



POWER TO YOU(TH) - GHANA

YOUNG PEOPLE'S PERSPECTIVES AND DECISION-MAKING REGARDING HARMFUL PRACTICES, SEXUAL AND GENDER-BASED VIOLENCE AND UNINTENDED PREGNANCY

Results of baseline study (2021), conducted in the Upper East, Northern and Greater Accra regions, Ghana



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PREFACE

KIT Royal Tropical Institute (KIT), in collaboration with in-country research partners, is pleased to present this baseline study, as one of seven such studies conducted for the Power to You(th) programme in Ethiopia, Ghana, Indonesia, Kenya, Malawi, Senegal and Uganda. Power to You(th) is a programme that has a specific focus on harmful practices (such as female genital mutilation/cutting (FGM/C) and child marriage), sexual and gender-based violence (SGBV) and unintended pregnancy. These are persistent 'key issues' on which insufficient progress has been made over the years in the participating countries.

As the Power to You(th) programme emphasises the power of young people (especially adolescent girls and young women) to be meaningfully included in discussions and decisions, the aim of the baseline studies is to provide an understanding of adolescents' and young people's perspectives regarding harmful practices, SGBV and unintended pregnancy, and their role in decision-making processes regarding these key issues.

Moreover, the studies provide baseline data about the voice, agency and decision-making power of young people, and how social and state actors (through laws and policies) are contributing to positive change. Finally, this baseline study provides information about the civic space available and the role of the media in these social change processes on the key issues. The studies were conducted in areas where the Power to You(th) programme will begin implementation of activities. The main study participants were young people (aged 15–24). Youth-friendly research methods such as 'photovoice' were used to actively engage young people and amplify their voice.

The five-year Power to You(th) programme was developed by a consortium between Amref Flying Doctors, Rutgers and Sonke Gender Justice and their country partners. The Dutch Ministry of Foreign Affairs funds the programme. The consortium strives to foster ownership at the country level, with locally formed coalitions and representation of beneficiaries in its governance. KIT and CHOICE for Youth and Sexuality are the consortium's technical partners. KIT has the role of research partner and conducted baseline studies in the seven implementing countries (including desk reviews), in collaboration with in-country research partners.

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ACRONYMS AND ABBREVIATIONS

CSE	Comprehensive sexuality education
CSO	Civil society organisation
FGD	Focus group discussion
FGM/C	Female genital mutilation/cutting
GA	Greater Accra
GBV	Gender-based violence
GES	Ghana Education Service
GHS	Ghana Health Service
IDI	In-depth interview
KIT	KIT Royal Tropical Institute
KNW	Kassena-Nankana West
LGBTQI+	Lesbian, gay, bisexual, transgender, queer, intersex and other minority sexual and gender identities
NGO	Non-governmental organisation
NR	Northern region
SGBV	Sexual and gender-based violence
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
SSI	Semi-structured interview
STI	Sexually transmitted infection
UER	Upper East region

KEY DEFINITIONS

Accountability: Accountability in sexual and reproductive health and rights (SRHR) includes the appropriate prioritisation of SRHR and its implementation throughout the health system and ensuring access to SRHR services, with attention to high-quality and respectful care (Boydell et al., 2019). The term describes the processes by which actors are responsible and answerable for the provision of high-quality and non-discriminatory goods and services (including the regulation of private providers) and the enforcement of sanctions and remedies for failures to meet these obligations.

Adolescent: A person aged 10–19 years.

Civic space: A healthy and open civic space implies that citizens and civil society organisations can organise, participate and communicate without hindrance, and in doing so, they can claim their rights and influence the political and social structures around them. These three fundamentals—freedom of association, assembly and expression—define the boundaries of civic space (CIVICUS).

Gender-based violence (GBV) survivors: Individuals who have been harmed physically, emotionally or sexually through inhumane acts, including sexual harassment, defilement, rape, physical assault, sexual abuse, intimate partner violence, forced/child marriage and female genital mutilation/cutting (FGM/C).

Harmful practices: An umbrella term that refers to practices (often considered traditional or cultural) that impair the development of adolescents and young people (Schief et al., 2018). Child marriage and FGM/C are examples of harmful practices.

Meaningful youth participation: Young people are meaningfully included when they work at all stages of decision-making in organisations/programmes and can participate on equal terms with adults at several levels, or alternatively work independently from adults and make decisions solely with the involvement of youth voices. Youth can work on many different aspects of an issue, ranging from identifying a problem or opportunity, development of a programme or policy, to the implementation and evaluation of campaigns concerning young people. For this to be accomplished, mechanisms must be in place that allow them to have an active role in which their voices are heard and respected. For participation to be truly meaningful, it must benefit the young people involved, their peers and society as a whole (YOU(TH) Do IT!, no date).

Meeting needs for SRHR: When people are able to understand sexual and reproductive health (SRH) and related services, have access to and can freely choose the services, including information and health care, that they need to experience physical, mental and social well-being in regard to their SRH.

Sexual and gender-based violence (SGBV): Any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships (UNHCR). It includes physical, sexual or psychological violence by an intimate partner and non-partner sexual violence.

Sexually active young people: Married or unmarried individuals of 10–24 years who reported having had sex in the last 12 months.

State actors: Local authorities, including national governments, parliamentarians, lawmakers and implementers; regional and global authorities (including the United Nations and the African Union); and service providers at public institutions (e.g. health/social workers and teachers) that are or may be involved in addressing harmful practices, SGBV and unintended pregnancy.

Societal actors: Include men/boys, women/girls, parents and caregivers, teachers, health workers, religious, traditional and opinion leaders, role models and the community.

Vulnerable young people: Young people whose health and well-being are threatened by inadequate support structures and skills. Such young people may not achieve appropriate milestones on the pathway to adulthood.

Youth: In the Power to You(th) programme, youth are defined as adolescents (aged 10–19) and young people (aged under 35). This is in line with the National Youth Policy of Ghana (2010). However, for this study, data collection activities focused on adolescents and young people (10–24 years) because those in this age range are more vulnerable to harmful practices.

Youth structures: Any community-level (in)formal group, organisation, initiative or actor that works with adolescents and youth. It is a broad term and can include youth-led organisations, youth clubs, school clubs, sport clubs, youth councils and youth committees.

1. INTRODUCTION

1.1 POWER TO YOU(TH) PROGRAMME

An active civil society which involves young people in decision-making at a range of levels is necessary if societies are to adequately address issues affecting the sexual and reproductive health and rights (SRHR) of adolescent girls and young women. Power to You(th) is a new five-year programme (2021–2025) that aims to ensure that young people (aged under 35) are meaningfully included in discussions and decisions, particularly those related to their SRHR. By increasing the participation of young people from a range of backgrounds and groups in political and civic space, **the programme aims to improve youth-led and focused advocacy and accountability in relation to unintended pregnancy, sexual and gender-based violence (SGBV) and harmful practices such as child marriage and female genital mutilation/cutting (FGM/C)** in seven target countries: Ethiopia, Ghana, Indonesia, Kenya, Malawi, Senegal and Uganda.

In Ghana, the Power to You(th) programme is implemented by Norsaac, in partnership with Youth Advocates Ghana (YAG), Ghana Alliance for Young People (Gh-Alliance) and Songtaba.

1.2 STUDY OVERVIEW

The baseline studies are part of a broader baseline assessment for the start of the Power to You(th) programme. The baseline study's goal is to inform the Power to You(th) programme design and strategy in each of the seven implementing countries. The baseline studies will inform the validation of the programme's theory of change (see Annex 1), and possible adjustments needed to each country context. The baseline studies are also meant to provide a situational analysis in relation to the focus areas of the Power to You(th) programme and will provide insights which can be incorporated into the design and/or adaptation of programme interventions.

1.3 REPORT STRUCTURE

Chapter 1 introduces the Power to You(th) project, why it is being implemented and the context in which it will be implemented. Chapter 2 details the objectives of the baseline study and Chapter 3 the methodology that was used to collect data. The following chapters present the findings of the study, as can be seen in Table 1.

Table 1: Overview of report findings sections

Chapter	Title
4	Adolescent and youth perspectives and actions relating to harmful practices, sexual and gender-based violence and unintended pregnancy
5	Meaningful engagement of adolescents and youth in addressing harmful practices, sexual and gender-based violence and unintended pregnancy
6	Enabling environment for young people's rights and addressing harmful practices, sexual and gender-based violence and unintended pregnancy
7	Civic space

The presentation of findings is followed by discussions, conclusions and recommendations.

1.4 COUNTRY CONTEXT

Ghana, located in the heart of West Africa with a population of 30.8 million (GSS-PHC, 2021), has seen rapid economic growth over the past two decades. The population has increased by 6.1 million from the 24.7 million recorded in 2010, an annual intercensal growth rate of 2.1%. It is administratively subdivided into 16 regions. The Greater Accra (GA) region (where the capital, Accra, is situated) is the most populous of the three baseline study areas (and in Ghana overall), comprising 18% of the total population. The Northern region (NR) is the fifth largest region in Ghana (8%), and the Upper East region (UER) is the eighth largest (4%) (ibid.). The Northern and Upper East regions are among five regions where the Power to You(th) programme is being implemented as a response to a high prevalence of harmful practices in those regions. The GA region was also included in the study because it hosts the nation's capital, where the views of decision-makers at the highest level could enrich the study.

Ghana's population is young, and adolescents aged 10–19 and young adults aged 20–24 together constitute 29% of the population (GSS-DHS, 2014). This youthful generation faces particular challenges related to sexual and reproductive health (SRH), HIV and sexually transmitted infections (STIs), nutrition, mental health, substance use, teenage pregnancy, various forms of violence, inequities, risks and vulnerabilities linked to child marriage, child labour, trafficking, as well as certain socio-cultural and harmful traditional practices. The country's demographic transition also signals the potential for a demographic dividend,¹ with deliberate efforts and strategies required to harness these benefits.

1. The demographic dividend is the economic growth potential that can result from shifts in a population's age structure, mainly when the working-age population is larger than the non-working-age population.

1.4.1 ADOLESCENT UNINTENDED PREGNANCY AND TEEN MOTHERHOOD

Harmful practices, SGBV and unintended pregnancy are among key issues adversely impacting youth development in the northern part of Ghana. For example, the NR reported the highest total fertility rate of 5.2 children per woman, while GA had the lowest (3.2). Women in the NR have the lowest modern contraceptive use (14%), and those in the UER have the highest (36%) (ibid.). Early childbearing contributes to these high fertility rates. While the Criminal Offences Act of 1960 indicates that a person below the age of 16 cannot consent to sexual intercourse, 12% of girls are sexually active before age 15 (GSS, 2018). The median age of sexual debut among those aged 25–49 is lower for women (18.4 years) than men (19.8 years) (ibid.). The evidence shows that many young people are unprepared for their early sexual activity, resulting in early childbearing. In 2017, 14% of adolescent women aged 15–19 were already mothers or pregnant with their first child (ibid.). Teenage childbearing is higher in rural (18%) than urban areas (11%). Regionally, teenage pregnancy rates range from 7% in the GA region to 16% in the NR, 17% in the UER and 19% in the Western region (ibid.). Teenage childbearing decreases with increased education and higher household wealth. The factors influencing the high rate of early childbearing include limited knowledge of contraception, low self-efficacy in obtaining contraceptive commodities such as condoms, and limited skills to negotiate condom use (Krug et al., 2017), peer group influence, poverty, lack of parental control, inadequate sex education, both mass and social media (Ziblim, 2017), and negative attitudes to modern contraceptives (such as concerns about sexual promiscuity and infertility associated with hormonal contraceptives) (Grindlay et al., 2018).

1.4.2 CHILD MARRIAGE

Child marriage is defined in Ghanaian law as a formal or informal union in which one or both parties involved are below 18 years. The 2018 Multiple Indicator Cluster Survey reported national prevalence of 19%, indicating that one in five women aged 20–24 years was first married before age 18. One in every 20 was married before age 15 (GSS, 2018). The corresponding percentages for men aged 20–24 years were 3.9% and 0.4%, respectively. Marriage before age 15 and 18 is lower among those aged 20–24 years than other age groups, and practised more in rural (27% by 18 years; 7% by 15 years) than urban areas (13% by 18 years; 3% by 15 years) (ibid.). Rates are highest in the Northern, Upper East and Volta regions, and lowest in GA, Ashanti and Brong-Ahafo. Analyses point to poverty, teenage pregnancy, cultural norms such as betrothal marriage and exchange of girls for marriage, pressure from family members and parental neglect as the drivers of child marriage in Ghana (World Vision, 2017; Ahonsi et al., 2019).

