else she could have been infected with. We reported to CHRAJ but the mother did not want to pursue the matter because she said she would be sacked from the house. The father also said he did not want a police case. Without their consent, we could not go to court so we dropped the case.” - Male, Bole

Seemingly, dealing with such issues is a challenge because of the influence of religion and traditions. The unwillingness to deal with the police is also a challenge and the inability for state agencies to pursue such issues to their logical and rational conclusions also add to the challenges of finding lasting solutions to domestic violence and HIV in the three northern regions of Ghana. Notwithstanding, respondents identified the following strategies⁹ in **table 7**, including advocacy strategies, as having potential for overcoming the aforementioned challenges.



Table 7: Strategic response to domestic violence and HIV in northern Ghana

Issue: Role of state agencies, NGOs, traditional leaders and religious bodies in supportin victims of violence and HIV		
Strategic Response		
Upper West	Upper East	Northern
<p>State Agencies:</p> <ul style="list-style-type: none"> Put in place a mechanism for arbitration between victim and perpetrator. Embark on education against stigmatization. <p>Chiefs/Traditional Authority:</p> <ul style="list-style-type: none"> Identify negative traditional and cultural practices and replace, eradicate or modify them as the case may be. Enact bye-laws through District Assembly Committees and see to the implementation of such laws. <p>Religious Bodies:</p> <ul style="list-style-type: none"> Include the effects of violence and HIV in their sermons. <p>NGOs:</p> <ul style="list-style-type: none"> Strengthen collaboration among service providers Support state agencies to embark on effective sensitization on the effects of violence and HIV. Support victims' groups with financial assistance. 	<p>State Agencies:</p> <ul style="list-style-type: none"> Execute their traditional roles to the letter. Create more VCT Centres. Support victims to access free drugs. <p>Chiefs/Traditional Leaders:</p> <ul style="list-style-type: none"> Advocacy and sensitization of community members Make bye-laws to enforce acceptance of victims Accept changes to negative cultural practices <p>Religious Bodies:</p> <ul style="list-style-type: none"> Counsel victims Provide food Sensitize communities on stigmatization/discrimination <p>NGOs:</p> <ul style="list-style-type: none"> Educate and counsel victims Empower victims economically through training and provision of credit facilities. Open shelters for battered women 	<p>State Agencies:</p> <ul style="list-style-type: none"> Create jobs, skills training for victims of violence and HIV Support NGOs to support victims of HIV/AIDS Enact and enforce appropriate legislations Create awareness on violence and HIV Provide free medical care for victims of violence and people living with HIV <p>Traditional Leaders:</p> <ul style="list-style-type: none"> Create awareness Modify negative cultural practices Enforce bye-laws <p>Religious Leaders:</p> <ul style="list-style-type: none"> Preach against violence and stigmatization Support victims of violence and HIV/AIDS e.g. Counselling, supply of food and basic needs. <p>NGOs:</p> <ul style="list-style-type: none"> Create awareness on e.g. Stigmatization, violence, HIV and AIDS. Support victims of HIV and violence with income generation activities and skills training. Support orphans.
<p>Issue: What kind of policies, laws etc need to be put in place at national, district and community levels to address violence and HIV?</p>		



