CARE Rapid Gender Analysis

Ghana- Upper East, Ashanti, Western North, Central and Bono

Authors

Gladys Assibi
Laura Tashjian
Peninah Kimiri

www.anorganisation.org

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Abbreviations

FGM	Female Genital Mutilation
GBV	Gender Based Violence.
RGA	Rapid Gender Analysis.
SRH	Sexual Reproductive Health
VLSA	Village Savings and Loans

Executive Summary

The management of the pandemic has led to an increase in the workload of women in households. Men continue to predominantly retain the role of heads of household, in some cases dedicating more time to family discussions. However, women are taking full responsibility for household chores and caring for dependents, such as children, vulnerable elderly, and the sick, as well as children who have dropped out of school due to the temporary closure of schools. This significant increase in work for women has significant effects on their physical and psychological health.

Men also face mental health problems as they are under stress from the loss of paid work and have difficulty managing the confinement measures that prevent them from working.

Women's economic empowerment continues to be conditioned by social norms that limit women's control over economic resources and decision-making over financial resources in the household. The response to the crisis can easily increase the already existing gender gaps in livelihoods given the preventive measures adopted by the authorities, even though some of them have already been lifted.

Key findings

- COVID19 has presented an opportunity for women to be more involved in decision-making at the household level and men to be more active within the household.
- Access to health (maternal, SRH and mental health support) is limited due to mobility and fear of contracting the disease.
- Negative coping mechanisms including child marriage and FGM are at risk for increasing. Over one in every five girls in Ghana is married before the age of 18 and 5% are married before their 15th birthday. Maintaining pathways for girl's education and economic sustainability are key aspects that combat these negative coping mechanisms.
- Continued investment in lifesaving SRHR and GBV services and protection, including psychosocial support, are critical resources- including prevention, education and training.
- Despite women's significantly increased role in the labour force through entrepreneurial ventures, women and gendered interests continue to remain under-represented in Ghanaian politics, including voting and COVID19 planning strategies.

Key recommendations

This RGA proposes practical recommendations for the immediate integration of gender issues into the humanitarian response to the pandemic crisis of Covid-19 in Ghana. Strategic recommendations for how the response can contribute to advancing gender equality are also made, ensuring that the response is improved on the basis of strengthened gender equality programming.

- Access and protections around land ownership for women needs to be monitored to ensure that women are not losing productive assets disproportionately during COVID-19.
- Increase psychosocial support systems and referral pathways strengthened for those dealing with mental health issues and caregivers at home.
- Engage strategically and meaningfully with men and boy's groups, alliances and leaders to promote more balanced care giving roles in the household and encourage shifting norms around positive masculinity.
- Safe spaces should be designated for women where they can report abuse without alerting perpetrators, as well as gender-based violence referral channels must be developed, and existing ones updated to reflect changes in available care facilities

- National call centers should be equipped with dedicated lines for reporting SGBV and staff should be well trained to manage this hotline to ensure its effectiveness in supporting victims of GBV.
- Create inclusive and meaningful channels for women's participation at the local level around COVID19 response, planning and recovery.

Introduction

Background Information on COVID-19 in Ghana

Between March 2020 and May 2020 Ghana was ranked second amongst countries in the West and Central Africa region most impacted by the COVID-19. In the number of cumulative cases in the WHO Africa region, Ghana is number three. Three regions have maintained their position as having the highest number of COVID-19 cases in Ghana – Greater Accra, Ashanti and Western Regions. On March 12th 2020, Ghana recorded its first two cases. Because of the spread of the virus, the government has taken proactive deterrent measures to prevent its spread. Some of the measures range from the closure of land, sea and air borders (except for the transport of goods) to partial lockdown, closure of schools, enforcement of social distancing, mandatory wearing of face mask, quarantining of suspected cases, partial closure of markets and ban on all social gatherings. Despite these restrictions, the virus seems to be making rapid spread in the country. Ghana's total confirmed cases as at Wednesday, April 15, 2020 is as follows: Confirmed cases 268, Recoveries 83, Well/responding to treatment 175, Critically/moderately ill 2, Deaths 8. The novelty of the virus will impact women, men, girls and boys in different aspect across the sixteen regions of Ghana.

Rapid Gender Analysis Objectives

The objective of this analysis is to highlight and understand the gendered impacts of the COVID-19 crisis and to formulate practical recommendations for direct response as well as advocacy with other actors' whiles addressing the following questions in the assessment.

- How will populations (women, men, boys, girls, elderly women, elderly men, people with disabilities, etc.) be directly and indirectly affected by the COVID-19 pandemic?
- Who needs special protection during the COVID-19 pandemic, and who is responsible for providing that protection and how can we together provide that protection?
- What goods and services are available and who has access to these goods and services? What are barrios to access?
- What coping capacities and strategies are being employed to respond to COVID-19?
- How does gender affect participation in decision-making regarding the response to COVID-19?

Methodology

Rapid Gender Analysis (RGA) for COVID-19 provides information about the different needs, risks, capacities and coping strategies of women, men, boys and girls in the COVID-19 crisis. Rapid Gender Analysis is built up progressively throughout the crisis: using a range of primary and secondary information

to understand gender roles and relations and how they may change as a result of a crisis. It provides practical programming and operational recommendations to meet the different needs of women, men, boys and girls and to ensure we 'do no harm'. Rapid Gender Analysis uses the tools and approaches of Gender Analysis Frameworks and adapts them to the tight time-frames, rapidly changing contexts, and insecure environments that often characterise humanitarian interventions.

