











ECONOMIC & SOCIAL COSTS OF VAVG

Violence Against Women & Girls

GHANA

Summary Report April 2019

ACKNOWLEDGEMENTS

This report has been supported by funding from UK Department for International Development as part of the overall 'What Works to Prevent Violence Against Women and Girls' Research and Innovation Programme. However, the views expressed and information contained in this report are not necessarily those of, or endorsed by, DFID, which can accept no responsibility for such views or information or for any reliance placed on them.

The authors acknowledge the comments and input received from from DFID's VAWG team members, in particular Emily Esplen and Claire McPherson, national and international experts and stakeholders. The report would not have possible without the invaluable generosity of women in the communities in Ghana where this research took place.

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The photos in this report do not represent women and girls who have themselves been affected by gender-based violence or who have accessed services.

Suggested Citation: ISSER, Ipsos MORI, International Centre for Research on Women (ICRW) and NUI Galway. 2019. Economic and Social Costs of Violence Against Women in Ghana: Summary Report. Galway: NUI Galway

LIST OF ACRONYMS

DFID Department for International Development

DHS Demographic and Health Survey

DOVVSU Domestic violence and victim support unit

FV Family violence

GDHS Ghana Demographic and Health Survey

GNI Gross national income
GSS Ghana Statistical Service

ICRW International Centre for Research on Women

IDI In-depth interview

ILO International Labour Organisation

IPV Intimate partner violence

ISSER The Institute of Statistical, Social and Economic Research

KII Key informant interview

LFS Labour force survey

MICS Multiple indicator cluster studies

NPSV Non-partner sexual violence

NPV Non-partner violence

NUIG National University of Ireland, Galway

OPE Out-of-pocket expenditurePFG Participatory focus groupPSV Public space violence

SSA Sub-Saharan Africa

STD Sexually transmitted disease

VAWG Violence against women and girls

WPV Workplace violence



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ABOUT THE STUDY

This report provides a summary of the key findings of the What Works to Prevent Violence: Economic and Social Costs project from Ghana. It also provides an overview of the costs of violence against women and girls (VAWG) to individuals, households, businesses and the economy. Findings show the heavy drag that VAWG imposes on wellbeing and economic productivity, and the need to invest urgently in scaling up efforts to prevent violence.

KEY FINDINGS AT A GLANCE

Form and scale of VAWG: Intimate partner violence (IPV) and violence by family members are the most common forms of violence experienced by women in Ghana. Four out of ten Ghanaian women surveyed who were in a current relationship experienced IPV, and one out of two women living with natal or marital families, experienced family violence (FV) in the last 12 months.



Economic impact of VAWG: The scale of VAWG-related losses to the economy is significant. The national loss in productivity in Ghana through missing work and/or being less productive at work due to VAWG was approximately 65 million days annually, equivalent to 4.5% of employed women in effect not working. Taking into account only the time missed in paid work, households across Ghana lost nearly US\$286m annually in income due to VAWG in the last year.



Intergenerational impact: It is estimated that 300,000 school days were missed by children per year in Ghana due to their mothers' experience of violence. This missed schooling has long-term impacts on capabilities and future earnings of the children of women who experience violence.



Household poverty: VAWG can deepen household poverty: many women who experience VAWG bear increased costs due to violence, for example for medical care. In this survey, Ghanian women who accessed services and reported incurring expenses spent US\$53 annually on average, or equivalent to 10% of their annual per capita expenditure on non-food consumption.



Work and productivity impacts on women: In Ghana, economically active IPV survivors were absent from work or less productive for 12 days in the last year. Additionally women survivors experienced an impact on their care work – 15% of IPV survivors in Ghana stopped care work for the equivalent of 23 days in the last year.



Business losses: Businesses also incur losses due to IPV and non-partner sexual violence experienced by their female employees outside the workplace. One in four female employees in the businesses surveyed reported productivity loss as a result of IPV equal to 14 days each in the last year.



The estimates of costs in this study are partial. If all the economic and social impacts of VAWG were quantified and monetised, the overall loss would be many times the current estimates, which are based only on tangible economic impacts detailed in this report.



1. BACKGROUND TO THE PROJECT

Violence against women and girls (VAWG) is one of the most widespread human rights violations. VAWG is a significant social, economic and public health problem. No country is immune to this problem and it impacts all socio-economic groups, ethnicities and ages. This does not mean it is inevitable; it can be transformed through political will, increased investment in evidence-based programmes and policies, and community engagement for normative change.

Globally, 35% of women have experienced physical/sexual IPV or non-partner sexual violence in their lives. We know that this violence has implications for women's health and wellbeing; however, we have less understanding about the impacts of VAWG on communities, businesses, and the national economy. While it has been estimated that violence against women and girls costs the global economy about US\$4 trillion, there are few studies, particularly of developing countries, that outline the national-level economic costs of such violence. Similarly, few studies explicitly analyse the social costs of VAWG.

In recognition of the dearth of knowledge on these impacts and costs, the UK Department for International Development (DFID) funded research to investigate the social and economic costs of VAWG in Ghana, Pakistan and South Sudan (2014–19), as part of its wider What Works to Prevent Violence research and innovation programme. A consortium, led by the National University of Ireland, Galway, with Ipsos MORI and the International Centre for Research on Women (ICRW) at the University of Ghana and working in collaboration with the Institute of Statistical, Social and Economic Research (ISSER), undertook a mixed-methods study to estimate the economic losses caused by VAWG as well as the non-economic costs of violence that impact on economic growth, development and social stability in Ghana.

¹ www.un.org/en/events/endviolenceday/

²WHO (2013), 'Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence'. http://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdfsustainable?sequence=1

³ Hoeffler, A. and Fearon, J. (2015), 'Benefits and costs of the conflict and violence targets for the post-2015 development agenda'. www. copenhagenconsensus.com/sites/default/files/conflict_assessment_-_hoeffler_and_fearon_0.pdf

⁴ Some examples do exist, but these are a rarity. Examples include: Duvvury, N. et al. (2013), 'Intimate partner violence: Economic costs and implications for growth and development' (Vietnam); Siddique, K. (2011), 'Domestic violence against women: Cost to the nation' (Bangladesh); Vyas, S. and Watts, C. (2013), 'Estimating the association between women's earnings and partner violence: Evidence from the 2008–2009 Tanzania National Panel Survey'.

Violence against women and girls involves a wide range of abuse and injustices, including, but not limited to: domestic violence (IPV and FV); dating violence; stalking; rape; child physical and sexual abuse; child sexual exploitation; incest; elder physical and sexual abuse; and sexual harassment.⁵ In Ghana, prevalent forms of violence against women and girls include physical assault, sexual assault, and femicide by intimate partners.⁶ Also, certain cultural practices are risk factors.⁷ Ghanaian cultures have been identified as deeply traditional and patriarchal, a trend that continues to date.⁸ Indeed, findings from the 2006 and 2011 Multiple Indicator Cluster Surveys (MICS) show that attitudes that tolerate violence against women have become more prevalent in Ghana despite efforts made to reduce VAWG.⁹

Some of the most reliable data relating to the prevalence of VAWG internationally comes from the Demographic and Health Surveys (DHS) programme. A DHS survey was conducted in Ghana in 2008, which included a module on domestic violence. According to this 2008 Ghana Demographic and Health Survey (GDHS), 39% of ever-married women have experienced emotional, physical and/or sexual violence by a partner at some point in their lives. 35% of married woman experienced emotional, physical and sexual violence in the last 12 months.¹⁰

Our sample shows a prevalence of intimate partner violence (IPV) at 43% among currently partnered women aged 18–60, in the last 12 months. This is slighter higher than the DHS rate because we have included economic, psychological, physical and sexual violence and had a wider age range than DHS which focused only among women aged 15–49.