<p>Community:</p> <ul style="list-style-type: none"> • Bye-laws on widowhood rites for medical examination for both partners before remarrying. • New couples should be encouraged to know their status before marriage. • Dead bodies should not be kept for more than 24 hours. • Abolish FGM, forced and early marriage as well as forced by-elections. • Women and men should be having courage to report violence against them. • Support to persons living with HIV. <p>District:</p> <ul style="list-style-type: none"> • Enforce teaching of reproductive health and health education in schools. • Parents should be compelled to cater for their children's basic needs <p>National:</p> <ul style="list-style-type: none"> • Create wide awareness about laws and enforce laws. • Support agencies well with financial, material and human resource. 	<p>Community:</p> <ul style="list-style-type: none"> • Chiefs, assembly members, opinion leaders and family heads should advocate and intervene in violence in homes e.g. Girl child education, forced marriages, preference of boy child to girls, tattooing, tribal marks, FGM. • Sensitization on harmful cultural/tradition practices e.g. denial of sex to partners. <p>District:</p> <ul style="list-style-type: none"> • The district assemblies should pass appropriate by-laws to deal with issues of violence and HIV/AIDS and enforce these laws. • Strengthen agencies at the district level to effectively collaborate. <p>National:</p> <ul style="list-style-type: none"> • The Law on Domestic Violence should be made operational at all levels which means all state agencies must be well-resourced to enforce 	<p>Community:</p> <ul style="list-style-type: none"> • Support persons living with HIV. • Organise more community dialogue on gender-related issues such as domestic violence and HIV. <p>District:</p> <ul style="list-style-type: none"> • Enact bye-laws to protect PLWHA. • Enforce bye-laws on employment opportunities for PLWHA. • Enforce laws on mandatory release of District Assembly Common Fund for HIV and AIDS activities. • Monitor the implementation and effectiveness of policies at the district level <p>National:</p> <ul style="list-style-type: none"> • Enact a policy to make it a crime to discriminate against PLWHA • Enact a policy to increase District Assembly support of HIV and AIDS to 5% of the District Assembly Common Fund.
<p>Issue: What advocacy strategies need to be developed and implemented to address violence and HIV?</p>		
<ul style="list-style-type: none"> • Radio talkshow, drama, debate on Domestic Violence and HIV. • Community sensitisation on human rights, Domestic Violence and HIV. 	<ul style="list-style-type: none"> • Intensive education and sensitization of the public on violence against women, its relationship with AIDS and its impact. 	<ul style="list-style-type: none"> • Sensitization and awareness creation on domestic violence and HIV with special attention on the



<ul style="list-style-type: none"> • Formation of strong women groups to act as a pressure group • Involvement of more Traditional Authority on Domestic Violence and HIV issues. • District Assembly to make by-laws abolishing traditional harmful cultural practice. • Effective use of World AIDS day for intensive sensitisation at community level. • Pressure on legislature to pass the Domestic Violence Bill into Law. 	<ul style="list-style-type: none"> • Budget allocation by government for economic empowerment of women. • Review of some cultural practices: e.g. Forced marriages, dowry etc and their abolishment. This should involve the Chiefs, Landowners and Family Heads. • Youth employment programmes should include life-planning skills and there should be special attention to the needs of girls. 	<p>link between the two</p> <ul style="list-style-type: none"> • Capacity building and empowerment of vulnerable people especially those made vulnerable by HIV and domestic violence. • Research and surveys should be conducted regularly to feed programme design so that developmental issues are handled
<p>Recommended Monitoring and Evaluation of Advocacy Strategies</p>		
<ol style="list-style-type: none"> 1. Interview a cross section of people on domestic violence, HIV and the link between the two. 2. Cross check from police CHRAJ, DSW on reported cases of domestic violence and how the cases are handled. 3. Establish mechanisms to track reactions of women groups in the communities on issues related to domestic violence and HIV. 4. Monitor the enforcement of the Domestic Violence Law. 5. Develop indicators to track the effects of awareness creation about domestic violence and HIV. 6. Monitor collaboration between all stakeholders. <ol style="list-style-type: none"> 1. Develop functional community based structures to monitor progress of awareness creation about domestic violence and HIV. 2. Regularly review plans of stakeholders. 3. District Assemblies should annually present plans to communities. 4. The statistic unit of government should provide regular information to inform plans of government. 		