The analysis was conducted in 12 March to 15 April 2020 in ten project locations in five major regions in Ghana, where CARE has presence, these are: Upper East (Bolga, Zebilla, Garu, Bongo), Ashanti (Bibiani, Ejisu-Juabin), Western North(Sefwi-wiawso) Central (Elimina, Cape Coast) and Bono (Techiman) The methodology used includes the following:

- Secondary data was collected from Ghana's COVID-19 taskforce team through their website
- Primary data was collected through individual interviews, questionnaires, and personal stories. Most of these personal stories were collected remotely by phone, email, and WhatsApp. The collection was led by field staff under the guidance of Country Office Gender Focal person and Project managers.
- A total of 32 people (17 female and 15 male) participated in the analysis. They were a diverse set of participants including community leaders, individual men and women in communities, VSLA members, members of technical and health ministries, international NGOs, and women's rights organizations.

The research had several **limitations,**

- The period for primary data collection was very short, hence reducing the sample sizes.
- The method used requires a sampling of respondents only among people who have a telephone, which excludes the poorest and most vulnerable people (inclusive of youth and disabled)
- Low quality/disruption in telephone/internet networks made interviews difficult and made it impossible to reach certain women.
- Translation of COVID terminologies from English to the local languages was challenging because the education on COVID-19 had not been intensified in some of the communities

Demographic profile

Sex and Age Disaggregated Data

The estimated total population of Ghana, including host communities, IDPs, refugees, returnees and 'residents under non-government control' is 31, 1165, 625[1]. The ethnic make-up of Ghana as a whole is diverse, but this diversity is mainly viewed in the nation's capital of Ghana, Accra and other urban

[1] https://www.worldometers.info/world-population/ghana-population/

settlements but most regions are homogeneous[2].Men comprise of 51% of the population, while women make up 49% of the population[3].

Demographic Analysis

According to the last census, Ghana's working age population (15-64) comprised of 17.7 out of the 29.8 million. Additionally, those under the age of 5 were 4.1 million.[4] As work opportunities shrink, a majority of the population will be affected. As the health sector prioritises COVID-19, the population under 5 will be at risk for defaulting on the scheduled clinic visits as parents fear contracting COVID-19 in the hospital. Before the virus was reported to Ghana, the total fertility rate according to the DHS 2017 Maternal Health Report in Ghana was 3.9 children per woman, which was decline from 4.2 children per woman in 2014.[5] This was an expressed concern for women, especially within urban areas where the virus seems to be spreading more quickly and the total fertility rate is at 3.3% compared to 4.7% of women in rural areas.[6]

Almost twice as many households are headed by men as by women (67% versus 34%), a pattern observed both in urban and in rural areas. The percentage of households headed by females in 2017 (34%) is almost the same as in 2007 (32%).[7] The percentage of married women with one or more co-wives increases with age, from 5% among those age 15-19 to 22% among those age 45-49. Women living in rural areas are more likely to report having one or more co-wives (19%) than their counterparts living in urban areas (10%). The percentage of married women with one or more co-wives ranges from 7% in Eastern region to 38% in Northern region.[8]

As the pandemic begins to affect jobs and food security, households are impacted differently. The household size is larger in rural areas (mean size of 4.2 persons) than in urban areas (mean size of 3.4 persons), but the households in the rural areas are more likely to have a family farm for subsistence while urban households are more likely to have technology to shift their work online where possible. Single-member households are also more common in urban areas (24%) than in rural areas (18%).[9]

Findings and Analysis

The Covid-19 crisis has had a very serious impact on the access to services, particularly health and sexual reproduction sectors, further rolling back the gains Ghana has experienced in gender equality. While Ghana is not currently reporting a health crisis from COVID-19, there have been situations where health centers have reported limited PPE's and increased risks for infections. Therefore, the fear of contracting COVID-19 when visiting the hospital is negatively impacting people's health seeking behaviours. Stigmatization also prevents people from seeking timely medical services for fear of being diagnosed positive for COVID-19.

The pandemic has also aggravated socio-economic gaps compounded by recent floods and further loss of livelihoods. While the lifting of the measures taken (i.e. curfews and quarantine, opening places of worship,

[2] https://www.worldatlas.com/articles/ethnic-groups-and-tribes-in-ghana.html
[3] https://www.statista.com/statistics/967846/total-population-of-ghana-by-gender/#:~:text=In%202019%2C%20Ghana's%20female%20population,to%20approximately%2015.42%20million%20inhabitants.
[4] http://hdr.undp.org/en/countries/profiles/GHA
[5] https://dhsprogram.com/pubs/pdf/FR340/FR340.pdf
[6] https://dhsprogram.com/pubs/pdf/FR340/FR340.pdf
[7] https://dhsprogram.com/pubs/pdf/FR340/FR340.pdf
[8] https://dhsprogram.com/pubs/pdf/FR340/FR340.pdf
[9] https://dhsprogram.com/pubs/pdf/FR340/FR340.pdf

reopening interurban transport, planned opening schools) may support the push to bring the Ghanaian economy on track it may also lead to further infections and a regression to restrictions. The humanitarian response must take into account gender, age and diversity aspects and provide specific support for the different groups of the affected population.