1.4.3 SEXUAL AND GENDER-BASED VIOLENCE

In Ghana, (S)GBV is still a huge problem, especially in the home. It manifests in emotional, psychological and economic terms, and certain cultural practices such as forced marriage and individuals being forced to stay in abusive relationships (IDS and GSS, 2016). As with social and physical violence, the incidence of lifetime sexual violence is higher among younger women: 38% of women aged 15–19 years reported having experienced at least one act of sexual violence, compared to 19% of women aged 50–60 years (ibid.). These age patterns were also observed among men, and for violence experienced in the 12 months prior to the survey for both genders. The seemingly increased lifetime risk of sexual violence is partly due to improved understanding of what constitutes sexual violence. The most prevalent form of lifetime SGBV among those aged 15–29 years was being subject to sexual comments (18% among women and 12% among men); unwanted touches (15% among women and 10% among men); and being physically forced to have sex (9% among women and 7% among men) (ibid.). Contrary to some other SRHR issues, SGBV rates were consistently higher in urban areas. Rates among women of reproductive age were highest in the Eastern region (46%). In comparison, the highest levels of incidence of SGBV among men were observed in the Ashanti region (32%). The lowest incidence of SGBV against women and men was in the UER (9% and 7%, respectively).

One less frequently discussed aspect of SGBV in Ghana is violence and discrimination against sexual and gender minorities (LGBTQI+ people). Ghana has a mixed record on its treatment of LGBTQI+ people. It criminalises “unnatural carnal knowledge” in section 104 (1) (b) of its Criminal Offences Act, which is often interpreted as “penile penetration of anything other than a vagina”. However, the law is a colonial legacy that is rarely, if ever, enforced, and Ghana has not taken steps in recent years to stiffen penalties against consensual same-sex conduct or to expressly criminalise sexual relations between women. However, LGBTQI+ youth in particular are very frequently victims of physical violence and psychological abuse, extortion or discrimination in many different aspects of daily life and are also frequently victims of domestic violence (Human Rights Watch, 2018).

1.4.4 FEMALE GENITAL MUTILATION/CUTTING

FGM/C refers to “all procedures involving partial or total removal of the female external genitalia or other injuries to the female genital organs for non-medical reasons” (UNICEF, 2016). It is a violation of girls’ and women’s human rights but is often upheld by tradition and social norms that link the practice to the marriageability of girls and the status and honour of the entire family.

Prevalence of FGM/C among women aged 15–49 is highest in the Upper West (41%) and Upper East (28%) regions (GSS, 2011). More recent data show that national prevalence is 2.4% (GSS, 2018). However, the low national prevalence masks significant regional disparities; while the proportion of girls aged 0–14 years who had any form of FGM/C nationally was 0.1%, in the Upper West region it was 3.1%. Data from the 2018 Multiple Indicator Cluster Survey also show that for all age groups and in all regions, awareness of FGM/C is high (>70%), and over 90% have a negative attitude to it (ibid.).

In 1994, the Criminal Code (Amendment) Act prohibited “female circumcision”. In 2007 this was further amended to “female genital mutilation”, and penalties were increased. There is limited information on prosecutions to date in Ghana, and qualitative analysis shows that historical traditions and religious rites preserve FGM/C and ensure its continuity (Sakeah et al., 2019). The easy movement of women across borders (to areas where FGM/C is still commonly practised) perpetuates the tradition, as does the belief that FGM/C will preserve virginity and reduce promiscuity (ibid.).

1.4.5 HEAD PORTAGE OR KAYA BUSINESS (KAYAYEI)

High poverty levels in the northern parts of the country—namely, the Upper West, Upper East, North East, Northern and Savannah regions—compel young women to migrate to the south, mainly to cities such as Accra and Kumasi, to engage in what is locally called ‘Kaya business’ (Agana, 2018). Kaya business refers to the act of carrying loads on the head for a fee, and the women who are engaged in this activity are called ‘*Kayayei*’ (singular *Kayayo*). Nyarko and Tahiru (2018) assert that most women migrants are young, primarily aged 10–35, with limited or no formal education. These migrants have little prospect of gaining employment in the cities’ formal sectors. Many engage in *Kaya* business as a short-term means of earning income and saving enough money to move into other profitable ventures, such as apprenticeships in hairdressing or dressmaking (Agyei et al., 2016; Nyarko and Tahiru, 2018), or to acquire utensils and clothes in preparation for marriage.

Most of these young women lack support networks and settle in slum areas with poor-quality accommodation. While Kaya business serves as a source of income, it exposes them to various harms (Nyarko and Tahiru, 2018). Practices such as spending nights in the open or at market centres and eating from unhygienic places heighten *Kayayei*’s exposure to sexual and reproductive risks (UNFPA Ghana, 2019). The young women migrants frequently experience a lack of food, labour abuse, sexual abuse and inadequate health services (Lattof, 2018). The health and welfare of the *Kayayei* have become a major concern in Ghana (ibid.).

2. STUDY OBJECTIVES

The main purpose of the baseline studies is to provide a comprehensive understanding of adolescents' and young people's perspectives (knowledge, attitudes, priorities and demands) regarding harmful practices, SGBV and unintended pregnancy, and their role in decision-making processes regarding these issues in Ghana (as in the other countries). The Power to You(th) programme's theory of change (see Annex 1) was the main conceptual model used to formulate the study objectives.

2.1 RESEARCH OBJECTIVES

- To understand adolescents' and young people's perspectives on harmful practices, SGBV and unintended pregnancy, and whether and how they take actions to prevent these practices.
- To assess the (meaningful) engagement of adolescents and young people in lobbying and advocacy, policymaking and community activities on harmful practices, SGBV and unintended pregnancy, which factors influence it and how.
- To explore the norms and attitudes of community members towards the rights of young people, harmful practices, SGBV and unintended pregnancy, to what extent they take action to prevent these practices, which factors influence them and how.
- To examine the development and implementation of laws and policies addressing harmful practices, SGBV and unintended pregnancy and ensuring young people's rights.
- To assess the civic space available to influence decision-making around harmful practices, SGBV and unintended pregnancy, media trends and the use of evidence in related lobbying and advocacy.

2.2 STUDY LIMITATIONS

The study focused on three of the five intervention areas of the Power to You(th) Ghana programme; therefore, the findings do not necessarily reflect the baseline context in all intervention areas. To try to mitigate for this, the study regions were deliberately selected to ensure that they reflected a wide range of community types, and high prevalence of the Power to You(th) focus issues. In addition, youth and adolescent survey respondents were purposively sampled, as it was not possible to generate a sampling frame for recruitment. This limits the generalisability of the results. However, this limitation was partly reduced by validating the findings in two workshops in the Northern and Upper East regions, involving different stakeholders. It should also be noted that the survey recruitment methodology for GA differed from the other two regions.

The snowballing and purposive nature of the respondent recruitment for the civic space survey and the low number of respondents mean we are not able to consider

the results necessarily representative of youth and CSO advocates in Ghana in general. Individuals working in any area of Ghana were eligible to complete the survey, not just the three study areas, which further reduced the limitation due to purposive selection.

This baseline was conducted during the COVID-19 pandemic, when in-country preventive measures such as movement restrictions and school closures were still being implemented. While this did not affect participation in the study as such, it is probable that the pandemic has had an impact on some of the outcomes of the baseline study.

Given that SRHR issues such as SGBV are considered sensitive, it is possible that the results are affected by social desirability bias on the part of some study participants. We tried to minimise this by selecting experienced data collectors who were thoroughly trained on research ethics and maintaining respectful dynamics during data collection.

3. METHODOLOGY

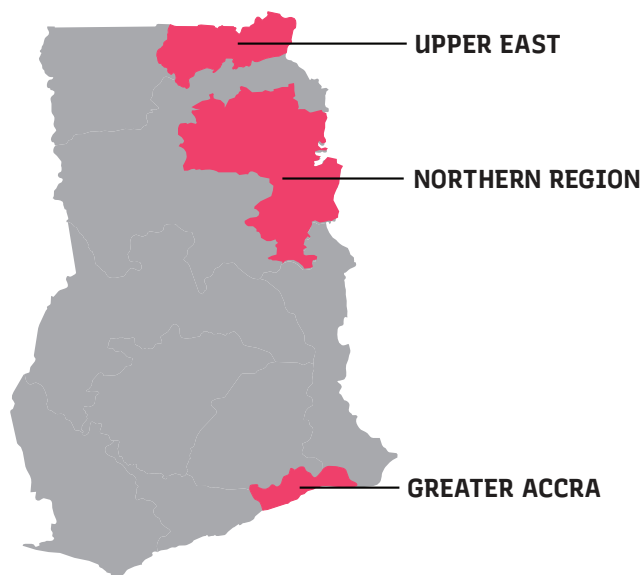
3.1 MIXED- METHODS APPROACH

The Power to You(th) baseline study used a mixed-methods approach involving the collection of qualitative and quantitative data. A survey was used to collect the quantitative data from adolescents and young people in the three study areas, and a smaller online survey was distributed to CSO and youth advocates. CSO and youth advocates working in any area of Ghana were eligible to complete the survey, not just the three study regions. The qualitative data were collected using semi-structured interviews (SSIs), in-depth interviews (IDIs), focus group discussions (FGDs) and photovoice sessions.

3.2 STUDY AREAS

The baseline study data were collected in three regions: UER and NR in the northern part of Ghana, and the GA region in the south.

Figure 1: Map of Ghana with study areas indicated



Upper East region

The UER borders Burkina Faso to the north and the Republic of Togo to the east. The baseline data were collected in Builsa South and Kassena-Nankana West (KNW) districts, from four communities in each district, based on reports of the high prevalence of unintended pregnancy and child marriage in those districts. The communities are Sirigu, Mirigu, Tazika-Batuah and Kayoro in KNW, and Balerinsa, Garibensa, Kunyingsa, and Jagsa in Builsa South. Christianity is the predominant religion in both districts.

Northern region

The NR is the most populous in the north of Ghana and borders the Northeast, Savannah and Oti regions, as well as the Republic of Togo. Data for this study were collected from the Tamale Metropolitan and Kpandai districts. They were selected to ensure a mix of urban and rural areas. Tamale Metropolis is a largely cosmopolitan district with various ethnic and religious communities, although Islam is the predominant religion. Kpandai is a rural district, and the population is mainly Christian.

The baseline data were collected in four communities from each of the two districts: Fooshegu, Dungu, Daatoyili and Dohani in Tamale Metropolis, and Nkachina, Baduri, Kokonaje and Gulbi Quarters in Kpandai.

Greater Accra region

Ghana's national capital, Accra, is located in the GA region. The city is cosmopolitan and hosts various migrants from different parts of the region. The data were collected in GA Central, Korle Klottey, Ledzokuku and Okaikwei North, with a majority of the respondents and participants being migrants from the northern part of the country. The region was selected for inclusion in the study because it hosts many policymakers and heads of ministries. It is also the destination of most head porters (Kayayei), who migrate there for menial work without any fixed place of residence.

3.3 DETAILED DESCRIPTION OF EACH METHOD, SAMPLING AND RECRUITMENT

3.3.1 QUANTITATIVE SURVEYS

Quantitative data were obtained using two surveys. The largest of these was conducted with young people who belong to youth groups, clubs or networks, including CSOs, in the study areas. Young women working as Kayayei (head porters) were also purposively recruited as survey respondents. An additional online self-administered survey was conducted with youth and CSO advocates affiliated with organisations working on Power to You(th) focus issues (in any area of Ghana), with the aim of assessing the level of civic space available to these organisations in the country.

Youth and adolescent survey

The youth and adolescent survey questions aimed to provide insight into how young people view their current engagement and decision-making around harmful practices,

SGBV and unintended pregnancy. It also captured data on their understanding of and attitudes to these issues. The questions were structured in the following sections:

- General information
- Respondent's background
- Knowledge and information on SRHR
- SGBV
- Knowledge and action about FGM/C
- Knowledge, actions and perceptions about child marriage
- Gender norms, social and cultural traditions, and girls' decision-making and household chores
- Agency, voice, decision-making and power relations
- Youth participation, empowerment and involvement in policymaking
- Additional questions to understand the motivation and circumstances of Kayayei in Ghana.

The questionnaire was uploaded onto ODK Collect, an online data collection application. The research assistants used tablet computers with this application to perform the survey with young people. The data collected were sent directly to an online dashboard, which allowed the team to provide timely feedback to research assistants whenever needed.

Sampling of quantitative youth and adolescent survey respondents

A total of 503 respondents were purposively sampled and interviewed across 20 communities in the NR, UER and GA. This sampling method was used because no sampling frame was available that could be compiled by in-country partners. The baseline study team identified and purposively selected existing youth structures (youth clubs, groups and networks) in each community. Quota sampling was used to survey adolescents and youth from different age groups and genders. The demographic information of respondents reached is presented in Table 2.