The above-mentioned strategies can also be encapsulated as follows:

6.1 Study Recommendations with Policy Implications

1. District Assemblies should enact bye-laws against harmful cultural practices;
2. DPCUs should coordinate and streamline all agencies working in the area of women's empowerment and HIV/AIDS;
3. District Assembly Gender Desks should be strengthened and properly trained in contemporary advocacy methods;
4. Strengthen DOVVSU and police for effective law enforcement;
5. Equip NCCE to create more awareness on violence and HIV/AIDS;
6. NCCE should create awareness on registration of marriages to ensure security of spouses and children after death or divorce;
7. District Assemblies should create women's mini budget allocation for economic empowerment;
8. In collaboration with Ministry of Education, the Ministry of Women and Children Affairs should advocate increased girl-child enrolment in schools;
9. Ministry of Health should provide free medical care for victims of violence and HIV/AIDS; Ministry of Health should open more VCT centres;



10. Government should create jobs and skills training for victims of violence and HIV / AIDS;
11. Ghana AIDS Commission should strengthen National Association of PLWHAs and the various local chapters to increase their involvement in awareness creation;
12. National Youth employment programmes should include life-planning skills and there should be special attention to the needs of girls;
13. National Population Council should be supported to undertake awareness creation on effective family planning;
14. Ministry of Education should include reproductive health and health education in school curricula;
15. District Assemblies should enact bye-laws against withdrawal of girls from school for early marriages;
16. Government should open shelters for battered women and provide services for victims of violence; and
17. Since women are the most affected, their voices should be strengthened in the District Assemblies.

6.2 Study recommendations with Service Delivery/Programming Implications

6.2.1 Religious Bodies

1. Religious bodies like the churches and mosques should intensify preaching against and stigmatization of PLWHAs;
2. Support victims of violence and HIV / AIDS;



3. Counsel victims, provide food and sensitize communities on discrimination and stigmatization;
4. Open shelters for survivors of violence and HIV/AIDS; and
5. Ensure marriages taking place on their premises are valid and are registered according to law

6.2.2 Chiefs and Traditional Authorities

1. Identify negative traditional and cultural practices and replace, eradicate or modify them as the case may be;
2. Ensure that perpetrators of violence are handed over to the appropriate law enforcement agencies;
3. Sensitize communities on effects of violence against women and stigmatization; and
4. Ensure all marriages contracted are registered according to the law.

6.2.3 Non-Governmental Organizations

1. Organise and collaborate to influence and monitor the adoption of a gendered approach in HIV/AIDS policy;
2. Strengthen women's groups to act as pressure groups;



3. Embark on effective awareness creation and campaign against violence against women and stigmatization of PLWHAs;
4. Educate, counsel and empower victims and survivors economically through the provision of credit facilities;
5. Facilitate the opening of more shelters for battered women;
6. Increase access to justice by increasing legal aid to support needy women to access justice;
7. Intensify sensitization on need for girl child education;
8. Create awareness on family planning and encourage new couples to undergo VCT;
9. Resource and build capacity of traditional leaders to engage in interventions that address needs of women especially vulnerable women through community mobilization and sensitization;
10. Organize capacity building programmes for PLWHA groups and involve them in awareness creation; and
11. Research and surveys should be conducted regularly to feed programme design so that issues are handled properly.



6.3 Recommended Monitoring and Evaluation of Advocacy Strategies

1. Interview a cross section of people on domestic violence, HIV and the link between the two;
2. Cross check from police CHRAJ, DSW on reported cases of domestic violence and how the cases are handled;
3. Establish mechanisms to track reactions of women groups in the communities on issues related to domestic violence and HIV;
4. Monitor the enforcement of the Domestic Violence Law;
5. Develop indicators to track the effects of awareness creation about domestic violence and HIV;
6. Monitor collaboration between all stakeholders;
7. Develop functional community based structures to monitor progress of awareness creation about domestic violence and HIV;
8. Regularly review plans of stakeholders;
9. District Assemblies should annually present plans to communities; and
10. The statistics unit of government should provide regular information to inform plans of government.



IMPRESSION(S)

Dear Reader,

- Are you touched in any way by the revelations of this project?
- Is there any way you would want to support efforts being made by ActionAid Ghana to address the issues of Violence and HIV / AIDS in our society?
- Please address your concerns and contributions to:

ActionAid Ghana
13 La Tebu Street
East Cantonments, Accra
P.O. Box AN 19083
Accra – North

Telephone: +233-(0)21 – 764931(2)

Fax: +233-(0)21 – 764930

Email: aaghana@actionaid.org

Website: www.actionaidghana.org