Gender Roles and Responsibilities

While Ghana has made some important progress towards addressing the gender gap, especially in urban areas such as Accra, there remains significant hurdles for women to access opportunities, assets and income relative to their male counterpart. Among the most significant challenges to gender relations, prior to COVID-19, related to the socialization of the roles of women as traditional householders and perceptions that limited their equal participation in the public sphere. Generally, men control key household decision-making (except for some matrilineal areas in Ghana) and earn a higher income when employed, which relegates women's roles typically within the private sphere. The gap is even wider for women who were married as children as they have lower levels of education and are more likely to endorse patriarchal gender norms and refrain from seeking spheres of autonomy within the household."[10] Additionally, in Ghana, women and men are socialized, though, for example, folklore, to perceive violence as a type of conflict resolution tool.[11] This presents a particular challenge for women in their efforts to expand traditional views of women both in and out of the household.

While there may be a shared understanding around the scope of traditional divisions of labour, there are cultural shifts taking place on how they are translated into access to and ownership of resources for women and also how men engage in the household (especially as more men are home with the family due to COVID-19). Women are increasingly expanding their sphere of participation in livelihood opportunities and influencing the value chain of inputs, such as labour, which in turn influences the ways women are perceived to be contributing in the public sphere (specifically markets). For example, women are taking up more spaces in the value chain albeit on smaller scale.

Stronger individual rights to land, more active land markets, more off-farm income earning opportunities, and higher value of female labour are linked with more access to land for women.[12] This ownership then shapes how women participate in household decision-making, the economy and the health and livelihood choices of her family. As for men, focus group reports reflect an increased involvement of men in the housework and support with children. However, it remains to be seen if this is a temporary shift or a sustained practice.

> *"There have been significant changes in Ghana since the advent of COVID; my husband is a teacher and since the schools have closed he is at home and provides support for the housework; in his spare time, he cooks, takes care of children while I go to work. The North West region is not in confinement, we have a rotation system due to the distance measures, so I go to work three times a week. My workload has dropped considerably at home with the help of my husband. He also spends more time with the children teaching them."*
> *Female KII, Bibiani District*

Additionally, before the pandemic, the "total early stage entrepreneurial activity" (TEA), rate for Ghana "was estimated at almost 60 percent for the

[10] Eric Y. Tenkorang. 2019. Explaining the links between child marriage and intimate partner violence: Evidence from Ghana. https://doi.org/10.1016/j.chiabu.2019.01.004.
[11] Sedziafa et al. 2018. Kinship and Intimate Partner Violence Against Married Women in Ghana: A Qualitative Exploration. Journal of Interpersonal Violence 2018, Vol. 33(14) 2197–2224 DOI: 10.1177/0886260515624213 journals.sagepub.com/home/jiv
[12] ISABEL BRIGITTE LAMBRECHT. 2016. International Food Policy Research Institute, Accra, Ghana. ''As a Husband I Will Love, Lead, and Provide." Gendered Access to Land in Ghana. World Development Vol. 88, pp. 188–200. http://dx.doi.org/10.1016/j.worlddev.2016.07.018

females and 42 percent for males". Ghana had more women than men running their own businesses."[13] However, the pandemic has limited the mobility of the women and thus their earning capacity. As one respondent put it: ''*Women who do petty trading cannot move to other communities because they fear being infected with coronavirus; other communities do not allow people from other communities. Hence, they have little income*" (woman community leader, interview).[14] This is also true for men who cannot go out to work either due to retrenchment in the formal sector or lockdowns limiting their ability to work informally.

Like other countries in the region, Ghanaian families have had to contend with a shift in family dynamics. According to CARE's report "*How COVID-19 Is Changing Gender Norms In West Africa*" men have had the opportunity to contribute to domestic work[15]. However, as industries primarily dominated by women are deemed essential (e.g. selling food in markets) the drastic shift of having women as the primary income earner puts them at a higher risk for domestic violence in addition to contracting COVID-19. As the government adjusts its approach to COVID-19, household and community structures adjust to create a more fluid and dynamic condition of risk, access and power locally.

Decision making within the household

Because of the traditional social norms in Ghana, the primary decision maker in the household are men; however, there have been some positive changes for women brought upon by the pandemic. Prior to the pandemic, the Demographic and Health Surveys (DHS) 2014 [16] data showed 61.6% of women aged 15-49 actively participated mostly in decisions concerning her own healthcare, major household purchases, and visiting family. On the other hand, women in Ghana " are twice as likely as men to defer to their spouses in decisions about household finances", according to an Afrobarometer survey that also found persistent gender gaps in education and ownership of key assets."[17] Women's solidarity groups such as village savings and loans associations have been involved in decision making, but this participation of women is not systematic and is reliant on them balancing participating in the groups and their household responsibilities.[18]

> *Men used to make decisions on their own without consulting we the women, but now due to the COVID 19, they involve us in decision making and even given us the opportunity to take decisions on our own especially when it involves money.* - Female KII, Bongo.