In Ghana, the problem of VAWG is rarely identified as associated with the country's economic development. The issue has been highlighted and addressed mainly by national and international civil society actors who share a concern for human rights and public health. Very little data is available to indicate the negative role that VAWG plays in sustainable development across all sectors of society and the economy. This study on the economic and social costs of VAWG is the first of its kind in Ghana and provides important insights on the economic impacts of violence for women and their households, communities and businesses and the overall economy.

Ethical considerations

Ethical approval was obtained prior to the commencement of field work. Measures were taken to ensure that all fieldwork met key ethical principles of research, such as interviewer safety, wellbeing of participants, and confidentiality. Ethical approval was granted for the overall project by the Research Ethics Committee, National University of Ireland, Galway. Additionally, the research had ethical approval from the University of Ghana Ethics Committee.

In the remainder of the report we provide information on the methodology used and the key findings relating to costs of VAWG to individuals, families, communities, businesses and the overall Ghanaian economy.

⁵ Chrisler J. C. and Ferguson S. (2006), 'Violence against women as a public health issue'. *Annals of the New York Academy of Sciences*, 1087:235–49.

⁶ WAJU (2003), Statistics compiled by the Women and Juvenile Unit of the Ghana Police Service.

⁷ Coker-Appiah, D. and Cusack, K. (1999), 'Violence against women and children in Ghana: report of a national study on violence.'

⁸ Amoakohene, M. I. (2004), 'Violence against women in Ghana: a look at women's perceptions and review of policy and social responses'. Social Science and Medicine, 59(11), 2373–85.

⁹ Ministry of Gender, Children and Social Protection, 'Ghana's fourth progress report on the implementation of the African and Beijing Platform of Action and review report for Beijing +20'.

 $^{^{\}rm 10}$ Ghana Statistical Service. (2009). Demographic and Health Survey, 2008. Calverton:ICF Macro.

2. METHODOLOGY

2.1 Conceptual framework

This research is guided by a conceptual framework (Figure 1) that details the ripple-effects of VAWG at three levels: individual/household, community/business and Government/National. For example, the impacts at the individual and household and the community and business levels all contribute to the economic loss of the overall economy. Governments also incur expenditure to prevent and mitigate the impacts of violence. In this study we have not focused on government expenditure, which should not be viewed as a 'cost' but rather as investment to fulfil the governments' human rights obligations to prevent, protect and prosecute VAWG.

The framework helps in understanding the linkages that exist between the social and economic impacts both in the medium and in the long-term. The dotted lines in the framework highlight levels of analysis that cannot be completed within the remit of this project, but whose existence we hypothesise.

We focus on estimating the costs for individuals and households in accessing services, productivity loss in terms of days of absenteeism and presenteeism (being less productive), days of missed care work and days missed from school by children.

These losses at the individual and household level are extrapolated to the national level to estimate the costs for the economy overall. In addition to these costs, we also explore the economic costs to business to have an understanding of how violence against women impacts the business sector. The social impacts of violence against women, in terms of reproductive, physical and mental health outcomes,

 Loss of income • Loss of consumption/welfare Individual/ Out-of-pocket expenditure Households accessing health/legal services • Health status/trauma **Economic** Impact NGO services Business/ Loss of business output Community Loss of productivity/profit Workplace prevention programmes Service provision **VAWG Economic** Government Social transfers loss • Expenditure on prevention Social • Loss of quality of life Individual/ Impact Decreased participation Households Emotional bonding • Loss of engagement in local clubs and community groups Social Loss of trust cohesion Loss of solidarity • Decrease in women's political participation National • Increase in collective violence

Figure 1. Conceptual framework: Economic and social impacts of VAWG

are also explored. The estimates in this study are an important contribution to our understanding of the economic and social costs, in addition to the rich existing knowledge of public health costs of VAWG.

The estimates of costs in this study are partial: all of the pathways from economic and social impacts to economic loss could not be explored in a single study. In particular, given the methodologies available and the lack of longitudinal data, the study has not established how social impacts translate into economic costs. If the various social impacts are in fact quantified and monetised, the overall loss would be many times greater than the current estimates, which are based only on tangible economic impacts, as detailed in this report.

2.2 Overview of methodology

To assess the social and economic costs and impacts of VAWG, the study took a multi-faceted approach using both quantitative and qualitative methods of data collection and analysis.

2.2.1 Methods of data collection

This study used a mixed method approach including both quantitative surveys of individual women, households and businesses, and qualitative inquiry methods including key informant interviews, participatory focus groups, and individual in-depth interviews. An overall sample of 2002 women was drawn from 84 primary sampling units across the main ten regions of Ghana.

2.2.2 Survey tools for quantitative data

At the household level, two separate surveys were administered, one with households to collect information about household size and socioeconomic status while the other is a subsample of adult individual women (18–60 years) to collect information about personal attributes, experience and impacts of VAWG. Similarly, at the business level two separate surveys, one with managers and the other with employees, were implemented. These various surveys were administered by Ipsos Ghana. Details on the key components of each survey are provided in Table 1.



Table 1: Quantitative data collection

Survey tool	Sample characteristics	Key components
Households		
Women n=2002	Respondent: Women Respondent's age: 18–60 years Geographical coverage: Accra, Brong Ahato, Central, Eastern, Greater Accra, Northern, Upper East, Upper West, Volta, Western	Wellbeing and social networks; incidents of intimate partner violence and non-partner violence at home, workplace, educational institute and public space.
Household n=1917	Respondent: Head of household Respondent's age: Over 18 years old Geographical coverage: As above	Information concerning overall household and individuals within the household, including: socioeconomic status, occupational distribution and pressures for examining economic and social impacts of VAWG.
Business sector		
Employees n=805	Respondent: Male (414) and female (391) employees Geographical coverage: Accra/Kumasi	Male employees: experiences of violence, perpetration of violence, provision of assistance. Female employees: experiences of violence, provision of assistance.
Managers n=27	Respondent: Male and female managers Geographical coverage: As above	Understanding of violence, their knowledge of violence, and the impact of violence within the workplace.

The women, household, and manager surveys were conducted face-to-face, whereas the employee surveys were self-completed – with questionnaires being handed out to employees in sampled businesses. To ensure the protection of employees, the manager surveys were undertaken in separate businesses to the employee surveys. All fieldwork was undertaken between June 2016 and December 2016, and all the quantitative data was analysed using professional statistical software (SPSS and STATA).

