Impact Assessment of the COMBAT Intervention to Prevent Violence against Women and Girls in Four Districts, Central Region of Ghana

Globally, one in three women have experienced physical or sexual violence in their lifetime\(^1\). Evidence from the 2008 Ghana Demographic and Health Survey shows that 38.7% of ever married women have experienced some form of violence from their partner in their lifetime.

This brief presents the final evaluation findings of the COMBAT's community mobilization and social norms change intervention. It is intended to inform the work of ministries, departments, and agencies (MDAs); like-minded local NGOs for women and children, leaders in the broader community and VAWG donors working to prevent violence against women and girls in Ghana.

Background

Intimate partner violence (IPV) is a significant global public health problem which poses a threat to the health and wellbeing of women \(^{(1)}\). Although reports of Violence Against Women and Girls (VAWG) have been high in Ghana, rigorous evaluations of interventions to prevent VAWG in Ghana are scarce. In Ghana, recent estimates of the prevalence and incidence of VAWG indicate that 28% of women report at least one form of violence in the past year and 45% report prevalence of lifetime violence \(^{(2)}\). Baseline research conducted within this VAWG prevention study found that 34% of respondents had experienced intimate partner violence (IPV) in the past year, with 21.4% reporting sexual and/or physical forms of IPV and 23% of the men reported perpetration sexual and/or physical IPV in the previous year \(^{(3, 4)}\). Prevalence of past-year experience of emotional and economic IPV were 24.6% and 7.4% respectively.\(^3\)

In response, the COMBAT's evaluation was conducted with funding support from UKAID, under the What Works to Prevent Violence against Women and girls global programme. It was implemented by the Gender Centre Ghana in partnership with the University of Ghana – School of Public Health. The intervention was implemented over 18 months with a broad aim to reduce the prevalence of VAWG and promote and protect the rights of women and girls.

THE INTERVENTION

The COMBAT intervention (a Rural Response System to prevent VAWG) uses the strategy of training community members known as Community-Based Action Team (COMBAT) to undertake awareness-raising on gender-based violence as well as provide support to victims of violence to access justice and services. The intervention sought to raise public awareness
about the drivers and consequences of VAWG, reduce VAWG, improve norms and attitudes that lead to VAWG and protect the rights and wellbeing of women and girls using community-based structures.

The training of COMBATs includes sensitization and awareness raising on gender, laws that deal with violence, property rights, testate and intestate succession, parental roles and responsibilities, counselling, referral of cases and support to victims to access justice.

Additionally, the intervention facilitated: training of staff of some state agency personnel from police, health, social welfare, Commission for Human Rights and Administrative Justice and National Commission on Civic Education; and meetings with community, traditional and religious leadership and other stakeholders.

**THE EVALUATION**

To evaluate the impact of the COMBAT in reducing violence against women, we conducted a two-arm cluster randomized control trial (RCT), with a qualitative component in communities in four districts of the Central region, Ghana. Two districts were coastal and two were inland, with one coastal district randomly allocated to the intervention arm and one inland district randomly allocated to the control arm. We conducted a baseline cross-sectional survey in the randomly selected communities within the 4 districts before the rollout of the intervention and a follow-up survey 24 months after the baseline survey. A total of 2000 women and 2126 men were randomly selected from the communities in the 4 districts pre-intervention and 2198 women and 2328 men were randomly selected post-intervention. The qualitative research at pre-intervention, midway in the study and at the end of the study and included 38 Focus Group Discussions, 111 In-depth Interviews & 45 Key Informant Interviews.

We conducted a community level 'difference in difference' analysis to measure the impact of the intervention. All women and men randomly selected from communities were included in the analysis irrespective of whether they had exposure to the intervention or not.

Overall, the program reached 10755 men and 14330 women in the two interventions districts. Of the 2328 men and 2198 women sampled at the end line cross-sectional survey, about half of the women and a quarter of the men had heard of COMBAT, and about a quarter of the women had participated in the COMBAT activities.

**WHAT WE FOUND.**
The COMBAT was successful in reducing women’s experience of sexual violence and in improving women’s mental health. Women reported an improvement in their partner’s controlling behavior. There was a 55% reduction in women’s experience of partner sexual violence and a 50% reduction in women’s experience of physical partner violence post-intervention.