As Table 2 indicates, a similar number of females and males were surveyed. Overall, most respondents were in their late teens (62% aged 15–19 years), single and never married (69%), childless (85%), Christian (61%), currently in school (59%), not in employment (69%), and did not consider themselves to be currently engaged with a CSO (73%). However, these characteristics differed by region.

Respondents in the UER were slightly younger (mean age 17.7 years) than those in the NR (19.7 years) or GA (19.9 years), less likely to be married and have children, and much more likely to be either in education or employment. Most respondents in the NR were Christian (84%), whereas small majorities of those in the other two regions were Muslim. While very few (3%) UER respondents were married, 19% of those in the NR were (consistent with their older age profile). Similarly, only 5% of UER

respondents reported having children, compared to 25% in the NR and 80% in GA. While in the UER and NR, those who had children were far more likely to be married, only one of the eight respondents who had children in GA was married.

One stark regional difference is that while only 6% of respondents in the UER were not currently in education or employment, 23% of those in the NR were currently both unemployed and not in education, while 13% of those in the GA region reported this. The vast majority (89%) of UER respondents were currently in education, and only 6% said that they had dropped out of school, while none had never attended school. Respondents in the NR were far likelier to have dropped out of (25%) or never attended school (19%).

Table 2: Sample demographics, youth and adolescent survey

	Upper East Region	Northern Region	Greater Accra	Total
Total respondents	100.0% (n=241)	100.0% (n=222)	100.0% (n=40)	100.0% (n=503)
Gender				
Female	49.4% (n=119)	54.1% (n=120)	60.0% (n=24)	52.3% (n=263)
Male	50.6% (n=122)	46.0% (n=102)	40.0% (n=16)	47.7% (n=240)
Other	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
Age				
15–19 years	78.4% (n=189)	46.4% (n=103)	45.0% (n=18)	61.6% (n=310)
20–24 years	21.6% (n=52)	53.6% (n=119)	55.0% (n=22)	38.4% (n=193)
District				
Kassena Nankana West	50.2% (n=121)	0.0% (n=0)	0.0% (n=0)	24.1% (n=121)
Builsa South	49.8% (n=120)	0.0% (n=0)	0.0% (n=0)	23.9% (n=120)
Tamale Metropolis	0.0% (n=0)	46.0% (n=102)	0.0% (n=0)	20.3% (n=102)
Kpandai	0.0% (n=0)	54.1% (n=120)	0.0% (n=0)	23.9% (n=120)
Accra Metropolis	0.0% (n=0)	0.0% (n=0)	100.0% (n=40)	8.0% (n=40)

Religion				
Christian	83.8% (n=202)	41.0% (n=91)	37.5% (n=15)	61.2% (n=308)
Muslim	9.5% (n=23)	54.1% (n=120)	60.0% (n=24)	33.2% (n=167)
Traditional/ native	3.7% (n=9)	5.0% (n=11)	2.5% (n=1)	4.2% (n=21)
Atheist/none	2.1% (n=5)	0.0% (n=0)	0.0% (n=0)	1.0% (n=5)
Don't know	0.4% (n=1)	0.0% (n=0)	0.0% (n=0)	0.2% (n=1)
Other	0.4% (n=1)	0.0% (n=0)	0.0% (n=0)	0.2% (n=1)
Ethnicity				
Kasem	25.7% (n=62)	0.0% (n=0)	2.5% (n=1)	12.5% (n=63)
Nankam	22.8% (n=55)	0.0% (n=0)	2.5% (n=1)	11.1% (n=56)
Buli	50.2% (n=121)	0.0% (n=0)	5.0% (n=2)	24.5% (n=123)
Dagomba	0.0% (n=0)	45.1% (n=100)	7.5% (n=3)	20.5% (n=103)
Konkomba	0.0% (n=0)	24.8% (n=55)	2.5% (n=1)	11.1% (n=56)
Nawuri	0.0% (n=0)	10.4% (n=23)	5.0% (n=2)	5.0% (n=25)
Basare	0.0% (n=0)	3.6% (n=8)	2.5% (n=1)	1.8% (n=9)
Chumburu	0.0% (n=0)	4.1% (n=9)	0.0% (n=0)	1.8% (n=9)
Mamprusi	0.0% (n=0)	0.0% (n=0)	30.0% (n=12)	2.4% (n=12)
Kotokoli	0.0% (n=0)	6.8% (n=15)	0.0% (n=0)	3.0% (n=15)
Gonja	0.0% (n=0)	0.9% (n=2)	5.0% (n=2)	0.8% (n=4)
Other	1.2% (n=3)	4.5% (n=10)	37.5% (n=15)	5.6% (n=28)
Relationship status (multiple responses per respondent possible)				
Married	2.9% (n=7)	18.9% (n=42)	2.5% (n=1)	9.9% (n=50)
Divorced/ separated	0.4% (n=1)	0.5% (n=1)	0.0% (n=0)	0.4% (n=2)
Widowed	0.0% (n=0)	0.5% (n=1)	0.0% (n=)	0.2% (n=1)
Living with a partner	0.4% (n=1)	5.9% (n=13)	0.0% (n=0)	2.8% (n=14)
Has a boyfriend	7.9% (n=19)	18.0% (n=40)	15.0% (n=6)	12.9% (n=65)
Has a girlfriend	4.1% (n=10)	6.3% (n=14)	2.5% (n=1)	5.0% (n=25)
Has a partner	0.8% (n=2)	3.2% (n=7)	2.5% (n=1)	2.0% (n=10)
Single	83.8% (n=202)	51.4% (n=14)	80.0% (n=32)	69.2% (n=348)

Does respondent have any children?				
Yes	4.6% (n=11)	25.2% (n=56)	80.0% (n=32)	14.9% (n=75)
No	95.0% (n=229)	74.8% (n=166)	20.0% (n=8)	84.9% (n=427)
Don't know	0.4% (n=1)	0.0% (n=0)	0.0% (n=0)	0.2% (n=1)
Educational status				
In school	89.2% (n=215)	33.3% (n=74)	25.0% (n=10)	59.4% (n=299)
Dropped out	6.2% (n=15)	25.2% (n=56)	35.0% (n=14)	16.9% (n=85)
Never attended	0.0% (n=0)	18.9% (n=42)	32.5% (n=13)	10.9% (n=55)
Completed education	4.6% (n=11)	22.5% (n=50)	7.5% (n=3)	12.7% (n=64)
Highest level of education completed (of those who ever attended school)				
Lower primary school	17.0% (n=41)	7.2% (n=13)	11.1% (n=3)	12.7% (n=57)
Upper primary school	44.0% (n=106)	30.0% (n=54)	11.1% (n=3)	36.4% (n=163)
Junior high school	30.3% (n=73)	46.1% (n=83)	0.0% (n=0)	34.8% (n=156)
Senior high school	6.2% (n=15)	16.1% (n=29)	37.0% (n=10)	12.1% (n=54)
Vocational training	0.0% (n=0)	0.0% (n=0)	3.7% (n=1)	0.2% (n=1)
Tertiary education	0.4% (n=1)	0.0% (n=0)	3.7% (n=1)	0.5% (n=2)
University	0.0% (n=0)	0.0% (n=0)	3.7% (n=1)	0.2% (n=1)
Not finished any level	2.1% (n=5)	0.6% (n=1)	29.6% (n=8)	3.1% (n=14)
Does respondent have a disability?				
Yes	2.5% (n=6)	0.0% (n=0)	2.5% (n=1)	1.4% (n=7)
No	96.3% (n=232)	100.0% (n=222)	80.0% (n=32)	96.6% (n=486)
Don't know	1.2% (n=3)	0.0% (n=0)	17.5% (n=7)	2.0% (n=10)
Engagement with a CSO				
No, never	57.7% (n=139)	75.7% (n=168)	85.0% (n=34)	67.8% (n=341)
No, not currently (but previously)	2.9% (n=7)	6.8% (n=15)	12.5% (n=5)	5.4% (n=27)

Yes (as a member or volunteer)	9.1% (n=22)	13.5% (n=30)	0.0% (n=0)	10.3% (n=52)
Yes (as a participant in activities)	15.8% (n=38)	3.2% (n=7)	0.0% (n=0)	9.0% (n=45)
Don't know	3.7% (n=9)	0.9% (n=2)	2.5% (n=1)	2.4% (n=12)
Other	10.8% (n=26)	0.0% (n=0)	0.0% (n=0)	5.2% (n=26)
Currently in employment				
Yes	12.0% (n=29)	45.5% (n=101)	65.0% (n=26)	31.0% (n=156)
No	88.0% (n=212)	54.5% (n=121)	35.0% (n=14)	69.0% (n=347)
Type of work (of those in employment)				
Unpaid work (e.g. homemaker/ housewife)	0.0% (n=0)	10.9% (n=11)	0.0% (n=0)	7.1% (n=11)
Subsistence farming/ fishing	62.1% (n=18)	46.5% (n=47)	0.0% (n=0)	41.7% (n=65)
Informal trading	13.8% (n=4)	3.0% (n=3)	3.8% (n=1)	5.1% (n=8)
Casual, daily labour	17.2% (n=5)	5.9% (n=6)	57.7% (n=15)	16.7% (n=26)
Contract work	0.0% (n=0)	3.0% (n=3)	7.7% (n=2)	3.2% (n=5)
Self-employed	6.9% (n=2)	39.6% (n=40)	15.4% (n=4)	29.5% (n=46)
Part-time permanent salaried employment	3.4% (n=1)	1.0% (n=)	3.8% (n=1)	1.9% (n=3)
Full-time permanent salaried employment	0.0% (n=0)	0.0% (n=0)	3.8% (n=1)	0.6% (n=1)
Other	3.4% (n=1)	0.0% (n=0)	11.5% (n=3)	2.6% (n=4)

Civic space survey

A self-administered online survey was distributed to CSO-affiliated individuals involved in lobbying and/or advocacy work in any area of Ghana. This survey was used to gain insights into the enabling environment for lobbying and advocacy, such as the perceived level of freedom of speech and association, use and influence of the media, and the safety and security of those working on Power to You(th) core issues. The survey also aimed to provide further details on advocacy priorities and strategies. The online survey was conducted using Survey Monkey among conveniently sampled CSOs connected to the Power to You(th) programme. The main respondents of the online survey were CSO advocates and other youth advocates working on harmful practices (child marriage and FGM/C), SGBV and unintended pregnancy who had first-hand experience of lobbying and advocacy.

As the survey was self-administered, response numbers to different sections varied, as some respondents saved their responses to part of the survey but failed to complete it. Most questions received 25–30 responses. Of those respondents who provided demographic information, 76% were female, and 77% were aged 20–30 years. Nearly three quarters (71%) worked for non-governmental organisations (NGOs), while 21% worked for youth-led organisations. The majority (62%) worked for organisations that operate at the national level, while 56% worked for regional-level organisations. Half (50%) worked for district-level organisations, while 47% worked for organisations operating at the community-level.² Almost all (94%) were involved in advocacy, while 38% were engaged in lobbying (involvement in either lobbying or advocacy was a requirement for taking part in the survey). Around a third (35%) were also involved in research, while 59% were involved in programming.

3.3.2 QUALITATIVE DATA COLLECTION

Focus group discussions

FGDs were conducted with adolescent boys and girls (15–19 years), young women and men (20–24 years), *Kayayei* (20–24 years) and groups of parents/caregivers. These involved six to eight purposefully selected participants, carefully mobilised with the support of community opinion leaders or focal persons. Homogenous groups (in terms of age and sex) were mobilised from existing groups and networks in each community. Supporting opinion leaders were given an overview and the objectives of the study and the purpose of the FGDs. These leaders would then identify suitable candidates and invite them to participate.

2. Multiple responses to this question from each respondent were possible.

These FGDs provided information on both joint and diverging views of harmful practices, SGBV and unintended pregnancy, as well as youth roles and rights, community norms and values around these topics. They also provided insights into the roles, voice and decision-making space of young people within the household, family and community at large. The sessions were conducted using FGD and photovoice discussion guides (see Annexes 2 and 3) designed, piloted and refined during a training workshop with all research assistants. All FGDs were recorded, and notes were taken of key issues and events visually observed during the session.

Semi-structured and key informant interviews

SSIs and IDIs were held with individuals such as adolescent girls/boys (10–19 years) and Kayayei (15–19 years), social actors (teachers, health workers, community leaders, parents/caregivers) and state actors (CSOs, regional/district-level government authorities, departments and agencies).