2.2.3 Qualitative data

To get greater insights about the context, dynamics and impacts of VAWG, qualitative research was conducted through three qualitative methods: in-depth interviews (IDI), participatory focus group discussions (PFGs) and key informant interviews (KIIs).

Participants were deliberately sampled for in-depth interviews from the list of women who had participated in the quantitative survey and who had agreed to be re-contacted. The focus-group discussions comprised of relatively homogenous groups of women and of men. Key areas of discussion within focus groups included impacts of violence on women and their families, community level impacts including participation and sense of safety, and the role of stigma. Key informants were selected based on their involvement in addressing and preventing violence against women and girls in Ghana. The key informant interviews included men and women who hold formal and informal leadership positions in the community where the study took place and had lived there for more than five years.

Table 2: Number of PFGs, IDIs and KIIs by type of participant

No of PFGs/ KIIs/IDIs	Locality	Sex	Experience IPV/ SV or NOT	Age
1 PFG	Urban	Women	No	18-29
1 PFG	Urban	Women	No	30-60
2 PFG	Urban	Men	No	18-60
1 PFG	Rural	Women	No	18-29
1 PFG	Rural	Women	No	30-60
2 PFG	Rural	Men	No	18-60
4 IDIs	Urban	Women	Yes	18-29
6 IDIs	Urban	Women	Yes	30-60
5 IDIs	Urban	Women=	No	18-60
2 IDIs	Rural	Women	Yes	18-29
4 IDIs	Rural	Women	Yes	30-60
7 IDIs	Rural	Women	No	18-60
5 KIIs	Urban	Men/Women	N/A	Any age community members
5 KIIs	Rural	Men/Women	N/A	Any age community members

Table 2 shows the number of participatory focus groups (PFGs), in-depth interviews (IDIs) and key informant interviews (KIIs) by locality and sex.

Qualitative data was analysed using NVivo.¹¹ Retrospective data was collected regarding the individual, household and community experiences of violence and to establish some economic and social implications. Thematic content analysis was the primary method through which qualitative data was analysed.

2.2.4 Analysis

Quantitative data analyses were undertaken across all the three datasets of individual women, households, and business employees. Table 3 details the main domains analysed using the different data sets.

Table 3: Data sets and analysis

Data set	Types of analysis
Individual and household data and qualitative data	Prevalence rates for: • Forms: IPV, violence by other family member, at workplace, in educational institutes, in public spaces. • Types: Physical, sexual, psychological, economic. • Timeframes: Past 12 months, ever. • Impacts: physical, reproductive and mental health; aspects of social cohesion and capital. • Costs: see Table 4 below.
Household data	Age profile, marital status, education status, employment, occupation, wages, reproductive work, children and property of all the members of the household.
Business data (employee and manager)	Economic impact on businesses due to experience of violence, perpetration of violence or assisting others who have experienced violence: • Missed work days (absenteeism) • Number of days coming late (tardiness) or leaving early • Decrease in productivity (presenteeism)

2.2.5 Cost estimates

In this study, two types of costs have been considered at the household level to estimate the economic and social impact of violence experienced by women across various locations. These are direct and indirect tangible costs as described in Table $4.^{12}$

 $^{^{\}rm 11}\,\mbox{NV}\mbox{ivo}$ is a software package used for qualitative and mixed-methods research.

 $^{^{12}}$ For the details of costing model and estimation methods, refer to the technical country report available at http://www.whatworks.co.za

Table 4: Elements of cost estimation

Category	Cost elements
Individual/Household level	
Direct cost/Out-of-pocket cost	Healthcare expenses, police fees (formal and informal), costs of arrest, shelter, filing cases, costs incurred in courts, replacement costs for property damaged
Indirect cost	Productivity loss because of absenteeism and presenteeism, days lost in care work and missed school days by children
Business level	
Indirect cost	Productivity loss due to absenteeism, tardiness and presenteeism

Absenteeism, tardiness and presenteeism were explored through detailed probing of reasons for missing work, being late or being less productive in the last four weeks (see Box 1 below) and the number of days that this happened. The average of days for the last four weeks was calculated and then scaled to the year. In the business survey, the same questions were asked but explicitly for the last 12 months as a result of experiencing violence.

Box 1: Definitions of abseenteeism, tardiness and presenteeism used for measurement of lost productivity

Term	How it was measured
Absenteeism	Reporting missing days of work in the last four weeks due to being unwell at home, medical care at hospital or clinic, taking care of child or other dependents, attending legal matter, or not having enough money for transport.
Tardiness	Reporting being late for work by at least one hour in the last four weeks due to the above reasons.
Presenteeism	Reporting one of the following in the last four weeks: difficulties concentrating on the work; work much more slowly than normally would; exhausted at work; stopped work because she was worried about something; and/or stopped work because she had an accident at work.

The estimates for productivity loss from the women's survey were based on assessing the difference between working women who experienced violence and those who did not. In the case of the businesses, productivity loss was estimated based on employees reporting days of absenteeism, tardiness and presenteeism as a result of violence experiences.

Different types of violence were assessed in the study (see Box 2). We have included economic violence as intimate partners have control over women's access to economic resources, which diminishes their capacity to support themselves and forces them to depend on the perpetrators financially.

Box 2: Types of violence assessed in the study

Type of violence	Explanation
IPV	
Economic	Partner taking earnings/salary without consent, spending money on alcohol, tobacco or other things when there is no money in the house to purchase household essentials; prohibition from engaging in any form of productive activity.
Psychological	This includes verbal abuse, humiliation, threatening to harm physically.
Physical	The person is physically hurt by shoving, slapping, throwing of dangerous items, hitting, kicking and dragging.
Sexual	Partners are physically forced to have sex against their will or forced them to do something else sexual that they did not want to.
Non IPV	
Verbal	Someone verbally intimidated, humiliated or insulted her.
Physical	Someone slapped, pushed, punched, kicked, tried to burn her, pointed a gun, knife or any other weapon at her.
Sexual	Someone verbally harassed her in a sexual manner, leered at her, made sexual jokes, belittling/humiliating sexual comments. Someone grabbed, groped or otherwise touched her sexually without her consent. Someone forced her to touch them or forced her (made her drunk, drugged her, threatened her so she could not refuse, physically forced her) to engage in sexual acts without her consent.

A weighted analysis of household and women's survey data was undertaken to establish national representativeness of the samples. National estimates were derived after applying the population weight for individual women which is defined as:

Population weight = $w_{ind} *(N/n)$

Where w_ind is the individual women's weight, N is the national country estimate of the number of women 18–60 and n is the country sample size. This method of weighting is valid if the individual women's weights have an average of one which is the case of this study. The survey covered 90% of the target population i.e. women and girls aged 18–60. Ghana Statistical Survey provided the total population of women aged 18–60 as 7,377,183 in 2016.