With the effects of the pandemic incremental, significant changes are happening at the family level as decisions are being made in consultation with women. This is important as studies have shown that women are more likely to spend money on the household than on themselves. This is true for money they have earned and money received from other sources. For example, in the case of remittances, results show that migrant women are more likely to send money back to women than they are to men which then creates a create female-centred networks of remittances even in household where men are the heads. When remittances are analysed to see what the money is used for, results show that "regardless of the gender of the household head, households in which

[13] https://www.brookings.edu/blog/africa-in-focus/2014/08/19/are-ghanas-women-more-entrepreneurial-than-its-men/
[14] https://www.solidaridadnetwork.org/interview-with-rose-baalaboore-on-covid-19-outreach-activities-in-golden-line-communities-in-ghana
[15] https://www.care-international.org/news/press-releases/new-care-report-how-covid-19-is-changing-gender-norms-in-west-africa
[16] https://www.indexmundi.com/facts/ghana/decision-making
[17] http://www.afrobarometer.org/press/ghanaian-women-have-less-financial-decision-making-power-lag-political-participation
[18] https://www.care-international.org/news/press-releases/new-care-report-how-covid-19-is-changing-gender-norms-in-west-africa

women are the primary recipient of remittances spend more than twice as much on education as households in which men are the primary recipient." [19]

Influence of beliefs and social practices

Like a majority of countries dealing with the pandemic, Ghana is facing a dual fight to stop the spread of COVID-19 and also misinformation. Because of the proliferation of smartphones and social media sites, it is difficult to identify false stories and limit the spread of rumours. For example, a story was posted raising questions about vaccinations and caused a significant ripple of fear across many communities. Its headline appeared in screenshots on Facebook and garnered considerable national attention, before the website took down the story and published another debunking the claim.[20] Unfortunately, the damage had already been done and many sought subpar medical solutions to curb the impending demise of their children. This type of misinformation leads to a reluctance to turn to medical professionals and influences health seeking behaviours.

An additional dangerous consequence of these increased fears of COVID-19 relate to the diminished standardized manner in doing market surveillance in the medical sector. The focus on stopping the increase of COVID19 cases has created an opportunity for sub-standard medical products. Ghana's Food and Drug Authority (FDA) is concerned that there will be an increase in falsified and substandard medicines due to the pandemic. Already the FDA has seized false hand-sanitisers that are circulating creating a severe public health risk.[21] Yet, it is difficult to regulate a national response as poor medical advice from discredited sources continues to proliferate, encouraging communities to panic-buy or prioritise the wrong items in the household.

Access

While humanitarian organizations are working to fill some gaps, a lot needs to be done as a considerable proportion of Ghana's population still lacks access to basic services. There are wide gaps between rural and urban residents in terms of service access - with the former experiencing significantly less access.

Access to health services

Access to services has been deeply affected by the pandemic first because of the lack of mobility for women, fear of contracting the disease and a mistrust of health workers means less women are accessing services like reproductive health which could lead to increased maternal and neonatal mortality.[22] To overcome this, service providers have maintained the same hours and services as before the pandemic to encourage attendance. Community members know that the services are available but only seek them out when there is an emergency.

It is yet to be determined what the full scale of the impact of the pandemic has had on sexual reproductive health in Ghana. Induced abortion is legal but of women age 15-49 only 11% know that abortion is legal in

[19] Lynda Pickbourn. Remittances and Household Expenditures on Education in Ghana's Northern Region: Why Gender Matters. Feminist Economics, 2016 Vol. 22, No. 3, 74–100, http://dx.doi.org/10.1080/13545701.2015.1107681

[20] https://www.indepthnews.net/index.php/sustainability/health-well-being/3532-covid-19-fake-shocking-good-news-stalks-africa

[21] https://www.theguardian.com/global-development/2020/apr/30/covid-19-could-mark-a-deadly-turn-in-ghana-fight-against-fake-drugs

[22] https://www.care-international.org/news/press-releases/new-care-report-how-covid-19-is-changing-gender-norms-in-west-africa

Ghana:[23] 21% of women age 15-49 who had an induced abortion in the 5 years preceding the survey reported that the main reason for the most recent induced abortion was that they were not ready, were too young, or wanted to delay childbearing. This is further compounded by the fact that among women age 15-49 who had an induced abortion in the past 5 years, only 19% received contraception support after the most recent induced abortion. With the majority of women and girls being left unprotected from further unwanted pregnancies, being unable to procure these services during a pandemic can have far reaching consequences in a time when there is a global economic downturn, and potentially increased gender based violence.

Access to mental health and psychosocial support

Generally, in Ghana, access to mental health services was limited to large, urban cities and specific areas where humanitarian actors intervene in the field of protection. This has not changed in the advent of COVID-19. Interviews with community members indicate that it is mostly the work of trained medical practitioners to provide mental health and psychosocial support. For those who cannot afford such services, the experience of caregiving for people living with serious mental disorders, brings stigma to the family and is deeply isolating[24]

> "Many are struggling to adjust mentally and psychologically to the situation"
> - Female NGO worker, Ghana

There is yet to be a full appreciation for psychosocial support needs in Ghana outside of the formal medical sphere. Currently, there is an understanding that an increased need for more local peer-to-peer community infrastructure around mental health and psychosocial support is needed for crisis affected populations, particularly for women; however there is a clear lack of resources to implement that support. The pandemic is only compounding existing needs and exasperating taboos. Additionally, while service providers state that they have services available, community members continue to face barriers to access those services stating, "Access *to mental health and psychosocial support service was already difficult to access and nothing has changed since COVID19*." (Female KII, Denugu)

One way that communities are dealing with this gap is by leveraging their existing social support structures. For example, the community networks that women have built (e.g. VSLA groups) are not only for economic purposes but solidarity around other social and emotional spheres. Many of these women prefer to share their problems with each other due to the element of trust and the reciprocal assistance that they offered each other.[25]