Participants were purposefully selected by the research team in consultation with staff of the district Social Welfare Department and research team members, based on their professional role and/or age group. Adult participants were engaged in youth-related roles (policymaking, service provision, advocacy, programme implementation, community activities) addressing harmful practices, SGBV and unintended pregnancy (making/influencing laws and by-laws in the locality/nationally) or providing services that directly or indirectly related to Power to You(th) focus issues. The interview guide is available in Annex 4. It was piloted, and adjustments were made where necessary before data collection started.

In-depth interviews

IDIs were conducted with adolescent girls (10–19) and young women (20–24), including both adolescents and young people engaged by CSOs or other youth structures, and those who had never been engaged. These interviews gathered in-depth insights, life stories and participant perspectives and experiences on harmful practices, SGBV, unintended pregnancy and Kayayei. Participants were purposefully selected by the research team in each community, in collaboration with opinion leaders at the community level. The IDIs were also conducted using a guide developed and revised after a pilot test.

Photovoice

In all, 16 photovoice sessions involving 47 participants were conducted with purposively selected youth within the study areas. In each district the social welfare officers supported the research team in identifying four potential participants (two

male and two female). Each photovoice session lasted at least three days. On the first day, the participants were taken through the overall activity and taught how to use the camera. They also held a brief discussion about SRHR issues within the community. They were then asked to take pictures of their daily life over one day. On the third day, the interviewer came back and took the young people through a group of two or four discussions to gain insights into the photographs taken.

Table 3: Overview of qualitative component

Participants	Method					
	FGDs	SSI	IDIs	Photovoice	KIIs	Total
Girls (10-14)	0	9	0	0	0	0
Girls (15-19 years)	5	1	5	10	0	21
Young women (20-24 years)	5	0	5	0	0	10
Boys (10-14)	0	9	0	0	0	0
Boys (15-19 years)	5	1	5	8	0	19
Young men (20-24 years)	5	0	5	0	0	10
Parents or caregivers	4	4	0	0	0	4
Religious and traditional leaders	0	4	0	0	0	0
Teachers	0	4	0	0	0	0
Health and social workers	0	4	0	0	21	21
CBO and youth organisation staff	0	0	0	0	5	5
Total	24	36	20	18	26	86

3.4 DATA ANALYSIS

3.4.1 QUANTITATIVE DATA ANALYSIS

The quantitative data were collected electronically using ODK Collect, extracted with ODK Aggregate and analysed using STATA 15. Descriptive statistics, percentages and frequency tables were generated and used to present the results of the main variables, including disaggregation by gender and age group.

3.4.2 QUALITATIVE DATA ANALYSIS

Interviews and FGDs were recorded, transcribed and checked by research supervisors. All transcripts were uploaded onto Nvivo and coded into thematic areas using a coding framework, while themes emerging from the data were also added. Thematic analysis of the data was carried out using the coding framework and guided by the research objectives that facilitated the identification of common patterns and trends arising from the narratives.

3.4.3 MIXED- METHODS DATA ANALYSIS

The comparison of quantitative and qualitative information allowed for triangulation and enabled the team to draw conclusions on the baseline research questions.

3.5 QUALITY ASSURANCE

The research team implemented quality assurance measures at every step of the research process. The tools were adjusted to suit the local context and were pre-tested with the research team. Based on comments and observations from the pilot, the tools were fine-tuned (where necessary) before the fieldwork. An experienced national researcher led the data collection and monitored quality during the whole process. All research assistants were trained in quantitative and qualitative methods. Research assistants were again trained on ethical considerations during fieldwork by KIT researchers and the national researchers. During the training, key terms in the qualitative topic guides were translated and discussed in the various local languages to ensure that the terms would be understood in the same way across the study areas.

In addition to a WhatsApp group where research team members could discuss field issues, the national researcher and field supervisors were in contact with research assistants on a daily basis to discuss any difficulties that might have implications for the quality of the data. KIT maintained very close communication with the national researcher and field supervisors during the fieldwork. As much as possible, surveys and interviews were conducted in English or the common local language to maximise understanding on the part of study participants.

Completeness of the surveys was monitored continuously during fieldwork. The field supervisor checked the quality of the first recorded interviews and discussed corrective strategies with research assistants. All qualitative interviews were recorded and digitally backed up.

3.6 ETHICAL CONSIDERATIONS

The KIT Research Ethics Committee (REC) approved the study for all countries participating in the Power to You(th) programme. Subsequently, the study was also approved by the Navrongo Health Research Centre Institutional Review Board (NHRCIRB) in Ghana. The team had several ethical considerations about many aspects of the baseline research. All ethical considerations raised by the REC and the NHRCIRB were taken seriously, and measures were implemented to minimise any adverse effects or discomfort the research may impose on an individual, group, institution or community. The research team was also equipped to handle sensitive issues/topics and ensure adequate protection from COVID-19.

4. FINDINGS: ADOLESCENT AND YOUTH PERSPECTIVES AND ACTIONS

This chapter presents the study results on adolescent and youth perspectives and actions relating to harmful practices, SGBV and unintended pregnancy.

4.1 KNOWLEDGE AND OPINIONS ON SRHR TOPICS

Despite lower educational status, NR respondents felt more informed about SRHR topics than those in other regions; however, feeling informed is subjective and may also contain misconceptions

Overall, respondents in the NR reported feeling much more informed across all SRHR topics than those in other regions, with over 60% stating that they felt averagely or very informed about each individual topic. This appears to be partly related to the higher average age of respondents in the NR, as adolescents (aged 15–19) in all regions reported being much less informed than youth (aged 20–24) about the SRHR topics listed, as Figure 3 and 4 illustrate. However, as Figures 3, 4 and 26 show, even when disaggregated by age group and gender, it is apparent that respondents in the NR reported feeling more informed than those in the other study areas (see Figure 26 for more details). This is somewhat surprising given the higher rates of non-attendance and drop-out from education in the NR. NR respondents felt most informed about Kayayei (82%), prevention/testing of STIs (79%), and child marriage (76%), and least informed about communication and decision-making skills (65%) and puberty (66%). Female and older respondents in the NR reported being much more informed about all topics than younger and male respondents. It should be noted that these percentages are a subjective measure of how informed individuals feel and may not reflect (or even closely relate to) full or accurate knowledge of these topics. For example, the qualitative data indicate fairly widespread misconceptions about contraception, with many respondents falsely believing that, for example, hormonal contraception can cause infertility.

UER respondents felt most informed about unwanted pregnancy and safe abortion (44%), puberty (41%) and menstrual health (41%). They were least informed about sexual orientation/identity (9%), accessing SRH services (12%), and SRHR (16%). As in the NR, older respondents reported being more informed than younger respondents about many topics, but unlike in the NR, male respondents reported being more informed than females about several topics, such as family planning and contraception, prevention and testing of HIV/STIs, sexual harassment and abuse, and communication and decision-making skills.

GA respondents felt most informed about Kayayei (78%), emotions, friendship, relationship and love (one topic, 70%), and child marriage (68%). They reported being least informed about accessing SRH services (25%), and sexual orientation and

identity (28%). From the qualitative data, occasions such as festivals were suggested as platforms for educating young people on SRHR and harmful practices.

Figure 3: Youth who feel informed about the different SRHR topics

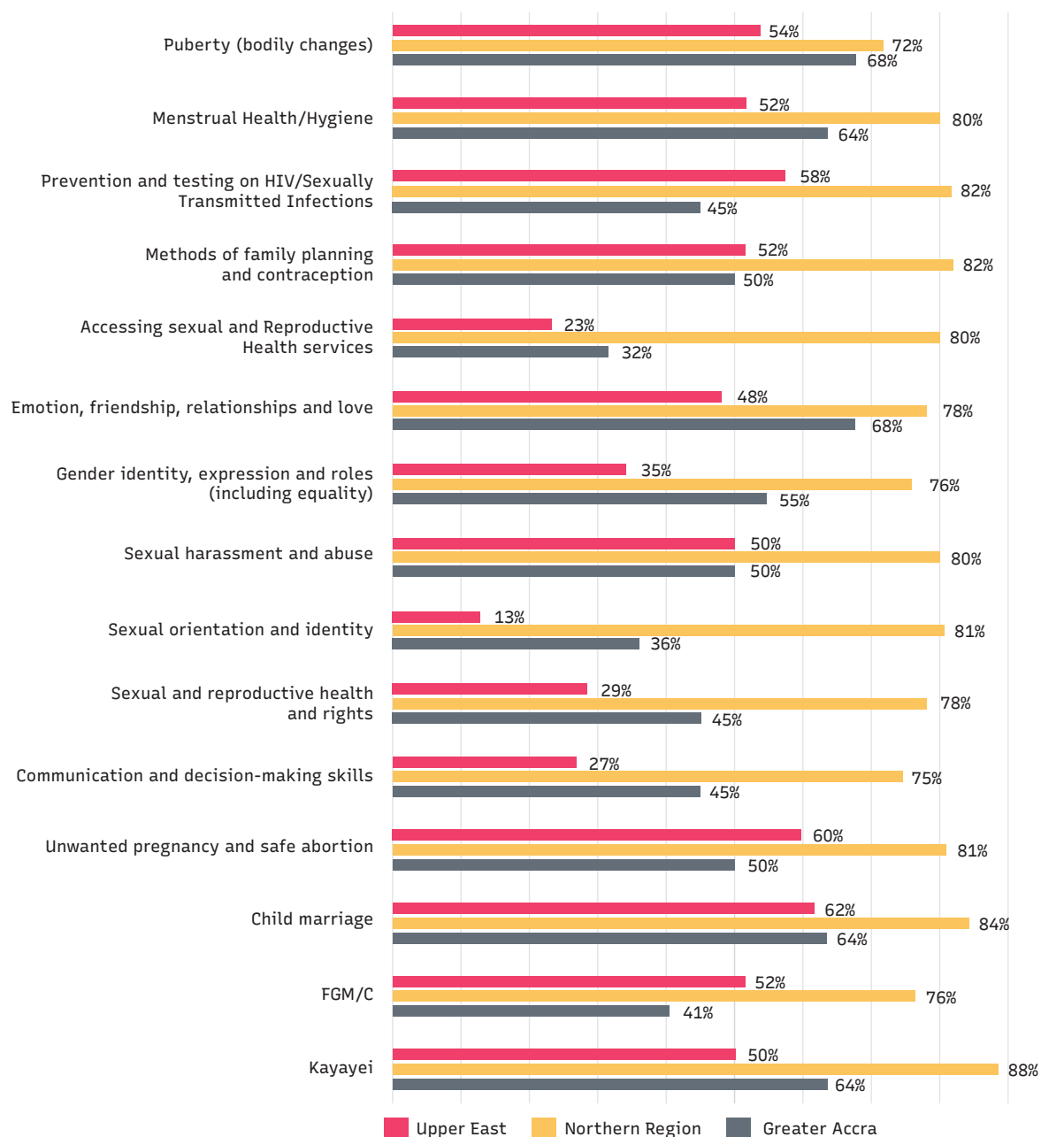
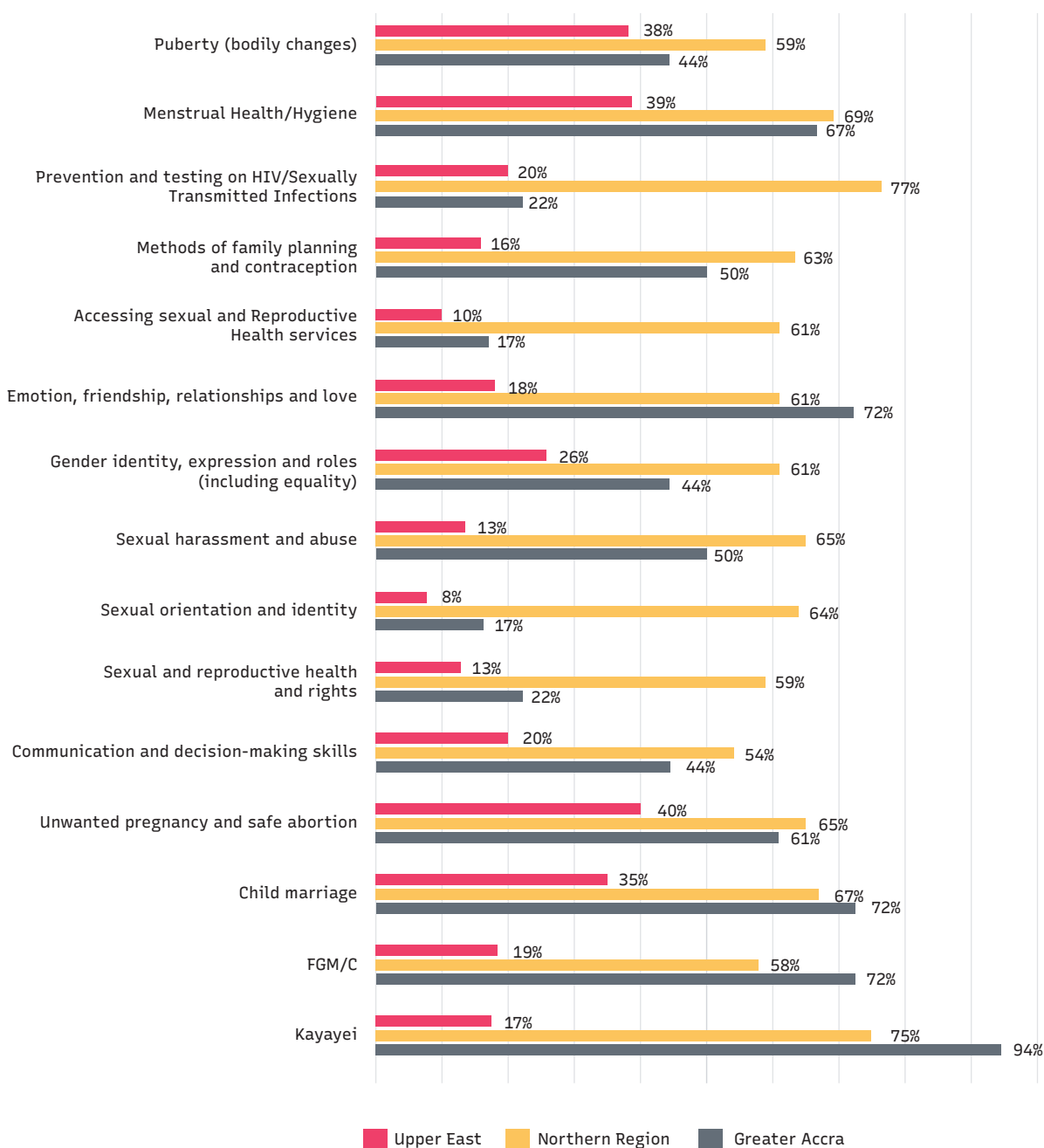