The sample was representative along main demographic characteristics. In terms of employment, the employment rate in the sample was lower that of the Labour Force Survey. However, a closer examination indicated that the sample distribution by type of employment in terms of paid employees and self-employed was nearly identical with that of the Labour Force Survey (LFS, 2015). The main difference was in the category of unpaid family worker, which indicates that unpaid family workers were not captured adequately in the data. Given this, for estimates of productivity loss from the women's survey, the employment rate from the LFS 2015 was used rather than the sample rate.¹⁴

2.2.6 Assumptions and limitations

An important assumption in the study is that any type of violence (economic, psychological, physical or sexual) has negative impacts for women experiencing such behaviours. We have therefore explored the economic impacts of any behaviour of violence across the different locations that women experience violence.

The study has several limitations that need to be acknowledged. First, the costs estimated in this study are not comprehensive given the narrow focus on tangible costs. Thus the estimates provide only a partial estimate of the costs that are incurred by individuals, households, communities and the overall economy. Second, to extrapolate national costs, we assumed that the unit costs derived from the women's survey are representative of costs in regions not covered in this study. Third, national estimates extrapolated from sample data can result in overestimates or underestimates depending on the representativeness of the sample as well as cell size for variables of interest. All estimates presented here should be interpreted as likely within a +/- 95% confidence interval.

¹³ Three districts: Nanumba North district, Yendi Municipal district and Bawku Municipal District were not covered given safety concerns has these were 'flashpoints' at the time of the survey.

¹⁴ For a deeper discussion of representativeness of the sample see the full country technical report at http://www.whatworks.co.za

3. KEY FINDINGS

3.1 Nature and prevalence of violence experienced by women

The prevalence of intimate partner violence (IPV) was found to be high with 43% of women with partners or spouses experiencing at least one type of IPV in the last 12 months. The most commonly reported type of IPV was psychological violence (36%) followed by economic violence (27%), physical violence (21%), sexual violence (10%) and physical/sexual violence (23%). While IPV is one of the most common forms of violence experienced by women, the perpetration of violence in the home was not confined to current or past intimate partners: nearly one in two female respondents living with natal or marital families experienced some form of violence from their family members. Among those experiencing family violence, nearly three out ten women have experienced physical or sexual violence in the last 12 months.

Nearly one in four women reported experiencing workplace violence (WPV) and about 17% of respondents have experienced violence in public spaces (PSV) (see Figure 1). About one in two women attending educational institutions indicated they had suffered some form of violence. ¹⁶ In general, the most common form of violence women suffered across the various types was psychological violence.

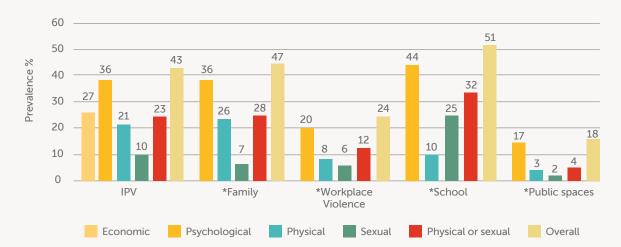


Figure 1. Prevalence of violence against women during last 12 months

^{*} Data source for Sections 3.1-3.3: Women's Survey, 2016

¹⁵ A second study supported by DFID focused on an impact evaluation of the COMBAT intervention, a community based prevention intervention, reported prevalence of physical/sexual violence of 21%. Thus the two studies are closely aligned.

¹⁶ Violence is very high in educational institutions, but that may be due to the small sample size of women currently in education. Caution must therefore be taken to generalise these figures.

3.2 Drivers of violence experienced by women

Several individual and household factors are associated with IPV. The logistic regression results show that age, education and socioeconomic status have a statistically significant negative effect on IPV. This means that in Ghana:

- An older woman is less likely to experience IPV compared to a younger woman.
- An educated woman is less likely to experience IPV compared to a woman with no formal education (no schooling at all).
- Women in more affluent households are less likely to experience IPV compared to their counterparts in less wealthy households.
- A woman in a monogamous partnership is less likely to experience IPV than a woman in a polygamous partnership.
- A woman living in a rural area is less likely to experience IPV than a woman in living in an urban area.

Factors associated with other forms of VAWG (e.g. violence in the workplace, in educational institutions or in public spaces) are similar to that of IPV with only a few differences. For instance, the employment status of a woman and the employment status of her husband does not have a statistically significant relationship with IPV. However, employed women are more likely to experience some other form of VAWG (e.g. workplace violence) compared to unemployed women. Although employment may be an empowering factor for the woman within the home, in some cases it becomes a risk factor outside the home (see Table A1 in Appendix).

3.3 VAWG has significant impacts at the individual and household level

3.3.1 Out-of-pocket expenditures

"...I was speaking to a woman about this yesterday, and she said when her husband gets angry at her, he just destroys things that belong to her...when she came back he had disconnected the light and spoilt her kettle..." – Rural in-depth interview, female

Women who experienced violence reported expending money as a result of IPV (11% of respondents), violence by family members (7% of respondents), violence in workplaces (10% of respondents) and public spaces (2% of respondents). The costs of healthcare, filing a complaint at a police station or a case in court, and costs related to accommodation, food and replacing property were calculated. Among women who reported out-of-pocket expenditures due to any violence, an average expenditure of US\$53 was incurred in the last 12 months. This is equivalent to 10% of the annual per capita expenditure on non-food consumption in Ghana.¹⁷

¹⁷ In 2014, the per capita expenditure on non-food consumption was GH¢1964. See Ghana Statistical Service (2014), 'Ghana Living Standards Survey', Main Report.

Despite the high prevalence of IPV and its negative impact on individuals and communities, the rate of seeking help for IPV is generally low.^{18 19 20} Most women who experienced violence in Ghana did not seek services and thus costs were often not reported. This was demonstrated by the low numbers of women who reported seeking services. Approximately 11% of respondents reported approaching a formal service or seeking shelter.²¹

LOW RATES OF SEEKING HELP

A reason for the low level of seeking help was indicated by women in the qualitative data. While women were aware they could report violence to institutions like the Domestic Violence and Victim Support Unit (DOVVSU), a constraint faced by women was that these units were not always located in their communities, but rather in big towns. Even in the towns and cities where these institutions were located, some women felt embarrassed and ashamed to be seen there. A key informant explains in the following quote:

"...because they don't want people to know they are coming to Social Welfare; people have a mentality about Social Welfare. So, they think going there means you are going to file for a divorce or your spouse has beaten you..." - KII, Koforidua Social Welfare

Taking the low rate of help-seeking into account, the average expenditure by all women experiencing violence was significantly lower than the mean for those who reported costs: GH¢30 for IPV survivors, GH¢12 for family violence survivors, GH¢12 for workplace violence survivors, or GH¢22 (or about US\$5) for survivors of any form of violence. Most women who experienced violence did not incur financial costs because they did not access formal services. In these cases the impact is likely to be displaced onto mental and physical health costs and costs to paid work and care work.

In the qualitative research, respondents detailed other significant costs that were associated with the various forms of violence. Family members, especially parents of survivors, were described as incurring extra costs in taking care of their wards, for instance their grandchildren, due to separation or divorce resulting from VAWG. Parents also incurred extra costs when their female children experienced violence and they paid for hospital costs and sundry bills associated with pregnancies and STDs. Further, participants described that a family may also experience an investment loss when their daughter is affected by violence.