Access to land ownership

Because of the patriarchal nature of society, men are accorded more land rights and women. This is because men are seen as the primary providers for their families and thus are granted priority in accessing productive assets i.e. Land and labour. Additionally, the majority of traditional rules and norms have granted men more rights to accessing land as they are viewed to be able to be more productive on with land. Pre-COVID19, these norms were dynamic and evolve jointly with the development of markets and changes in values of inputs such as labour and land. [26] But the gendered distribution of land and other productive

[23] https://dhsprogram.com/pubs/pdf/FR340/FR340.pdf
[24] Kenneth Ayuurebobi Ae-Ngibise et al. 2015 Global Health Action, 8: 26957. http://dx.doi.org/10.3402/gha.v8.26957
[25] Charlotte Wrigley-Asante. Women in Ties: Informal Social Networks Among Women in Cross-Border Trading in Accra, Ghana. Gender Issues (2018) 35:202–219 https://doi.org/10.1007/s12147-017-9205-x
[26] Isabel Brigitte Lambrecht. 2016. International Food Policy Research Institute, Accra, Ghana. ''As a Husband I Will Love, Lead, and Provide." Gendered Access to Land in Ghana. World Development Vol. 88, pp. 188–200. http://dx.doi.org/10.1016/j.worlddev.2016.07.018

assets is not yet equitable and already some gains are being rolled back as a result of COVID19. Families are having to resort to negative coping mechanisms such as selling off key assets to sustain themselves but women's assets are usually the first to go. One respondent stated that "*Many women risk losing their production lands as a result of current economic recession felt by households. Some households are considering selling lands as copping measures and the lands that belong to women are the most targeted.*"- Female KII, Kofikrom.

Access to technology

Ghana is experiencing a slow but steady increase in internet use as it added 1.0 million new users (+7.5%) between 2019 and 2020. As of January 2020, before the pandemic hit the country, internet penetration in Ghana stood at 48%. [27] This means that most of the country (52%) is still unable to use the internet, so while organizations move to provide information through electronic posters and fliers, many men and women alike are being left behind. However, in Sub Saharan Africa only 29% of women have access to mobile internet as opposed to 70% of men.[28] Additionally, women face more barriers to accessing technology given that their education and literacy rates are lower than men's.[29] Further, women are also not as economically positioned to access the internet as men. The digital gap between men and women continues to widen despite an increase in women's more sporadic use of the Internet and the surge of COVID-19 guidance circulating online.[30] In 2019, the digital divide between men and women was most marked in Africa with only 18.6% of women using the internet compared to 24.9% of men.[31] Therefore, to close the gender gap and support women's more meaningful participation in COVID-19 response and management, issues around increased access to education and paid employment are key aspects to be addressed.[32]

Of particular concern regarding managing misinformation is that women and men use the internet differently. Men are more likely to seek news and politics online, while women and youth are more likely to access social media. Compounded by the fact that social media is more commonly populated by youth posting more dated/unchecked information from secondary sources of information, it poses a critical risk for the spread of misinformation.[33]

Women and youth need to be connected with media agencies and mobile companies for the production of information on COVID-19. One respondent noted that "*The main information sources is the radio and information van. This is not friendly to persons with disability. Women who are mainly traders and farmers do not have the opportunity to listen to radio discussions on COVID-19. The information vans do not extend their services to very remote communities. Adolescent boys and girls are also cut off from these technologies. These adolescents hardly make time to listen to radio and are not accessed during times of the information van dissemination of information*"(Female KII). This was echoed by other KIIs that primary mediums of information were radio, TV or road announcements, which do not meet all key demographics (youth, persons with disability, the elderly). Thus, rumours are spreading faster than official information. A

[27] https://datareportal.com/reports/digital-2020-ghana
[28] https://www.forbes.com/sites/meghanmccormick/2020/01/20/the-internet-broke-in-africa-this-week-most-women-didnt-notice/#7ad133d3491f
[2929] http://uis.unesco.org/en/country/gh
[30] http://www.afrobarometer.org/press/ghanaian-women-have-less-financial-decision-making-power-lag-political-participation
[31] https://www.care-international.org/news/press-releases/new-care-report-how-covid-19-is-changing-gender-norms-in-west-africa
[32] https://www.forbes.com/sites/meghanmccormick/2020/01/20/the-internet-broke-in-africa-this-week-most-women-didnt-notice/#7ad133d3491f
[33] https://www.pewresearch.org/global/2018/10/09/internet-use-is-growing-across-much-of-sub-saharan-africa-but-most-are-still-offline/

large segment of the population does not have access to information on the virus and best practice hygiene measures for containing it. This is particularly the case for women.