Figure 4: Adolescents who feel informed about the different SRHR topics



Parents, followed by friends and teachers, were seen as the preferred and main source of information and support for access to SRHR services; little attention paid to social media

Respondents were asked about their three preferred and actual sources of SRHR information. Among respondents as a whole, parents, siblings, friends and teachers were commonly mentioned as preferred sources, while health care workers and forms of media were rarely mentioned; mothers were by far the most preferred source of information (mentioned by 41%), followed by friends (18%) and teachers (13%). Fathers were the most common second preferred source of information (21%), followed by mothers (19%) and sisters (18%). On a positive note, there was close alignment between preferred and actual sources of information; for example, between half and three quarters of those whose first preference for SRHR information was their mother, schoolteacher or friends also listed this as their main source of information. Very few respondents (less than 5%) named nurses/health care workers, doctors or any form of media as a preferred or actual source of SRHR information.

Though respondents generally did not view media channels as main or preferred sources of information, when asked which platforms they did prefer to get information on Power to You(th) topics through, there was a strong preference for television and radio, with WhatsApp and Facebook also mentioned by smaller percentages of respondents. Newer social media platforms such as TikTok, Telegram and Instagram were very rarely mentioned. The dominance of radio and television as information sources is supported by qualitative data. Survey respondents aged 20–24 expressed a much greater preference for online media channels (e.g. WhatsApp, Facebook, YouTube), indicating that younger adolescents may be relatively more digitally excluded than those in the older age group. No gendered digital divide was indicated by these responses.

When asked who they felt supported their access to SRH services (such as family planning, and STI/HIV testing or counselling), almost three quarters stated that their parents and their teachers were supportive. While, as highlighted above, health care workers were not viewed as common or preferred sources of information, around three quarters of respondents stated that they were supportive of their access to SRH services. Authority figures such as the police, traditional leaders and religious leaders were rated as the least supportive, in addition (somewhat surprisingly) to peers. Only around half of all respondents stated that these groups were supportive.

4.1.1 CHILD MARRIAGE

Child marriage was widely acknowledged by study participants as a common, harmful and highly gendered practice driven by poverty and closely related to the issue of unintended and teenage pregnancy

Table 4 shows the proportion of respondents who knew the legal minimum age of marriage for girls (which is 18 years). It shows that only a minority knew this minimum age, with most respondents believing that girls must be older than 18 to legally marry. Respondents in the NR were less knowledgeable than those in other study areas, as they were most likely to believe that girls must be at least 20 years old to marry (stated by 31% of respondents). This response was also common in both the UER (30%) and GA (20%) study areas. Overall, only 6% of respondents believed that girls could legally marry below the age of 18 years, with 15 years being the most common response in this range, stated by just 3% of respondents. Male respondents in the UER were most likely to be aware of the correct legal minimum age of 18 for girls.

Respondents were also asked to state the minimum age at which boys could legally marry. Similarly, respondents commonly believed that the legal minimum age for boys was higher than the true minimum of 18 years. In all study areas, large majorities of respondents believed boys must be older than 18 to legally marry, with respondents in all areas of both genders giving higher mean ages for boys than for girls by around 1–2 years. As for girls, 27% of respondents overall believed boys must be 20 years old to legally marry, which was the most common response given in all study areas. An additional 20% believed boys must be 25 years old to legally marry. From the high ages given by many respondents, it may be the case that some interpreted this question as one about the best or preferred age to marry, rather than the legal minimum.

Table 4: Young people who know the legal minimum age of marriage for girls

	Upper East Region	Northern Region	Greater Accra	Total
Females	31.1% (n=37)	21.7% (n=26)	29.2% (n=7)	26.6% (n=70)
Males	40.2% (n=49)	22.6% (n=23)	43.8% (n=7)	32.9% (n=79)
Total	35.7% (n=86)	22.1% (n=49)	35.0% (n=14)	29.6% (n=149)

Child marriage was widely acknowledged by study participants as a common, harmful and highly gendered practice, usually involving girls aged 14 or 15 years old, according to those who gave specific views on the typical age and gender of those involved. No participants mentioned puberty or bodily changes (e.g. menstruation) as an important milestone or marker relating to marriage.

Poverty was viewed as the main driving factor behind child marriage for a variety of (interconnected) reasons. First, many FGD and interview participants reported that parents encouraged or pressured their daughters to enter into marriages and/or sexual relationships (which often led to marriages) with older, wealthier men, as these were commonly viewed by parents as a means of gaining financial security for themselves and their families. This was very often discussed by participants as a major factor driving child marriage, even though, according to one key informant, it had become far less socially acceptable in recent years to force someone (e.g. a child) into marriage. This negative view of the practice was echoed by many participants, with none suggesting the practice was desirable or positive for young people. Several adolescent FGD and IDI participants suggested that child marriage was an infringement of (girls') rights, particularly for those married to a much older person or someone they did not like.

In addition, dropping out of school, and a general lack of educational and employment opportunities were discussed by many as leading girls themselves to seek child marriage as a means of seeking financial security. Often participants implied that girls (but not parents) driven by such motives were underhand or deceitful, as they were seen as tricking men or pursuing them purely for financial gain.

While parents were mentioned by qualitative participants as frequent instigators of child marriage, they were rated by female survey respondents as the most supportive social actors in helping to tackle child marriage in both the UER and NR (see Figures 5 and 6), though they were not rated as highly by male respondents. Overall, NR respondents viewed health care workers, teachers and peers as most supportive in tackling child marriage, while those in the UER felt most supported by teachers, parents, religious leaders, and traditional or community chiefs. It should be noted that in the UER, for all these social actors except parents, males felt far more supported by females. As this suggests, large gender differences were observed, with male respondents feeling generally more supported by all groups except parents in the UER region, while in the NR, females felt more supported by parents, other family members, and traditional or community chiefs. As Figures 5 and 6 show, respondents in the NR generally felt far more supported than those in the UER.

Figure 5: Female and male rating of level of support provided by a range of social actors in tackling child marriage (Upper East region)

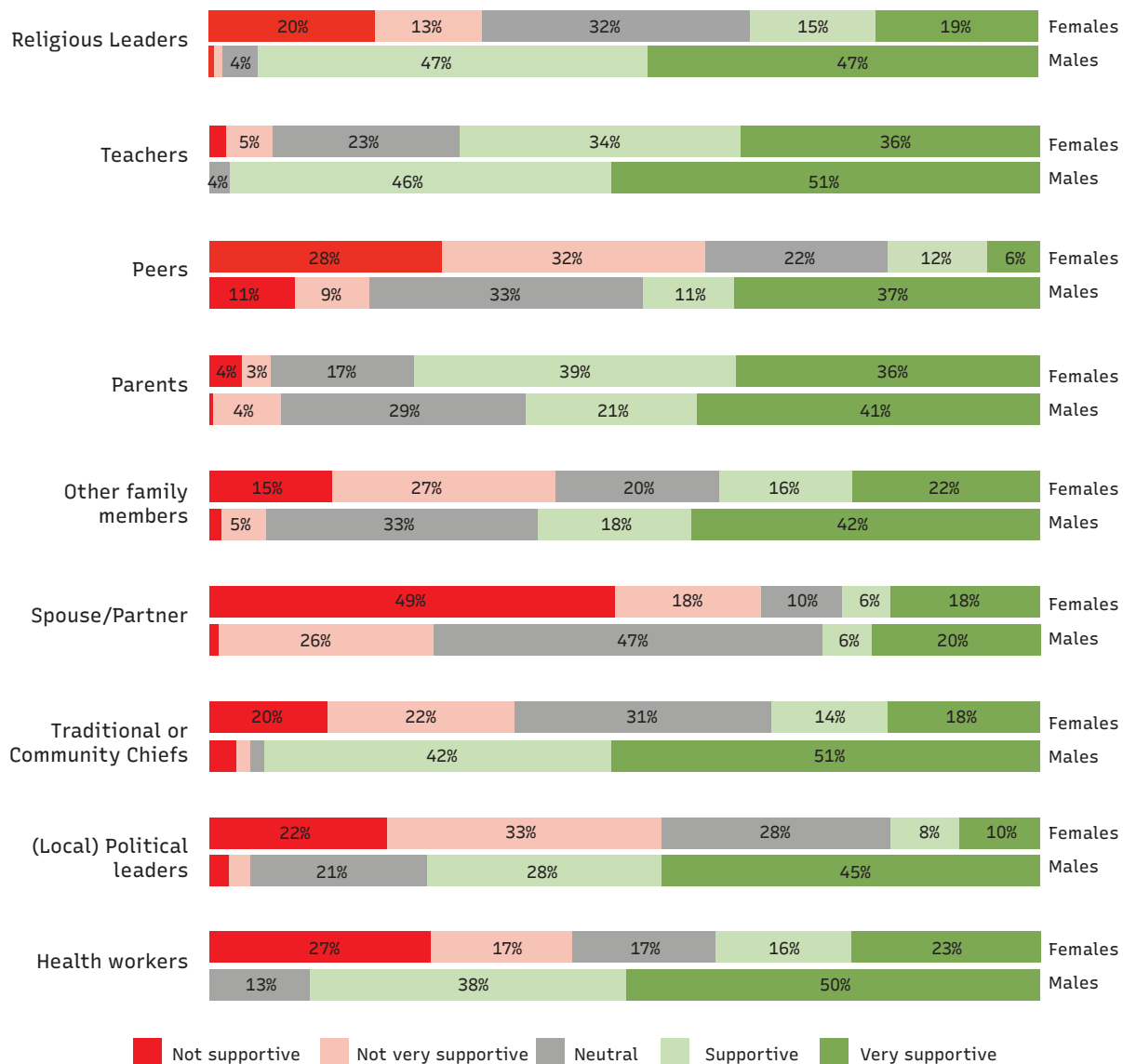
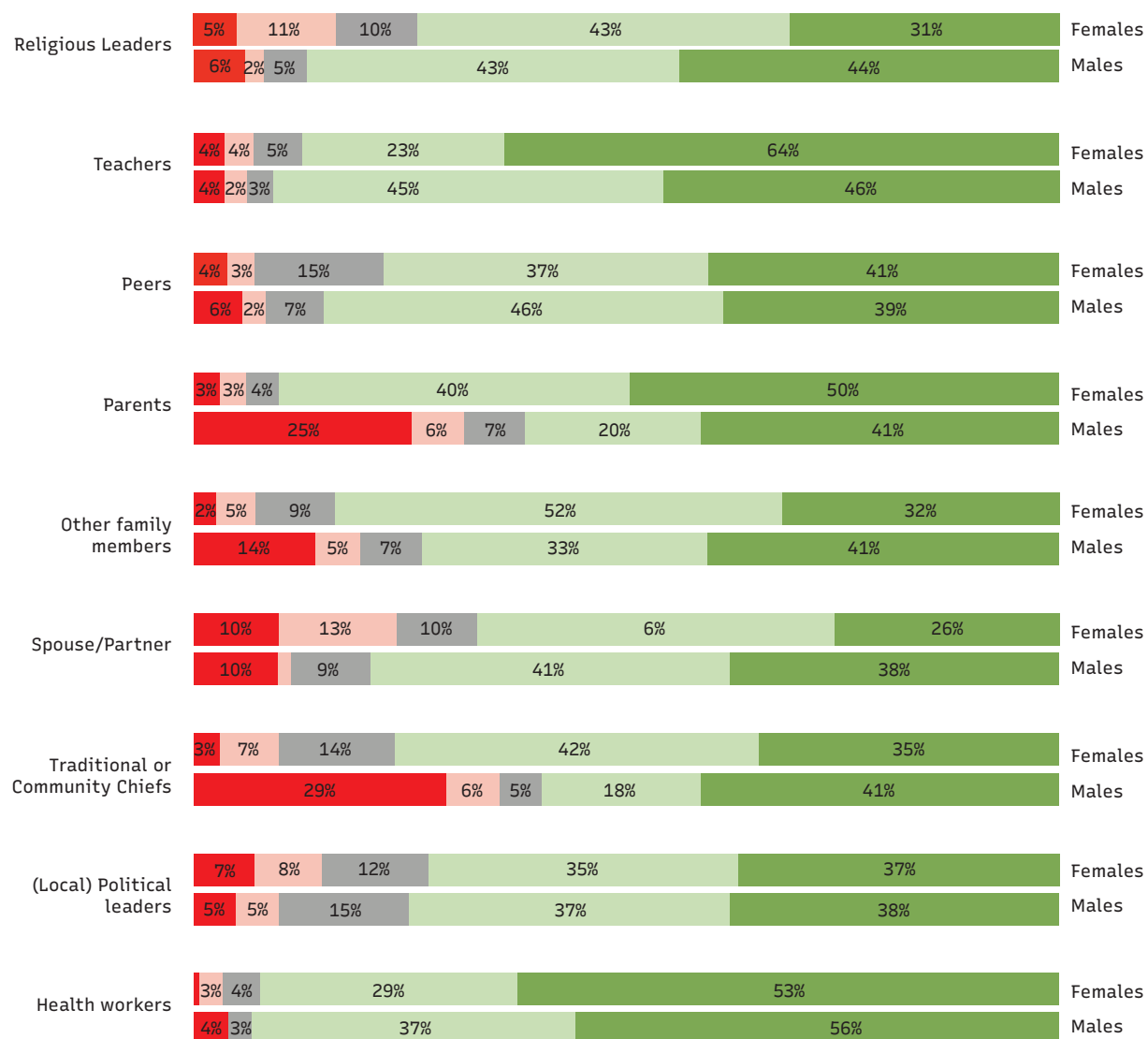