3.3.2 Loss of person days due to IPV at household level

The survey explored the impacts of violence on women's economic work and care work, as well as the impact on children. This includes women who experienced violence and self-reported missed work for them and their partners, and/or missed care work as a result of IPV or family member violence, and/or lost days due to violence in the workplace, educational institution or public space. It also includes women reporting that their children missed school because of the violence that the woman (mother) experienced.

¹⁸ Naved, R. T., Azim, S., Bhuiya, A. and Persson, L. A. (2006), 'Physical violence by husbands: Magnitude, disclosure and help-seeking behavior of women in Bangladesh'. *Social Science and Medicine*, 62:2917–29.

¹⁹ Bruschi, A., Paula, C. S. and Bordin, I. A. S. (2006), 'Lifetime prevalence and help seeking behavior in physical marital violence'. *Rev Saude Publica*, 40:256–64.

²⁰ Ellsberg, M.C., Winkvist, A., Pena, R. and Stenlund, H. (2001), 'Women's strategic responses to violence in Nicaragua'. *Journal of Epidemiol Community Health*, 55:547–55.

²¹ A similar rate was reported by Tenkorang, E., Owusu, A. Y. and Kundi, G. (2018), 'Help-seeking behavior of female victims of intimate partner violence in Ghana: The role of trust and perceived risk of injury'. *Journal of Family Violence*, 33(5), 341–353. This study of 1693 women across Ghana reported that 11% of IPV survivors sought help from doctors, lawyers, social service organisations or police.

3.3.2.1 Missed work

"...If the woman is the bread winner of the family, then they will be affected financially too..." - PGD, female, urban, above 30 years

Women were directly asked if they missed work as a result of incidents of violence they experienced. Few women responded to this direct question (about 4% of women experiencing any violence). To understand if violence had an impact on work, we also explored within the sample of all economically active women if they had been absent from their economic activity in the last four weeks. Analysis of this data highlighted that there was a statistical difference in absenteeism between working women experiencing violence and those who did not experience such violence. A similar comparison was done in terms of days of being less productive (i.e. presenteeism) as well as being tardy. Simple logistic regression indicated that women experiencing violence were one and a half times more likely to report absenteeism and presenteeism than women who had not experienced violence. An interesting finding was that there was negligible difference between the two groups of women with respect to tardiness, suggesting that getting to work was equally difficult for all working women.

Table 5: Annual mean days of absenteeism, presenteeism by experience of violence, last 12 months

	Absenteeism Mean (SE)	Presenteeism Mean (SE)	Total
IPV	29.90 (3.68)	18.70 (2.74)	48.60
No IPV	25.80 (4.25)	11.21 (2.06)	37.01
Sig.	0.003	0.000	
Diff.	4.1	7.49	11.59
Any violence	34.04 (3.07)	19.02 (2.21)	53.06
No violence	18.90 (2.82)	7.75 (1.31)	26.65
Sig.	0.000	0.000	
Diff.	15.14	11.27	26.41

Table 5 presents the mean days lost by working women who had experienced violence and those who had not. Violence survivors (whether experiencing IPV only or any other form of violence) reported a higher number of days of absenteeism and presenteeism than women who did not experience violence. Overall women experiencing IPV missed or were less productive for approximately 12 days a year and those experiencing any violence, for more than 26 days a year compared to women who did not experience violence.

"[A woman who is abused by her husband] will not be able to focus on her work, so her income level will reduce. If you are working for someone, and you always have a divided attention, you will not be able to meet your set target" – PFGD, urban, women-youth

²² Please refer to the 'Cost estimates' section for definitions of these terms.

²³ The odds ratio for absenteeism and presenteeism for IPV were 1.56 and 1.69 respectively. See technical country report for Ghana for detailed discussion of the estimation of the annual days of absenteeism and presenteeism. at: http://www.whatworks.co.za.

3.3.2.2 Missed care work

An important invisible cost of violence experienced by women is the impact on care work which is a key dimension of overall household well-being. Unlike paid work, a higher proportion of women (roughly 15% of IPV survivors and 10% of survivors of non-partner violence) reported missing care work as a result of the violence. Among women experiencing any form of violence, 14% reported stopping care work for 23 days annually on average.

Table 6: Mean days of missed care work, last 12 months

Form of violence	No of women	Proportion experiencing violence	Mean days missed
Any IPV	68	15%	24
Any NP Violence	66	10%	21
Any Violence*	129	14%	23

^{*} In this instance, a small number of women who experienced violence in educational institutes who reported missed care work are included in the figures for 'Any Violence'.

3.3.2.3 Missed school days

The impact of violence on children is another important cost. Women experiencing violence reported that their children missed school as a result of the violence the women experienced. 8% of women living with school-going children and experiencing IPV reported that their children missed on average three days of school per year due to IPV. Children also missed an average of three school days per year because of women experiencing non-partner violence, as reported by 2% of women experiencing non-partner violence and living with school-going children.

3.3.3 Impact on health

In line with existing literature on health impacts of violence, the study found small but statistically significant differences between women experiencing IPV and those not experiencing IPV, in terms of reported health status.²⁴ Women with no experience of IPV were more likely to report excellent or good health (90% of women) compared to IPV survivor (75%).

In terms of suicidal ideation, about 20% of IPV survivors admitted to having suicidal thoughts compared to 5% of women who had not experienced IPV. Of this 20%, 63% had attempted suicide at least once. Some women were hospitalised because of their injuries due to IPV and live with physical scars on their bodies or some form of disability and chronic illnesses such as hypertension.

²⁴ Bacchus, L., Ranganathan, M., Watts, C. and Devries, K. (2018), 'Recent intimate partner violence against women and health: A systematic review and meta-analysis of cohort studies'. *BMJ Open* 8:e019995. doi:10.1136/ bmjopen-2017-019995 and World Health Organization (2013) 'Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence'.

"He started abusing me sexually... He used force and his strength as a man against me. How can a woman struggle with a man who has more strength than her? ... I wanted a divorce because I was the one enduring the abuse. I was the one suffering... My children advised me to divorce their father. Because I was always crying. I even have high blood pressure because of my husband. I had sleepless nights and anxiety - Rural in-depth interview, female

All survivors of IPV (psychological, economic, physical and sexual) recorded statistically significant higher acute illness and depression scores compared to women who had not experienced IPV. Furthermore, women who had experienced sexual and physical IPV also recorded statistically significant higher disability scores compared to women who had not experienced IPV.

3.4 VAWG has significant economic impacts at the business level

The prevalence of VAWG found within the business survey is high and similar to results from the household survey. Similar trends in the types of violence experienced were also noted, with psychological IPV the most common type of violence reported (almost four out of ten females) (see Figure 2).