Access to Food

Food insecurity has been an issue even before COVID-19 because of floods and droughts but the pandemic amplified the issue as Ghana spends about US$100 million every month importing agricultural products from countries like China, the United States and Europe, which are struggling to export as the virus spreads.[34] Access to food has affected men and women differently because of their different roles in the value chain and at home. The COVID-19 virus spread is negatively impacting cashew, a major export crop for Ghana that is grown by hundreds of thousands of farmers across the country. 78% of cashew farmers are men, and yet the sector also offers much needed seasonal employment for women across the value chain in rural areas. According to the Ghana Export Promotion Authority (GEPA), the country earned $981 million from the export of cashew in 2016. Checks in Ghana's cashew growing areas show the price at which farmers sell a 100kg bag of raw cashew nuts to processors has dropped by between 40 and 50 percent, reducing farmer income as the world's largest importers of cashew products including India, China and Vietnam, cut imports as processing factories close due to lockdowns.[35]

For women, they are largely affected in their household decision-making as food and income are two of their biggest priorities in the current situation. With markets closing and incomes shrinking, women are having to choose between buying food for their families and getting the soap they need to wash their hands more often.[36]

Participation

Women's participation in leadership roles and representation in civil society is challenged by several mutually reinforcing aspect including relatively low rates of literacy, limited participation in tertiary education; and low participation in professional occupations. Men's participation, on the other hand, is about 2.5 times that of women. This becomes a vicious cycle that leads to low participation for women official spheres of leadership and decision making."[37]

Despite women's significantly increased role in the labor force through entrepreneurial ventures and running businesses[38], they remain mostly invisible in the political sphere. Women continue to be questioned in the political sphere and socialized into remaining in the private sphere, primarily valued as obedient wives and caretakers to elders and children. Thus, politics is seen as a male sphere where women are overshadowed. While some women have been able to penetrate into the political arena, they are not able to significantly advance the work of gender equity as it relates to improved access to resources, livelihood, education or protection for women. Thus, women and gendered interests continue to remain under-represented in Ghanaian politics, including voting and COVID-19 considerations.[39]

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[34] https://allianceforscience.cornell.edu/blog/2020/03/covid-19-virus-spread-prompts-food-insecurity-fears-in-africa/
[35] https://allianceforscience.cornell.edu/blog/2020/04/ghana-farmers-lose-money-as-covid-19-disrupts-key-export-markets/
[36] https://www.care-international.org/news/press-releases/new-care-report-how-covid-19-is-changing-gender-norms-in-west-africa
[37] https://theconversation.com/women-in-ghana-progress-but-important-challenges-remain-130065
[38] https://www.brookings.edu/blog/africa-in-focus/2014/08/19/are-ghanas-women-more-entrepreneurial-than-its-men/
[39] https://journals.sagepub.com/doi/full/10.1177/2158244011410715

Protection

A part of the deeply engrained power imbalance in Ghanaian society is based on the fundamental belief that men are superior to women[40] and thus leads to 60% of women believing that the husband is justified in beating their wife under certain circumstances (even higher in the less urban areas).[41] This significantly influences the degree to which reporting around GBV and IPV takes place. It was found that the context of the violence determined the extent to which it would be contested and reported. For example, a women challenging gender norms would be more likely warrant the male partner to enforce conformity using violence, thus the case would not be reported; however if a male partner behaves violently for other reasons (i.e. alcohol abuse or jealousy) then he is more likely to have the case reported, as that is less socially acceptable than the former scenario.[42] Data show that the men's use of violence is a tactic for controlling women and emphasizing their authority and power over them."[43] [44]

In the legal framework, Ghana's Domestic Violence Act 732 , passed 13 years ago, prohibits almost all forms of IPV, including emotional, physical, sexual, and economic violence[45]. The Act also outlines protections for survivors, means for the perpetrator to be removed from the home and ensures medical needs for those seeking support are free. However, it does not override Ghana's Criminal Code that accepts marital rape based on the supposed consent given upon marriage[46] .This lack of consistency and clarity leaves the survivors vulnerable whether they report their experience of violence or not. Additionally, the prevalence of economic dependency of most women limit the option for those in abusive relationships to seek sustainable livelihood alternatives.[47] Those who are able to leave or divorce often then face societal stigmatization, especially by religious bodies.[48]

In Ghana, pre-COVID19, it was reported that 92% and 34% of women experience sexual and psychological violence, respectively, from their partners.[49] Records available to the Domestic Violence and Victim Support Unit (DOVVSU) of the Ghana police service indicated that in 2011, about 17,965 cases of domestic violence