Figure 6: Female and male rating of level of support provided by a range of social actors in tackling child marriage (Northern region)



Child marriage was also discussed as being closely related to the issue of unintended and teenage pregnancy, both as a way of reducing social stigma for a girl and her family after someone had already become pregnant, and also as a pre-emptive means of ensuring that a girl who was considered disobedient, of poor moral character and/or sexually active would not have a child outside marriage. In these scenarios, it was suggested that despite the apparently increasingly negative view of child marriage (and those who pressure children into them), child marriage was still often considered a preferable outcome for both the girl and her family compared to the possibility of having a child outside marriage. As discussed above, the role of parents in arranging child marriages was very commonly mentioned by study participants. This was also related to a lack of agency on the part of young people (typically girls) to resist or

refuse a child marriage; obeying parents was discussed by one group of girls and young women aged 15–19 in a FGD in Accra as unavoidable, even though these participants viewed the practice negatively:

“I cannot refuse my parents [if they insist I marry] because they gave birth to me, so I have to follow whatever they tell me.” (FGD with females, 15–19 years, Accra)

An 18-year-old male from the NR elaborated on some of the practical limitations for girls wishing to resist such marriages arranged by their parents. He mentioned that even when girls attempted to run away from home (often to go to Accra to seek Kaya work) as a means of resisting a (forced) child marriage, her parents would inevitably find her and bring her home, after which she would be forced to marry. This lack of agency was explicitly mentioned as being highly gendered, as the same participant stated that if a boy did not wish to marry, then they would not be forced to. These differences in how child marriage affects boys and girls, and how they respond to it, were also reflected in the quantitative data (for example, in the assessment of the level of support provided by a range of social actors, discussed above).

Acknowledging these difficulties faced by some young people in exercising their agency, several participants expressed strong views about the importance of respecting (girls’) rights and choice in selecting a marriage partner; for example, one 18-year-old male suggested that a person should only get married when they were ready for marriage, to a person they liked, due to the permanence of marital relationships and the infringement of rights involved in denying a young person’s agency (particularly that of a girl) in such an important life decision:

“We are not old, but we know very well that a marriage is one of the most essential things in our life because you are going into it forever. So, let’s say, I don’t like the person I’m getting married to, which means you are imprisoning me with such a person forever, which is a huge burden on the rights of the girl.” (IDI, male, 18 years, Builsa South, UER)

4.1.2 FGM/C

FGM/C no longer common or accepted by the large majority of study participants

Table 5 shows that the level of knowledge about the legal status of FGM/C is high among the study participants, irrespective of location and gender (though males in the NR were less aware than others of its illegality). That high level of knowledge about the illegality of FGM/C seems to have translated into a high level of abhorrence for the practice, as evidenced by the qualitative narrative.

Table 5: Young people who know the legal status of FGM/C

	Upper East Region	Northern Region	Greater Accra	Total
Females	78.3% (n=65)	93.4% (n=71)	46.2% (n=6)	82.6% (n=142)
Males	89.8% (n=53)	64.6% (n=31)	83.3% (n=5)	78.8% (n=89)
Total	83.1% (n=118)	82.3% (n=102)	57.9% (n=11)	81.1% (n=231)

Most qualitative participants indicated that they only became aware of FGM/C by reading about it and through stories told by people in the community. It was clear that most young participants were not born when it was in full practice in their community. For example, in an SSI in the NR, a nurse mentioned that FGM/C was not practised in the community and was rarely heard of. Community leaders also stated that it was no longer practised due to education and sensitisation over the years.

“For female genital mutilation, it been a while I heard of it; it was when we were growing up that we heard of it and all that. Currently, in 2021, something that I hardly hear often, even though I still hear some communities still practise it, but around here I have not heard of female genital mutilation.” (SSI, health care worker, Tamale, NR)

“I think for the female genital mutilation, that one is now old-fashioned, it’s no more there again, and for that matter, I will not talk about it because if I try, it will be like I am lying.” (SSI, female teacher, Builsa South, UER)

Participants shared various reasons why the practice was no longer condoned in their communities. For example, they cited potential disease transmission because of the use of the same cutting instruments for different girls, and others spoke about women having difficulty during childbirth because of FGM/C. However, it should be noted that when asked if they could name any benefits of FGM/C, while most potential benefits (for example, improved marriage prospects or religious approval) were not suggested by more than 5% of survey respondents, 27% of respondents in the UER suggested that FGM/C could preserve a girl’s virginity by preventing premarital sex.

When asked about their views on how the practice of FGM had stopped, most attributed it to various education and sensitisation activities on the adverse effects (e.g. during childbirth) and laws prohibiting the practice. Some contrasted this with other harmful practices such as child marriage and rape that are still prevalent. When asked about specific adverse effects associated with FGM/C, most survey respondents highlighted the medical and pain-related impacts, but 31% of UER respondents also mentioned that not undergoing FGM/C increased sexual pleasure for women.

“But I think with civilisation, modernisation and education it has been reduced, but all the same it is not a good practice for one to go into because... it gives pain to the female child.” (SSI, male teacher, Kpandai, NR)

This negative view of FGM/C was consistent with youth and adolescent survey responses; for example, only 2% of respondents stated that they intended to have the procedure done to their (future) daughters, while 89% said that they did not think the practice should continue.

4.1.3 SEXUAL AND GENDER- BASED VIOLENCE

SGBV was common and, although generally disapproved of, a certain level of normalisation was found, leading to low levels of reporting and conviction

About a third of the respondents in the NR and one in five respondents in UER knew someone who had been sexually abused. This was lower for respondents in GA, though it should be noted that the number of GA respondents was small and they were all young women engaged in *Kayayei*, and can therefore not be considered representative of youth in the region (see Table 6).

Table 6: Young people who know anyone who has been sexually abused

	Upper East Region	Northern Region	Greater Accra	Total
Females	23.5% (n=28)	34.2% (n=41)	16.7% (n=4)	27.8% (n=73)
Males	13.9% (n=17)	34.3% (n=35)	6.3% (n=1)	22.1% (n=53)
Total	18.7% (n=45)	34.2% (n=76)	12.5% (n=5)	25.1% (n=126)

Qualitative participants also indicated that (S)GBV was common. Intimate partner violence, where men beat women (but women beating men was also mentioned) and rape were the most commonly discussed forms. While some participants said the number of cases might be decreasing, others felt they were rising. The COVID-19 pandemic was felt to be a contributing factor to the possible rise. During an SSI, a female NGO representative said:

“Recently we attended a workshop forum at the Sagnarigu Municipal Assembly on gender-based violence, and COVID-19... has even increased that, especially with the women and children staying at home a lot, the lockdown, being restricted inside home, it brings out all these kinds of violence on the women and children. So based on our study and engagement with the young ladies, they have been violently attacked by their

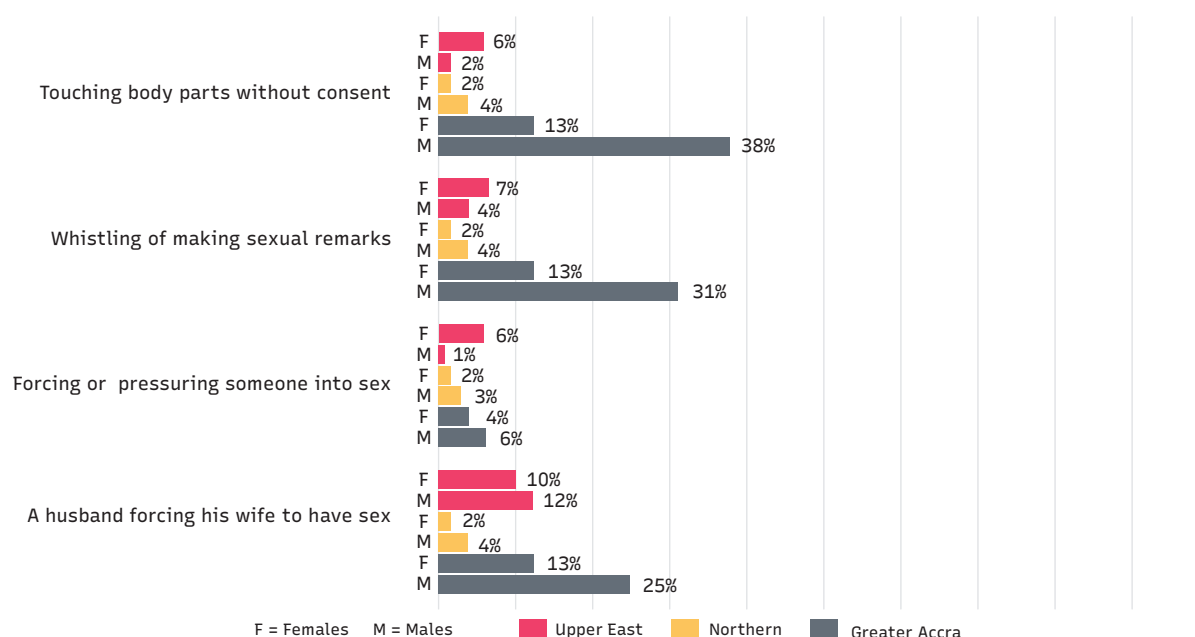
spouses one way or the other. Some don't do anything so they just stay in the house, so as a result of that they become so vulnerable at a point that their partner feels they can do anything to them." (SSI, female NGO representative, Tamale Metro, NR)

While in GA and the UER fewer survey respondents knew someone who had been sexually abused, a higher proportion in these regions (28% and 13%, respectively) than in the NR agreed that any one of the described forms of sexual abuse was acceptable (see Table 7 and Figure 7). Males were more likely than females to agree that (any one of the described forms of) sexual abuse was acceptable. It should be noted that the very small number of respondents in GA means we cannot draw strong conclusions about patterns (particularly disaggregated by gender).