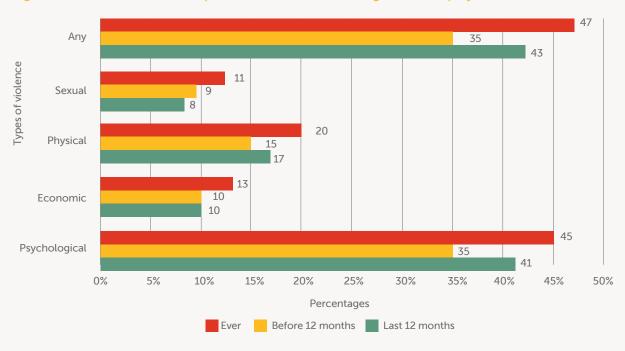


Figure 8 Prevalence of intimate partner violence (IPV) among female employees

3.4.1 Productivity loss among surveyed employees

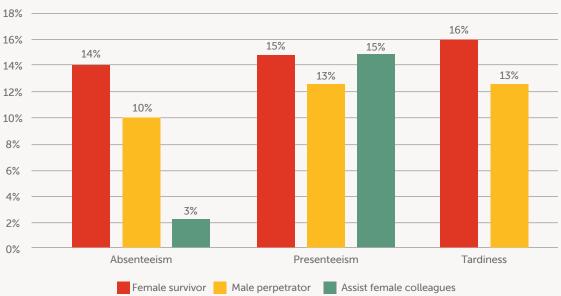
In order to understand how VAWG impacts on businesses, presenteeism, tardiness and absenteeism were examined using the data from the business survey of employees.²⁵ Both women survivors of IPV and male perpetrators of IPV reported being absent, being late and being less productive due to violence (see Figure 3).

^{*} Source of data for Section 3.4: Workplace survey, 2016

 $^{^{\}rm 25}$ See section on 'Cost estimates' for how the measurement of these categories.

Figure 3: Percentage of employees reporting absenteeism, presenteeism and tardiness as a result of IPV, (last 12 months)

18%



Out of the 391 women who were interviewed in the business survey, 16% reported tardiness (on average 0.5 days) in the last 12 months as a result of IPV. About 14% reported absenteeism (average of 13 days), and 15% reported presenteeism (average of five days) in the last 12 months (See Figure 4). Across all IPV survivors who reported productivity loss, the average number of days of lost productivity comes to 14 days in the last 12 months.²⁶

Figure 4: Absenteeism, tardiness, presenteeism in last 12 months among female employees experiencing IPV (in hours)



*Source: Workplace survey, 2016

²⁶ This figure accounts for women who reported more than one form of productivity loss and thus ensuring no double counting.

Businesses also incur loss from reduced productivity of men who perpetrate IPV, reflecting findings in other studies on costs of IPV to businesses.²⁷ About 10% of male employees reported they did not turn up for work on some occasions after committing violence. They were absent from work on average for about seven days in the last 12 months. For those who went to work, 13% reported tardiness and presenteeism respectively. About 0.4 and 1.76 days were lost due to tardiness and presenteeism respectively in the last 12 months (see Figure 5). Overall male employees who perpetrated IPV reported lost productivity equal to six days. It is likely that perpetration of violence leads to additional stress and frustration that potentially impacts productivity.²⁸

Figure 5: Absenteeism, tardiness, presenteeism in last 12 months among male employees reporting perpetrating violence (in hours)



In addition to survivors and perpetrators of IPV, this study suggests that the productivity of others in the business is also affected by violence they witness, or that which is experienced by colleagues. About 19% of all employees indicated that their female colleagues told them about an abuse they suffered. Also, about 15% of all employees said they provided some assistance to the abused colleague (listening to them, taking on extra work on their behalf and discussing the issues with a supervisor) who came to work (presenteeism) while 3% of all employees assisted abused female colleagues who did not come to work (accompany female colleague to access services such as health clinics, legal and counselling services).

²⁷ This is a finding of several other studies, suggesting the findings of this research are not unusual. In a study in Canada among employed or recently employed men, about one-fourth reported taking time off for up two weeks as a result of domestic violence incidents they perpetrated (see University of Toronto (2017), 'Domestic violence at the workplace: Investigating the impact of domestic violence perpetration on workers and workplaces', available at: http://dvatworknet.org/sites/dvatworknet.org/files/PAR_Partner_report-Oct-23-2017dl.pdf . Equally a study in Peru found that male employees were absent for approximately eight days due to violence perpetration (see GTZ (2013), 'Violence against women and its financial consequences for businesses in Peru', available at http://dvatworknet.org/sites/dvatworknet.org/files/giz2014-0251en-violence-women-financial-consequences-peru.pdf.

²⁸ Ibid, in the Toronto University study male perpetrators reported increased anger and frustration (and to some extent guilt) that impacted their concentration.

Figure 6: Absenteeism and presenteeism of colleagues offering support to female survivors of IPV (last 12 months)





Absenteeism

Presenteeism



19% of employees indicated that their female colleagues told them about abuse they suffered







2 hour

Women were also asked about their experience of non-partner sexual violence (NPSV) and men about their perpetration of non-partner sexual violence in the last 12 months and the impact this had on both of them in terms or absenteeism, tardiness and presenteeism. About 8% of women and 7% of male perpetrators reported productivity impacts.

3.4.2 Loss of person days for businesses due to IPV

The 100 businesses surveyed for this study, employed a total workforce of 3,973. We assumed that the distribution of women in total employment for these firms was the same as in the sample i.e. 49% are females and 51% are males.²⁹

The results found in the sample were extrapolated to the 100 businesses with the assumption that proportion and mean hours lost by employees due to IPV or NPSV remain the same for all employees in the 100 businesses. Overall 28% of all employees in these businesses reported productivity loss equivalent to nine days per employee based on an eight hour working day. This translates to a total of 10,100 person days or 1.06% of the expected annual person days among all the surveyed businesses.

²⁹ This is not an unreasonable assumption as the 2015 Labour Force Survey found that the distribution of employment by sex in non-farm enterprises when considering regular salaried and casual workers was 40% female vs 60% male.

Table 7: Total loss of person days for surveyed businesses

rable 71 rotations of person days for saliveyed basinesses				
Category	% of employees reporting	Mean hours last	Total hours (Last 12 months)	Total person days (Last 12 months)
IPV survivors	19	108.82	39,207	4,901
IPV perpetrators	15	51.49	16,009	2,001
NPSV survivors	9	58.55	10,113	1,264
NPSV perpetrators	8	80.66	13,535	1,692
Assistance to colleagues	15	3.37	2,044	256
Overall	28	71.90	80,909	10,114
Expected annual person days of all employees				953,520
Proportion of person days lost				1.06%

3.5 VAWG has significant economic and social costs at the community level

While businesses may lose productivity and thus output, VAWG also has a critical impact at the broader community level, especially in relation to women's economic and social participation in the community. An important insight from the qualitative research highlights how women's leadership may become weakened or mistrusted because of their experience of violence. In some cases the results indicate survivors' reluctance to engage in their communities because of a fear of stigma and shame. Women in leadership positions may be asked to give up their positions at work or church as they were made to feel that they had lost the moral ability to lead others. As noted by one respondent:

"...It is possible she will resign, because if for instance she was a fellowship leader in the church or community, it will not give her the moral right to advice people and she will feel that she has failed at home and so she is not in the position of giving any form of advice..." — Rural in-depth interview, female

Respondents also said a woman may not be able to go to public places due to shame. They stated that she might be afraid of going out alone especially where there is the potential for the abuser to show up to beat and 'disgrace' her. Living with this fear is described as crippling women's ability to engage in household and social activities. For instance, women may send someone else to the market in their place:

"...She will not be able to go there [market]. She will fear that the man will show up over there to disgrace her. It is a market where a lot of people are found. If he shows up over there, the woman will feel bad, so she will not go there, so that she will save herself of the disgrace. If she wants something from the market, she will send someone..." — Rural in-depth interview, female

Others pointed out that not only is she disengaged from her community, she could also be forced to move to avoid the embarrassment of living constantly with the stigma.