[40] Sedziafa AP, Tenkorang EY, Owusu AY. Kinship and intimate partner violence against married women in Ghana: A qualitative exploration. J Interpers Violence. 2018; 33(14):2197–224. https://doi.org/10. 1177/0886260515624213 PMID: 29889003
Amoakohene MI. Violence against women in Ghana: A look at women's perceptions and review of policy and social responses. Soc Sci Med. 2004; 59(11):2373–85. https://doi.org/10.1016/j.socscimed. 2004.04.001 PMID: 15450710
Mann JR, Takyi BK. Autonomy, dependence or culture: Examining the impact of resources and sociocultural processes on attitudes towards intimate partner violence in Ghana, Africa. J Fam Violence. 2009 ; 24(5) :323–35.
[41] https://www.girlsnotbrides.org/child-marriage/ghana/
[42] Dako-Gyeke P, Addo-Lartey AA, Ogum Alangea D, Sikweyiya Y, Chirwa ED, Coker-Appiah D, et al. (2019) 'Small small quarrels bring about happiness or love in the relationships': Exploring community perceptions and gendered norms contributing to male perpetrated intimate partner violence in the Central Region of Ghana. PLoS ONE 14(11): e0225296. https://doi.org/10.1371/journal. pone.0225296
[43] Sikweyiya et al. Patriarchy and gender-inequitable attitudes as drivers of intimate partner violence against women in the central region of Ghana. BMC Public Health (2020) 20:682 https://doi.org/10.1186/s12889-020-08825-z
[44] Dako-Gyeke P, Addo-Lartey AA, Ogum Alangea D, Sikweyiya Y, Chirwa ED, Coker-Appiah D, et al. (2019) 'Small small quarrels bring about happiness or love in the relationships': Exploring community perceptions and gendered norms contributing to male perpetrated intimate partner violence in the Central Region of Ghana. PLoS ONE 14(11): e0225296. https://doi.org/10.1371/journal. Pone.0225296
[45] (Manuh, 2007)
[46] (Manuh, 2007; Stafford, 2008).
[47] Sedziafa AP, Tenkorang EY, Owusu AY. Kinship and intimate partner violence against married women in Ghana: A qualitative exploration. J Interpers Violence. 2018; 33(14):2197–224. https://doi.org/10. 1177/0886260515624213 PMID: 29889003
Amoakohene MI. Violence against women in Ghana: A look at women's perceptions and review of policy and social responses. Soc Sci Med. 2004; 59(11):2373–85. https://doi.org/10.1016/j.socscimed. 2004.04.001 PMID: 15450710
Mann JR, Takyi BK. Autonomy, dependence or culture: Examining the impact of resources and sociocultural processes on attitudes towards intimate partner violence in Ghana, Africa. J Fam Violence. 2009; 24(5):323–35.
[48] Oppong Asante K, Osafo J, Nyamekye GK. An exploratory study of factors contributing to divorce among married couples in Accra, Ghana: A qualitative approach. J Divorce Remarriage. 2014; 55 (1):16–32.
[49] Institute of Development Studies and Ghana Statistical Services. Prevalence of Sexual and Psychological violence. Accra; 2016.

were reported nationwide, of which a greater portion was perpetrated against women.[50] During COVID-19, when women are forced to quarantine at home with perpetrators data across the cases are thought to be increasing although the cases of reported situations have not been consistently available. This is due in large part to the lack of ability to report safely, the vulnerability of those facing domestic violence to fear repercussions and the changing coping mechanisms for women and communities.[51]

Child marriages & FGM

Officially under the Children's Act (1998) the minimum legal age of marriage in Ghana is 18 years, however the practice of child marriage remains prevalent. Over one in every five girls in Ghana is married before the age of 18 and 5% are married before their 15th birthday.[52] It is challenging to track child marriage in Ghana given the lack of paperwork in place at birth and difficulty of proving age. However, it is noted that Women in northern region marry at the youngest age. Also, men commonly reported preferring to marry young girls as they are easier to control and manage.[53] Research shows that the key drivers of child marriage in Ghana include poverty, teenage pregnancy, and cultural norms such as betrothal marriage, exchange of girls for marriage and pressure from family.[54] While, not enough data exists around effective measures to combat child marriage in the context of Ghana, improving the economic insecurity of women and school enrolment have been the identified pathways.55

Despite being illegal, Female Genital Mutilation (FGM) also continues to persist in the face of social pressure on women/girls to conform to social norms, fears of criticism, peer pressures and expectations, and religious reasons.[56] It is believed that continuing this practice would preserve virginity and reduce promiscuity. Medical science does not support this and rather sites that women and girls who have experienced FGM are more likely to face chronic infections, complications menstruating, pain during sex, and more likely to face life-threatening complications during childbirth.[57] Research shows that during previous health crisis, such as Ebola, practices and policies to end sexual and gender-based violence and other harmful practices like early child marriage and FGM are undermined. With less outlets for social interaction and reporting pathways, women and girls are more vulnerable to negative coping strategies such as child marriage and continuation of dangerous practices such as FGM.

Opportunities

Due to the restriction on movement, men have been reported to spend more time with their families at home, this has enabled them to perform some basic house chores such as cooking, bathing children and sweeping. This is an opportunity for men to appreciate the workload of women and hence continue to support women even after the COVID-19 pandemic.[58] This opens a potentially powerful opportunity to shift images around masculinity and enable more men to be more active in the child rearing of children.

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[50] Sedziafa et al. 2018. Kinship and Intimate Partner Violence Against Married Women in Ghana: A Qualitative Exploration (Ministry of Gender, Children and Social Protection, 2014)
[51] https://kujenga-amani.ssrc.org/2020/05/20/violence-against-women-and-girls-in-the-shadow-of-covid-19-insights-from-africa/
[52] https://www.girlsnotbrides.org/child-marriage/ghana/
[53] https://www.girlsnotbrides.org/child-marriage/ghana/#:~:text=In%20Ghana%2C%20child%20marriage%20is%20also%20driven%20by%3A&text=Gender%20norms%3A%2060%25%20of%20women,they%20are%20easier%20to%20control.
[54] https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-019-0823-1
[55] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5827991/
[56] file:///C:/Users/ltashjian/AppData/Local/Packages/Microsoft.MicrosoftEdge_8wekyb3d8bbwe/TempState/Downloads/FGM_GHA%20(1).pdf
[57] https://www.who.int/news-room/detail/06-02-2020-female-genital-mutilation-hurts-women-and-economies
[58] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31418-5/fulltext

Additionally, while women have not been able to participate in the wider COVID-19 planning and response, women have been taking leadership in their local community. For example, the Golden Line Team has conducted sensitization sessions on COVID-19 with the women saving groups (VSLA) established in the past years, emphasizing proper hand washing, and provided buckets, tissue, liquid soap, and hand sanitizers. Some VSLA groups have organized bucket distributions for community use and picked them up on their meeting days. They are also served as safety and social support systems for neighbours and other women outside of the VSLA group when "official" services felt unsafe or inaccessible. Additionally, women groups have been actively seeking to share safety precautions around COVID-19 via word of mouth and confront misinformation about the cause and spread of COVID19.[59] This active mobilization at the community level is critical and important to the support the education and protection of neighbours and local communities from COVID-19.