Table 7: Young people who (strongly) agree that at least one form of sexual abuse is acceptable

	Upper East Region	Northern Region	Greater Accra	Total
Females	10.9% (n=13)	1.7% (n=2)	12.5% (n=3)	6.8% (n=18)
Males	14.8% (n=18)	5.9% (n=6)	50.0% (n=8)	13.3% (n=32)
Total	12.9% (n=31)	3.6% (n=8)	27.5% (n=11)	9.9% (n=50)

Figure 7: Survey respondents' views on the acceptability of different forms of SGBV



Qualitative participants generally expressed disapproval of SGBV. However, as in the quantitative data, a certain level of normalisation was also found. A social welfare officer said the following:

"Sexual and gender-based violence is something that goes on everywhere. We, people experience it not just in their homes, people experience it in the office, some people are abused sexually at other different places, so it is a common thing that people do without even knowing that it is a crime and they think that it is their right to do it." (SSI, social welfare officer, Kpandai, NR)

From conversations with younger people, it appears there is sometimes a thin line between what is considered a consensual or non-consensual sexual relationship (referred to as rape), both by themselves as well as community members. During an IDI a girl aged 10–14 years talked about a rape that took place in the community and was reported to the chief's palace:

"Interviewer: What happened when they went to the chief's palace?

Response: They informed the chief, and the boy was asked how they met. And he said they met somewhere and became lovers. That is what I heard.

Interviewer: What happened at the chief's palace?

Response: The chief said, 'They are lovers, so no crime has been committed.'"

(IDI, female, 14 years, KNW, UER)

During a photovoice session in Kpandai district (NR), a 22-year-old participant described how he raped a girl who then became pregnant:

"I am going to show you people all about these pictures, this one shows my dad, this is the room that I used to rape that girl. And this is the girl, this is the chief's palace. (...) the reason is that I was hiding using that girl, which my father is not aware of, and we live in a poor home, so I will not send the girl in the room I stay [where] my dad can see. So all the time I used to send her in this room and that was my first time I did that (...) and it happened one day the girl met me on the road and said things are not moving well, that she is pregnant, and how to tell my dad that I have impregnated a girl was something very difficult for me, and the girl's parents have attacked me." (Male photovoice participant, 20–24 years, Kpandai, NR)

The girl he was referring to is currently married to him and was also a participant in the session.

Various participants explained how normalisation—but also community relations—led to a low level of reporting and conviction of (S)GBV cases. A CSO actor explained how this ignorance of cases further induced normalisation.

"When cases of SGBV happen, people know that is wrong, all right. But that push that will make them go and report, I think we still need to stress more. And then I think that they need to be done a lot in terms of the traditional authority, like so we encourage them that, okay, so after the person has reported to you, this is another step that you could take to make sure that the person actually has justice. Because you know, when ... SGBV happens in your community and then you still allow for it to go on, you know, people will think that, okay, I can do anything and get off the hook." (SSI, female CSO representative, Builsa South, UER)

Poverty was seen as one of the main driving factors of SGBV, while girls were regularly accused of and stigmatised for being responsible for the act.

Most qualitative participants mentioned poverty as one of the key drivers of (S) GBV, as well as the use of alcohol. Both can lead to husbands not providing their wives with money for household necessities such as cooking ingredients, which causes disagreements. This suggests that women's economic dependence on male partners is a driver of SGBV. Other causes regularly mentioned were a general lack of education, ignorance, and a refusal of wives to have sex after giving birth.

Sometimes rape resulted from a girl refusing a relationship with a boy, after which the boy might want to exercise power and control over her by raping her. Drug/alcohol abuse and watching pornographic content were also cited as causes.

"Hmm, look, the men put drugs like tramadol into energy drinks and take them. They sniff and smoke and believe it makes them strong, confident and fearless. So when they see a woman they are interested in and the woman hesitates. All what they do is to plan, take in their drugs and rape her in an obscured place." (FGD with males, 15–19 years, Builsa South, UER)

However, a rape victim's mode of dressing was regularly cited as a contributing factor to SGBV, even by girls themselves:

"It also the fault of the girls. If I wear a mini skirt and my thighs are exposed when walking, very short shirt and buttocks are visible and breasts raised up, if you walk in front of a man and he sees everything in you, he will develop an interest in you and he will come to you and propose. And if you refuse, he will be watching you in every way you go and you know. If you get to a place where there is nobody around and because of the things you are wearing it will be easy for him to do what he wants." (FGD with females, 15–19 years, KNW, UER)

It was also more often girls than boys who seemed to suffer stigma, blame and mockery after rape, as expressed in these quotes:

“Participant: They know someone has slept with you so you are no more a virgin. So always, wherever she passes they will be pointing fingers at her. But the guys they don’t feel shy when they are saying it, but the girls always feel shy.

Interviewer: So why do you think the guys don’t always feel shy?

Participant: Because the guys ‘ha ha ha’ they don’t take it to mean something serious. The main thing is because they have not reported him, he is not publicly known. The community know that someone has slept with the girl but they don’t know the particular boy that has done that. So, the guy knows that he has threatened the girl so there’s no way that she will let anyone hear. No one knows.” (Female photovoice participant, 21 years, Builsa South, UER)

A lack of discipline, resulting from poor parenting (among other factors), was mentioned by several participants as a cause that needed to be addressed by restricting younger people.

“[The causes of SGBV include] not being disciplined because our parents if they discipline us, we won’t be going out in the night going for jams or looking for boys to date them, we will be led into those acts.” (IDI, female, 16 years, Kpandai, NR)

4.1.4 UNINTENDED PREGNANCY

Knowledge of modern methods of contraception are higher in the NR than elsewhere

Knowledge of modern methods of contraception was highest (87%) in the NR and much lower (47%) in the UER (Table 8). Even comparing those in the same age group, levels of knowledge were much lower among adolescents aged 15–19 in the UER (37%) than the NR (84%). Those in the UER were also far likelier than those in other areas to name abstinence as the only contraceptive method they knew (14% compared to just 1% in the NR). Under half (44%) of the male respondents in GA had knowledge of a modern method of contraception.

Table 8: Knowledge of modern methods to prevent pregnancy

	Upper East Region	Northern Region	Greater Accra	Total
Females	37.0% (n=44)	93.3% (n=112)	54.2% (n=13)	64.3% (n=169)
Males	57.4% (n=70)	79.4% (n=81)	43.8% (n=7)	65.8% (n=158)
Total	47.3% (n=114)	86.9% (n=193)	50.0% (n=20)	65.0% (n=327)

Among those able to name a modern method of contraception, the most common was male condoms (52% of respondents), followed by the contraceptive pill (38%). Very few named (male or female) sterilisation, the calendar method, intrauterine devices or emergency contraceptives. Most respondents were able to name at least two methods of contraception, but, as highlighted above, there were large regional differences, with few in the UER (particularly females) able to name common contraceptives such as male condoms.

The qualitative data suggest awareness of a wide range of contraceptive methods. For example, many respondents mentioned condoms and the contraceptive injection, and others frequently referred to family planning in general. Abstinence was also often mentioned as a contraceptive method. One young male FGD participant explained that those who lacked the 'self-control' to abstain from sex could use family planning to prevent unintended pregnancy. However, some participants reported that they did not use contraception because of the side effects. Many of these respondents felt that the side effects varied between individuals, meaning that some women might use contraception without experiencing any, while for others it might damage their womb and make them infertile. Such beliefs were associated with the use of hormonal contraceptives. One young woman shared:

"Some people when they take family planning and it keeps long in their body, it prevents them from being able to give birth again. That's why some people don't want it, but some people do it paaa. Some people can do it for 3 or even 4 years, so everyone and their system, some people can take family planning and it will spoil their womb."
(FGD with females, 20–25 years, GA)

Deeply rooted perceptions on the need to abstain from sex outside marriage; parental poverty, school policies and tradition seen as causes of unintended pregnancy

Despite participants' awareness of contraceptive methods, there is a general perception among all type of participants that sex must not occur outside marriage, and that men and women who are not married should abstain from sex. They are not expected to engage in sex at all and, therefore, have no need to discuss contraception. These perceptions are deeply culturally and religiously rooted. During an SSI a chief shared:

"They should just abstain from sex. We don't expect them to do family planning at their age. No, we don't like it that way. Our concentration is abstinence." (SSI, chief, Builsa South, UER)

Regarding the causes of unintended pregnancy, most participants indicated parental poverty. It was suggested that if parents were unable to provide for the basic needs of women and girls, it led them to engage in sexual relationships, resulting in pregnancy. In addition, the low social value placed on women, peer group influence and the use of smartphones were mentioned.

"...I think peer group influence and parental poverty is the cause of all these pregnancies, poverty means the mother doesn't have money, the father doesn't have money to take care of her. When she goes out and finds her colleagues engaging in all sorts of relationships to meet their needs, what do you think will happen to her?" (IDI, young woman, 14 years, Kpandai, NR)

Some participants felt that educational policies caused unintended pregnancy, citing the government's free senior high school policy that allows students to spend more time at home instead of in school. In their view, this allowed adults to have access to young girls and lure them into sexual relationships. Other participants thought the school re-entry policy that allows pregnant girls to return to school after pregnancy was serving as a perverse incentive. They explained that knowing they could return to school made girls less cautious about engaging in unsafe sexual practices.

Most participants also cited tradition as a cause. They explained that parents who only had female children were not respected and valued, since they believed that one day they would marry, and when the parents passed away, the family line would end. In light of this, the last child was compelled to give birth for the family before marriage.

4.1.5 PERSPECTIVES ON HEAD PORTAGE OR KAYA BUSINESS AS A HARMFUL PRACTICE

Head portage or *Kaya* business is a common harmful practice in Ghana that is heavily interlinked with the other SRHR topics in this study. Unintended pregnancy and running away from child or forced marriage are factors which drive women into the profession, while those working as *Kayayei* are extremely vulnerable to SGBV and at increased risk of unintended pregnancy.

Women engaged in Kaya business in Accra live a tough live in poverty with few opportunities

The data show that life for women engaged in head portage in Accra⁶ is a tough one. Some explained that there were days when they did not earn money, and had to either deplete any existing savings or go hungry. Others said that it was difficult to save because they had to pay for basic amenities such as access to toilets and washing

6. Women engaged in head portage are called 'Kayayei', while the profession is known as 'Kaya business'.

facilities, or remit money to their parents. Nearly two thirds (20, or 59%) of the 34 *Kayayei* respondents to the quantitative survey indicated that they were unable to put any of their income into savings. However, 19% stated they could save half or more. All *Kayayei* participants repeatedly mentioned that the cost of living in Accra was too high for them, particularly in comparison to their home regions. Most of them expressed interest in going back to their villages if they could find income-earning opportunities there; however, 68% of *Kayayei* survey respondents stated that they did not have any income-earning skills apart from head portage, which indicated the extent to which many felt trapped in the profession. Some also explained that despite their difficult lives in Accra, their parents still exerted pressure on them to remit money. All *Kayayei* photovoice participants frequently recounted how they wanted to go back home but could not afford the travel costs. *Kayayei* participants with children mentioned that having the children was a mistake, which they would not like to repeat, yet none of them could explain how to avoid such errors. Around a third (32%, or 11 of the 34 *Kayayei* surveyed) had children. Eight of these had given birth since migrating for *Kaya* business work, but none had more than two children. As highlighted in the qualitative data, most of those with children reported that there had been times when they had been unable to afford food (reported by 9 of the 11 respondents) and health care (also reported by 9) for their children, while almost half (5) stated that they had not been able to afford their children's school fees.

"Today, for instance, since we came out, I haven't carried one Kaya yet, so what will I eat? And I am also with a baby, I am sitting here hungry, and the baby is crying. Where will we get the money from? But if I was in my hometown, like by now, I [would] have eaten more than twice kraaa." (Photovoice with *Kayayei*, 15–19 years, Accra)

Young women in Kaya business are extremely vulnerable to SGBV and have little agency to protect themselves or report crimes

Kayayei felt vulnerable to violence. Participants unanimously reported that young women engaged in *Kaya* business in Accra were frequently abused verbally and physically by customers and the general public but did not report it to the authorities because they were not respected. Some *Kayayei* participants mentioned that they could not report it to the police when they were abused because they did not receive help and were perceived as disrespectful. For example, some participants said that they engaged in fetching water for food vendors when *Kaya* business was low, and they were physically and verbally abused by these vendors.