"...Yes, maybe if she was abused due to a misunderstanding she had with those who work there, she may feel humiliated and decide not to go there again. She may decide to go to another market if she was abused at a particular market..." – Urban in-depth interview, female

Thus, though women may be economically and socially contributing to communities, violence, through the mechanisms of stigma and shame, can limit women's contributions as economic and social actors. In other words, human capital, and capabilities with the community, are degraded which can affect social cohesion as well as overall economic development within the communities.

3.6 Economic costs of VAWG at national level

To judge potential costs to the economy, an estimate has been extrapolated based on population weights as described in the methodology section. Three sets of national estimates are presented: out -of-pocket expenditure, missed care work and missed days of school, and lost productivity of working women associated with IPV and other forms of violence.

3.6.1 National estimates of out-of-pocket expenditure

The national estimates for out-of-pocket expenditures (OPE) were computed applying population weights to derive the number of women incurring expenditure by form of violence.

Table 8: National estimate of loss for households as direct cost associated with all types of violence

95% Confidence Intervals (USD)						ntervals (USD)
	No of Women*	Mean	Total GH¢	Total in USD	Lower	Upper
IPV	177,477	275.61	48,914,507	12,586,395	7,804.555	17,368,217
FV	69,186	175.24	12,124,092	3,119,701	848,291	5391,142
WPV	82,722	120.93	10,003,395	2,574,015	994,678	4,153,254
PSV	30,081	57	1,714,610	441,193	303,185	579,202
Any violence	360,970	203.64	73,508,633	18,914,812	13,364,906	24,465,330

Note: Estimated number of women aged 18-60 in Ghana at 2016 = 7,377,183 (Ghana Statistical Service-GSS). Average exchange rate during the study period was 1 USD = GH¢3.8863 (June 2016, Bank of Ghana website)

^{*}Numbers of women in the country experiencing a particular type of violence have been rounded off for display but not for estimation.

Table 8 presents the national estimate of loss for households as direct cost associated with all forms of violence. The results show that the cost related to women suffering any form of violence is about GH¢74 million which is equivalent to about US\$18.9m and is the highest with respect to IPV at about US\$12.6m. According to World Bank data, Ghana's per capita income (gross national income or GNI) was \$1309 in 2017.³⁰ If we apply this per capita income to the total number of violence survivors, the income of these survivors comes to US\$472,509,230. The total out-of-pocket expenditures incurred by these women is equivalent to 4% of their annual income.

3.6.2 National estimate of productivity loss

For women who experience IPV, the lost productivity is equal to 12 working days per woman in the past 12 months; nearly two-thirds of this loss is due to being less productive at work and the remaining one third is due to absenteeism. For a woman experiencing any violence (i.e. partner violence (IPV), family violence (FV), workplace violence (WPV) or violence in the public space (PSV)) the total days of lost productivity is 26 days per woman in the past 12 months. This translates into nearly 65 million days at the national level or equivalent to 216,000 employed women not working, assuming women work 300 days in the year. Overall, the economy is estimated to lose output equivalent to 4.5% of its female workforce not working annually due to VAWG.

In monetary terms, working women who are absent from work due to experiencing IPV lose approximately GH ¢141 million (US\$36m) and those experiencing any violence lose GH ¢1108 million (US\$246m).³¹

Table 9: National estimate of days of lost productivity

	Due to partner viol	ue to partner violence		Due to any violence	
Category	Mean days lost	Total days lost	Mean days lost	Total days lost	
Absenteeism	4.1	4,714,811	15.14	37,042,551	
Presenteeism	7.49	8,601,655	11.27	27,789,032	
Total	11.59	13,316,465	26.41	64,831,583	

^{*} Source: Women's survey, 2016

^{*} Weighted IPV prevalence rate among working women=24.13%; *Weighted 'any violence' prevalence rate among working women=51.74%

^{*} Estimated number of women aged 18–60 in Ghana as at 2016 = 7,377,183 (Ghana Statistical Service-GSS)

^{*} Employment rate of women 15+, 2016=64.6% (Ghana Labour Force Survey).

³⁰ See https://data.worldbank.org/country/ghana

³¹ Daily earnings have been estimated for women 18–60 from GLSS 6 (2013) after adjusting for inflation. Average daily wage rate for a working woman 18–60 in Ghana in 2016 is GH ¢29.92. The exchange rate used is \$1 = GH ¢3.88

3.6.3 National estimate of lost care work and missed school days

Two other important impacts of violence that have implications for the well-being of women, their children and their families are the impact on women's household or care work, and children's school attendance. These impact on women and households, as described in section 3.4. To understand the cumulative impact at the national level, national estimates were also produced using the population weights described in the methodology section and data from the women's survey. In terms of care work, nearly 11 million days were missed by women experiencing any violence.

Table 10: Missed care work day, last 12 months

	No of women	Mean	Total
IPV	249,671	23.53	5,875,545
NPV	245,159	20.74	5,085,651
Any Violence	473,774	23.14	10,961,198

Following the same methodology, missed school days were estimated. Overall more than 300,000 school days were estimated to be missed nationally by children per year due to their mothers experiencing violence.

Table 11: Missed school days in last 12 months

	No of women	Mean	Total
IPV	76,706	3.18	243,655
NPV	21,057	2.71	57,154
Any Violence	94,755	3.17	300,809

4. SUMMARY AND RECOMMENDATIONS

4.1 Summary

Ending violence against women and girls in all its forms is a moral, ethical and human rights priority. Such violence also has significant costs that stifle development and undermine efforts to reduce poverty and accelerate growth.

The impacts of violence on the productivity of women experiencing violence are significant. Women who experience violence miss more days of work and are less productive than women who do not suffer violence. In Ghana, the loss in income for women who experience violence due to missed days of work comes to an estimated US\$ 246 million annually, with loss from IPV alone coming to US\$36 million. Considering both absenteeism and presenteeism, the overall productivity loss of 65 million days is equivalent to 4.5% of employed women in Ghana in effect not working on a yearly basis.

Another dimension of lost productivity is the impact on care work which includes activities that are increasingly being recognised as contributing significantly to the overall output of an economy as well as social reproduction. Due to violence, women reported being unable to engage in care work for about 11 million days in a year.

National estimates show that about US\$19 million is spent on violence-related expenditure annually by households in Ghana. Of this, IPV accounts for about US\$12.6 million, of which about 80% is health related. This shows that violence against women, especially IPV, is costing households and the country dearly with huge sums of money being dissipated by households in dealing with its effects.