Box 1: Highlights of end-line results show significant reductions in VAWG

The COMBAT intervention resulted in:

✓ a 55% reduction in women’s experience of partner sexual violence and
✓ a 50% reduction in women’s experience of physical partner violence post intervention
✓ Statistically significant reductions in male partner controlling behavior and depression among women
✓ Improved gender attitudes among both men and women
✓ General reductions in male perpetration of IPV although

Women were less likely to experience violence from their intimate partners.

Women from the intervention communities reported lower experiences of violence from their intimate partners at end line than women from the control communities. Prevalence of women’s experience of sexual violence in the intervention communities reduced from 17.1% to 7.7% and the prevalence of physical IPV reduced from 16.5% to 8.3%. Women’s experience of emotional IPV also reduced from 30% to 21.5%.

“Beating and ‘throwing out’ of wives by husbands rarely happens these days because of the influence of the COMBAT people. The husbands are very much aware that if they commit such an act, COMBAT will deal with them accordingly. Even if couples have issues between themselves, they only quarrel in the confines of their homes but not to the point of beating and throwing out the woman.” (29y/o, Female, IDI)
The direction of change in all the primary outcomes in women and men showed evidence of a reduction and this was statistically significant for sexual violence reported by women. These analyses have been adjusted to take into account differences in social and demographic characteristics of people interviewed between control and intervention arms.

**Women’s mental health improved**

Women from the intervention communities reported significant improvement in their depression scores compared to women from the control communities. The average depression score among women in the intervention communities reduced by 20%.

“Now you know when there is any problem you have COMBATS to talk to”; “We know when we call on them, there will be peace that is why we call on them”.

“Violence is a bad practice so having someone mediate is a good thing and we are comfortable”. (Extracts from female FGD, all participants >35 years)

**Women’s relationship with a partner improved**
Women from intervention communities reported that their partners’ were significantly less controlling than women from the control communities. The average partner controlling behavior score in the intervention communities reduced by 12% while the average score among women in from the control communities only reduced by less than 1%.

CONCLUSIONS

The COMBAT intervention showed benefit for women, with 18 months of intervention delivery. Both quantitative and qualitative findings provide considerable evidence that the COMBAT intervention in Ghana has an important role to play in VAWG prevention. Moreover, recognizing that, social norms change in communities takes time, it is likely that with longer intervention time even greater impact would be seen. The support for women experiencing violence which the COMBAT teams provided was key in this intervention.

The study finding emphasize the urgent need for primary prevention interventions that can address learned gender inequitable attitudes and norms that condone men’s control and dominance over women. Interrupting the cycle of violence is critical in reducing men’s perpetration of VAW. Violence against women prevention and response will require comprehensive strategies involving different stakeholders and long-term commitment. Context-specific evidence is critical and necessary for designing appropriate and relevant interventions and policies. Violence prevention plans should be integrated into larger social development, human rights plans, and frameworks. Ending violence against women and girls requires empowerment of women and girls, and should include education and economic empowerment.

RECOMMENDATIONS

1. **Promote non-violent masculinities and healthy sexuality for men.**
   Men’s violence perpetration is strongly linked with masculinities and practices that reflect idealized notions of male superiority. This highlights the need for programmes and approaches through school-based or peer-to-peer education interventions that promote life skills and support healthy and positive ways of being a man. The programmes can also provide psychosocial support and counseling to address issues of mental health and substance abuse.

2. **Change social norms related to the acceptability of violence against women.**
   Gender inequitable attitudes and practices were found to be associated with violence perpetration and experience. Successful prevention interventions should lead to changes in social norms that drive gender inequality and violence against women. The COMBAT intervention generally showed positive influences on individual gender attitudes and perceptions over the short implementation period and therefore, longer-term investment in its implementation should yield greater results.
3. Importance of trained community activists for implementation

The effectiveness of the COMBAT intervention is based on the fact that they are community members, selected and trained to undertake activities. It is therefore important to have highly trained community activists and facilitators, including both men and women to implement activities. The involvement of male COMBAT could also serve as support to male community members to critically reflect on their attitudes to gender equity and change their violent behavior.

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REFERENCES


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