Conclusions

In line with other regional and country findings, COVID-19 in Ghana disproportionately affects women and girls in several ways, including adverse effects on their access to services, food security, health, and protection.

COVID-19 increases the workload of already overburdened women in caring for out-of-school children, elderly and men who are sequestered at home, unemployed. The additional challenges of sustaining income and livelihoods is significant given the near halt and instability of the informal economy, which is a major income source for most women. Additionally, cases of domestic violence in the country have also increased and the informal social networks and nets that women depend on for support are currently weakened due to movement restriction measures. Furthermore, the health response is diverting resources away from SRHR services, making it difficult for women and girls to access these health services given the prevailing fear of going to health centres. This situation, combined with the historic barriers for women's participation in the public sphere, has led women to take the initiative to organize locally to respond to the crisis.

More work is required to better determine the nature of access to service gaps to improve response and recovery interventions. Addressing gaps in access to basic services should be an urgent priority. Further, given that gender inequality is an issue that hampers access to critical life-saving services and interventions, particular attention is needed to confronting limitations to access to COVID-19 information, livelihood opportunities account for the unique contributions of women and ensuring protection channels for women remain active and prioritized through the pandemic.

Gender norms and pre-existing inequalities disproportionately affect those who are discriminated against and exacerbate the consequences of the crisis at home. COVID-19 has amplified already existing social inequalities and requires an appropriate multi-sectorial response that accounts for the needs of the full populations.

Recommendations

These recommendations are addressed to the humanitarian community in Ghana, to national institutions and local authorities responding to the Covid-19 crisis, but also to donors supporting humanitarian efforts.

[59] https://news.care.org/article/how-ghanaians-are-counteracting-myths-about-covid-19/

Overarching recommendation

This Rapid Gender Analysis report should be updated and revised as the crisis unfolds and relief efforts continue. Up-to-date gender analysis of the shifting gender dynamics within affected communities allows for more effective and appropriate programming and will ensure humanitarian assistance is tailored to the specific and different needs of women, men, boys and girls. It is recommended that organisations continue to invest in gender analysis, that new reports are shared widely and that programming will be adapted to the changing needs.

Targeted recommendations

National/Governments

- Ensure the collection of sex and age disaggregated data consistently across all programs and agencies.
- Prioritize women in not only improved social safety nets (inclusive of hygiene kits and dignity kits) but also increased protections for women-run businesses and entrepreneurs.
- Increase psychosocial support systems and referral pathways strengthened for those dealing with mental health issues and caregivers at home and via community support systems.
- Access and protections around land ownership for women needs to be monitored to ensure that women are not losing productive assets disproportionately during COVID-19.
- Commitment and designations of safe spaces are necessary for schools to create a more enabling environment for adolescent girls (including those pregnant) to return to school as they open.
- Invest in technological infrastructures that allow for remote data collection and information sharing.
- The national call center should be equipped with dedicated lines for reporting SGBV and staff should be well trained to manage this hotline to ensure its effectiveness in supporting victims of GBV.

NGO/ INGO/ UN Agencies

- Ensure that GBV Safety Audits take place and are updated in CARE project areas.
- Provide maternal and newborn health support along the full continuum of care and ensure the availability of continued SHRH services throughout COVID-19.
- Promote updated information on the availability of services in communication modalities appropriate for the community and ensure that women and girls are reached.
- Create inclusive and meaningful channels for women's participation at the local level around COVID19 response, planning and recovery.

Community

- Engage strategically and meaningfully with men and boy's groups, alliances and leaders to promote more balanced care giving roles in the household and encourage shifting norms around positive masculinity.

- Create safe spaces for women in solidarity groups e.g. VSLAs to continue to meet.

- Confront myths around COVID-19 and activate local leaders to spearhead appropriate communication methods that will be trusted and wide-spread, inclusive of women and girls;

- Activate and engage youth in COVID-19 response and recovery planning.

- In addition to the hotlines available, safe spaces should be designated for women where they can report abuse without alerting perpetrators, for example, in supermarkets, pharmacies etc. In addition, gender based violence referral channels must be developed, and existing ones updated to reflect changes in available care facilities

- Alternative rites of passage should be explored with local leaders around FGM and potential emotional and physical dangers given social distancing measure, promoting the value and importance of education as a key deterrent to child marriage

Private sectors

- Ensure equitable representation in supply chains, and create accommodations for women e.g. flexible work hours, equitable considerations for breastfeeding mothers, paternity leave etc.

- Build and maintain a database of women suppliers to encourage and maintain economic empowerment.

- Enhance Employee Assistance programs by sponsoring mental health support.

CARE International Secretariat:
Chemis de Balexert 7-9
1219 Chatelaine, Geneva
Switzerland

Tel: +41 22 795 10 20
Fax: +41 22 795 10 29

cisecretariat@careinternationa.org
www.care-international.org

CARE Gender in Emergencies:

emergencygender@careinternational.org

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