Children are also deeply affected by violence against their mothers, including missing school as a result, which implies reduced capabilities in the long-term as well as the potential for families to lose the return on their investment in children's education. Missed school days is an important loss of investment by households: due to IPV, children in Ghana missed nearly 300,000 school days in a year. Absenteeism from school has a long term impact on the depth and quality of human capital of the next generation.

In sum, families are burdened by the direct costs from VAWG, survivors may lose their positions in society and their work may be compromised, causing further financial pressures that impact wellbeing. Economically these costs add up to a significant loss to households and society.

Though this study has not focused on the prevention of violence, the wider What Works to Prevent Violence programme has generated robust evidence that shows that violence is preventable, including positive findings from Ghana (see Box 3). The level of economic loss reported in this study highlights the level of savings and potential increase in economic growth that could be achieved if proven prevention programmes are taken to scale.

Box 3: Preventing violence: Results of combat intervention in Ghana

COMBAT

COMBAT is a rural community-based prevention intervention implemented by the Gender Centre that aims to reduce VAWG in Ghana and protect women's rights through state and community sponsored structures. The intervention builds the capacity of women and men in rural communities to respond and identify strategies to influence change in attitudes, norms and behaviours that drive gender inequality and perpetuate VAWG. The intervention was implemented in 20 communities in two districts of the Central Region in Ghana and reached over 25,000 community members over 18 months.

An impact evaluation of the COMBAT intervention by the School of Public Health, University of Ghana, found that women in target communities reported a reduction of 50% in physical IPV and 55% in sexual IPV over 18 months.

*Source: For further information see http://whatworks.co.za

4.2 Recommendations

The results of this study highlight the urgent need for comprehensive prevention efforts by a wide range of actors, from local authorities and community leaders to business leaders and national government. Based on the study findings the following recommendations are suggested:

1. Build VAWG prevention into national policies and budgets and scale up current efforts to prevent VAWG including by mainstreaming evidence-based violence prevention approaches into education, health, social protection and other sectors.

Government, through its agencies at the national and local levels, should invest in violence prevention and provide dedicated resources in annual budgets. The costs associated with violence are enormous and its prevention is more cost-effective to implement than taking remedial measures after the violence has occurred. This is not to overlook the importance of putting in place laws and institutions to prosecute perpetrators and ensure justice for survivors.

2. Involve business associations and chambers of commerce to invest in prevention programmes and activities for combatting VAWG.

While Ghana has made efforts to improve its national response to VAWG through legislation and policies, there has been less focus on the role of businesses in combatting VAWG. This study shows potential costs to businesses that can be averted if VAWG is prevented. Employers and business associations should integrate evidence-based prevention models, such as those evaluated through the What Works to Prevent Violence programme, into the workplace and provide support and leave to women survivors of violence as well connecting survivors to community services as recommended by the ILO.

3. Advocate for revisions to leave regulations in public and private sector to address the additional burden that violence places on women.

The study has shown that women experiencing IPV or any violence are absent from work for a significantly higher number of days than women who do not experience violence. Leave policies in public and private sector organisations need to be revised to address the additional burden that violence places on women.³²

4. Strengthen existing support services, and challenge the norms that limit women's help-seeking behaviour after experiences of violence by partners, family members, colleagues or others. The specific actions include:

Address stigma: A significant finding of this study is the very low level of help-seeking by women survivors of violence due to shame or stigma. For the long-term recovery of women survivors and for the effectiveness of government investment in existing support services it is imperative to build in more deliberate efforts to tackle stigma against survivors.

Improve mental health services: Families of survivors were described as bearing the financial costs of violence and also experienced mental health related effects such as worry, anxiety and emotional pain for the household members involved. Therefore, policies to support the provision of mental health services that extend to family members are required to protect and help individuals, household members and sometimes entire communities.

Build trust between communities and formal services: The findings indicate a reticence in seeking redress through formal channels by survivors since community members are often reluctant to intervene or suggest these channels even when they are available. Building trust among communities and formal agencies and institutions is needed to ensure that survivors are given the support required and perpetrators face the consequences of their actions.

5. Improve policy on the non-physical forms of violence such as psychological and economic violence

The study found that psychological violence was the most common type of violence experienced by women and this was associated with loss of productivity especially at the workplace. Economic violence was also reported by women which reduced women's productivity. Raising the awareness of the economic impacts of these forms of violence requires improvements in policy relating to abuse of individuals within domestic situations. Additional support for individual survivors, including those who experienced non-physical forms of violence, must be incorporated into interventions by the appropriate agencies.

³² There is growing recognition in the field of labour rights that employers can play a proactive role in protecting women when they are affected by VAWG. In Brazil, Federal Law No. 11.340/2006 concerning domestic and family violence, known as the Maria da Penha Law, authorizes the judge to order the employer to maintain the employment relationship of a person experiencing domestic violence and, when necessary, to grant them leave from work for a maximum of six months.

APPENDIX

Table A1: A logistic regression of drivers of IPV and any violence against women

	IPV		Any violence		
	Coefficients	Odds ratios	Coefficients	Odds ratios	
Age of respondent	-0.0386***	0.9621***	-0.0316***	0.9689***	
	(0.000)	(0.000)	(0.000)	(0.000)	
Ever attended school	-0.6956***	0.4988***	-0.154	0.8569	
	(0.000)	(0.000)	(0.354)	(0.354)	
Witnessed quarrel, street fight or confrontation in community	-0.0068	0.9932	0.00136	1.0014	
Polygamy	(0.312)	(0.312)	(0.810)	(0.810)	
	0.555**	1.741**	0.322*	1.3794*	
Employment status of respondent	0.0096	1.010	0.442***	1.556***	
	(0.948)	(0.948)	(0.001)	(0.001)	
Employment status of husband/partner	0.1926	1.212	0.301*	1.351*	
	(0.359)	(0.359)	(0.093)	(0.093)	
SES Index	-0.244**	0.7837**	-0.109	0.8971	
	(0.013)	(0.013)	(0.197)	(0.197)	
Location (urban-rural)	0.343**	1.408**	0.204	1.2258	
	(0.043)	(0.043)	(0.171)	(0.171)	
Self-reported health status					
Good	0.377**	1.458**	0.358**	1.4309**	
	(0.022)	(0.022)	(0.013)	(0.013)	
Fair	0.933***	2.542***	1.179***	3.2506***	
	(0.000)	(0.000)	(0.000)	(0.000)	
Poor	0.973***	2.647**	0.827**	2.2861**	
	(0.004)	(0.004)	(0.010)	(0.010)	
Very poor	1.142**	3.134**	1.244**	3.4702**	
	(0.035)	(0.035)	(0.021)	(0.021)	
Constant	0.4945	1.640	0.137	1.1472	
	(0.287)	(0.287)	(0.735)	(0.735)	
N	970	970	1164	1164	

^{*} Source: Women's survey, 2016

p-values in parentheses; * p<0.1, ** p<0.05, *** p<0.001



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Printed in Ireland 2019

ISBN: 978-1-908358-63-9



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