"They insult you, but it is all part of the wahala [trouble]; when you wake up, and there is no work, you will come to the bar owners and ask whether they have work for you or not because I need food and water for myself and my child. So if they insult you, you keep silent." (Photovoice with *Kayayei*, 17 years, Accra)

Others explained that due to limited access to sanitary facilities such as water and washrooms, they could not keep themselves clean and were often considered dirty. The most common issues reported by *Kayayei* through the quantitative survey (34 respondents) were accommodation/housing problems (62%), maltreatment by customers/other people (59%), and physical abuse (41%). Nearly a third of them (29%) reported they had personally experienced sexual abuse/harassment.

"For the washroom err, they mock us daily that we don't like bathing and that we do not want to bathe twice a day, but it is because of the money. If you wake up and you haven't had work to do yet, it is the saved money that you will remove from for food and also bath, so when people see us here they say we don't like bathing in the morning, only in the evening, but if we were in our hometown, even three times if we want we can bathe, because it is free." (Photovoice with *Kayayei*, 15–19 years, Accra)

Poverty and limited opportunities are the main driving factors of *Kaya* business. The data show that several factors drive young women into *Kaya* business, the primary among these being seeking an income. Some *Kayayei* participants mentioned that they dropped out of school because their parents could not afford basic educational materials and school fees, and they ended up as *Kayayei* in Accra. This category of participants was often quick to add that they would like to go back to school or learn a trade if they had the opportunity. Some participants shared that they moved to Accra in search of money and indicated they would return if jobs were created in their villages. This closely aligns with the quantitative data, as 100% of the *Kayayei* respondents who had migrated to the south stated that the reason for doing so was to escape financial difficulties. Other *Kayayei* participants in the qualitative study explained that they had come to Accra following the advice of their relatives and other community members who had been there. They said that such advice painted a rosy picture of life in Accra, which strongly motivated them to move.

"...there's no money there, and people came there and said they are coming here to work, so I came with them to see if I will also get work to do because if I stay home, I won't get any work to do." (IDI, young woman, 17 years, Accra)

Non-*Kayayei* participants living in areas where most *Kayayei* participants originally come from also shared their perspectives on the factors influencing girls' decisions to travel down to Accra to engage in *Kaya* business. Frequently, participants mentioned forced marriage, broken homes, a lack of jobs, teenage pregnancy and poverty as the factors driving young women to become *Kayayei*. Describing the impact of forced marriage, a participant explained that when young girls were pressured into marriage and ran away, their parents often found them and took them back home to marry; any further resistance could lead to being disowned by their families. To avoid this, they

ran to Accra, a big city where their parents could not find them and force them into marriage. Other participants also mentioned that some parents took their children out of school to help on farms. Such children often ended up as *Kayayei* in Accra, while others said some girls move to the south (Accra) because of peer pressure.

"After a while, a friend of mine said I would be able to get some money to take my children to school. My first child is schooling and with my mum, but the younger one is not schooling yet. I want to save some money so that I can bring the younger one over here to school." (IDI, Kayayo, 20–24 years, Accra)

Kayayei study participants explained that they would stop practising *Kaya* business if they received help, as they chose the work due to limited income-earning opportunities in their places of origin (northern Ghana). Others explained that they had come to Accra intending to get money to return to school but ended up growing past school age and would now like to learn a trade instead. This aligns with the quantitative survey data, as when asked what kinds of initiatives would be useful to them, most of the 34 *Kayayei* respondents said vocational skills training (59%) or entrepreneurship skills training (56%). Relatively few (12%) wanted direct cash transfers.

"If we will stop, it depends on the help they will give us. If you are working and get the money, you can use the money to take care of yourself. There will not be the need to come here [to Accra]. We need work to do. It is not like coming to Accra is just nice for us. The work is what is important." (FGD with *Kayayei*, 15–19 years, Accra)

4.2 VOICE AND AGENCY

4.2.1 CAREER ASPIRATIONS

Youth believe in the future and have dreams and aspirations, but have little agency in achieving them, mainly because of a lack of financial support and related consequences

One of the assets required for positive youth development is belief in the future, including goals and meaningful choices. Almost all young people interviewed had career aspirations and were working towards achieving them. Some aspirations mentioned during qualitative discussions are summarised in Table 9.

Table 9: Dreams and career aspiration of young people

Business person	Mechanic	Police officer
Footballer	Seamstress	Soldier
Teacher	Electrical engineer	Baker
Journalist	Agricultural engineer	Contractor
Mason	Driver	Transport operator
Minister of Finance	Professor	Weaver
Accountant	Hairdresser	Architect
President	Caterer	Bank manager
Lawyer	Trader	
Nurse	Researcher	

However, participants acknowledged challenges to achieve their dreams and aspirations, particularly a lack of financial support. Other threats mentioned were a lack of 'links' to persons in powerful positions, teenage pregnancy, a lack of land on which to situate businesses, a lack of electricity, a lack of boreholes (limited access to water), and the inaccessibility of education.

Generally, participants saw education as the main means by which they could achieve their dreams. There were, however, concerns about challenges in the educational system, including the double track system, and the poor quality of education in villages. The quantitative data also suggest that most young people do not feel that they are involved in deciding how much education they will get. Despite the higher school drop-out rate in the NR, those in this region were more likely to report being involved than those in the UER (59% and 32%, respectively), but no gender gap was observed. For example, for those aged 20 and under, only around 40% of both girls and boys reported that they were involved in making this decision. This means more than half do not feel involved in important decisions about, for example, whether or not to stay in school. Nevertheless, study participants expressed determination to be agents of their own future development. Despite this determination, some participants spoke about practices such as alcoholism and smoking marijuana as career barriers.

"The way I also see it is this, as we are in this community, there are things that happen to us and our tomorrow (future) do not go well. These things are alcoholism, weed smoking and other stuff that we take. The taking of these things will distract your mind and it will prevent you from not getting anywhere. That is how I also see it." (FGD with males, 20–24 years, Builsa South, UER)

A teacher in Kpandai district observed that it was critical for young people to be given career guidance. Kayayei participants in Accra also shared their dreams and

aspirations; however, theirs were more generic than specific. Their main dream was to secure a job back home in the north of Ghana. The high cost of living in Accra was their main concern and the reason for wishing to have a job in the north where they could stay in their family homes.

4.2.2 ROLES OF YOUNG PEOPLE

Though youth had multiple time-consuming roles and responsibilities at home, in school or in the community, a majority felt they had a say in deciding what to do in their free time

Young people's voice or agency is also partly determined by their desire and ability to make decisions and drive change—in their own lives, in their communities and in larger spheres of influence. Such desires and ability are expressed in the roles they play in everyday activities at home, in school or in community-wide activities. All young FGD and IDI participants reported that they had various roles to play as members of families and communities, summarised in Table 10. From the quantitative data, most young people (79%) reported that they themselves were (one of those) involved in deciding what they did in their free time, indicating that four in five have some agency over the use of their leisure time (see Table 21 in Annex 6 for these data, and other survey data relating to young people's involvement in various decisions about their lives). Of the one in five respondents who did not state that they themselves played a role in such decision-making, around half reported that their father alone decided, while 17% indicated that it was their mother alone who decided. Interestingly, male respondents were more likely than females (25% compared to 17%) to report that they themselves were not involved in deciding how to use their leisure time.

Table 10: Roles and responsibilities of young people

Family level	School level	Community level
<ul style="list-style-type: none"> ▪ Fetching water for the family ▪ Household chores: cooking, washing ▪ Running errands for the family ▪ Supporting parents on the farm ▪ Support parents at the market ▪ Caring for young ones 	<ul style="list-style-type: none"> ▪ Going to school ▪ Attending classes ▪ Respecting and obeying teachers ▪ Learning well 	<ul style="list-style-type: none"> ▪ Reporting crime to the law enforcement agencies ▪ Protecting government properties ▪ Participating in communal labour ▪ Obeying do's and don'ts of the community ▪ Educating youth clubs about harmful practices

A few participants were concerned that their household and community roles could be time-consuming and pose a threat to their ability to achieve their dreams. Such threats were partly related to gender. While most participants stated that gender did not affect the ability of an individual to achieve their dreams, some held contrary views. They said that girls could get pregnant, and that some parents were reluctant to take care of their daughters because they claimed such investments would only benefit the husband, since the girl would eventually marry. Some also suggested that girls were often sexually harassed, which could affect their ability to achieve their dreams.

"Our parents said because we are girls, if they take good care of us and we become whom we want, we will go and marry and be looking after our husbands and children and will not mind them. But it is not also true." (FGD with young women, 15–19 years, KNW, UER)

4.2.3 EXPRESSION OF OPINIONS

About half of the youth surveyed felt they could express their opinion about relationships, love, puberty and pregnancy in the community; in the UER more than in other regions

Voice and agency are also manifested in how young people feel about expressing their opinions on matters such as puberty, relationships, love and pregnancy as they seek to locate themselves in society. Table 11 presents how study respondents felt about expressing their opinions; it shows that, overall, fewer than 50% felt capable of expressing their opinions on such matters. It further shows that young people in the UER felt more confident expressing themselves about relationships, love, puberty and pregnancy compared to those in the NR and GA. While the perceived ability to express oneself was almost the same among males and females in the UER, in the NR, more females (42%) felt they could express themselves than males (29%).

Table 11: Young people who feel able to express opinions about relationships, love, puberty and pregnancy

	Upper East Region	Northern Region	Greater Accra	Total
Females	64.7% (n=77)	41.7% (n=50)	8.3% (n=2)	49.1% (n=129)
Males	65.6% (n=80)	29.4% (n=30)	31.3% (n=5)	47.9% (n=115)
Total	65.2% (n=157)	36.0% (n=80)	17.8% (n=7)	48.5% (n=242)

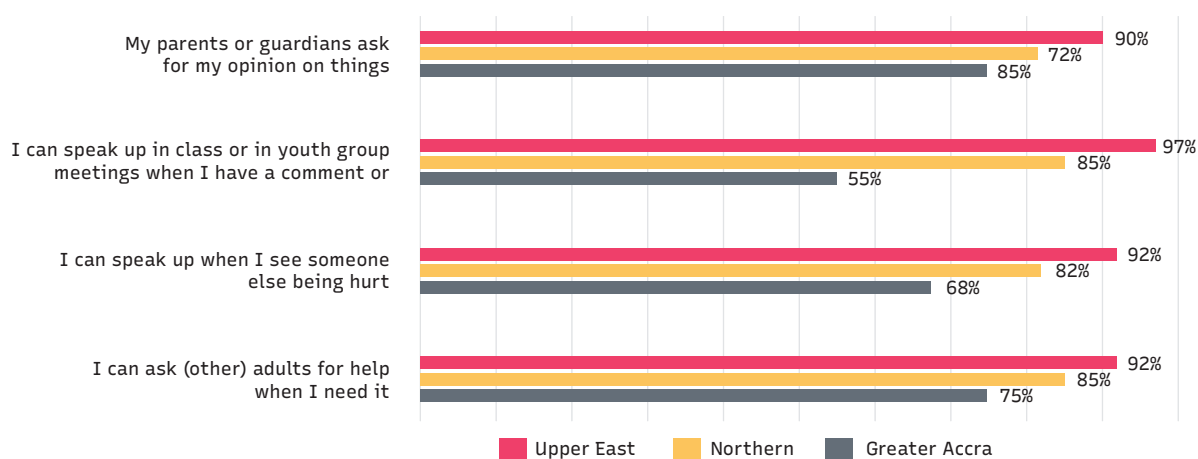
Young people were also asked whether they felt safe expressing themselves in front of adults or young people in their community (two separate questions). Most young people (68%) said that they 'sometimes' felt safe expressing themselves in front of adults, and overall males were far more likely than females to report feeling safe when doing so (for example, while 26% of female respondents said that they never felt safe doing this, only 11% of male respondents reported this). Females were also much more likely to state that they feared that others (of all ages) would harm them or make fun of them. When asked about expressing themselves in front of other young people, this gender difference was not so pronounced, and both males and females generally reported feeling safer expressing themselves in front of peers than adults. This is consistent with much of the qualitative data, which suggest that many young people do not necessarily feel comfortable speaking up in front of older people in their communities, and that this discomfort affects girls more than boys.

Figure 8 presents data on how often young people ask and speak up about issues affecting them. The vast majority of respondents in the UER (> 90%) and those in the

7. Those respondents who reported that they did not use/have access to social media were excluded from this variable.

NR (> 80%) felt that their parents asked for their opinions, they were able to speak up on matters affecting them, and they could ask adults for help when necessary.

Figure 8: Adolescents and youth who report that often or sometimes they are able to speak up and request help in different ways

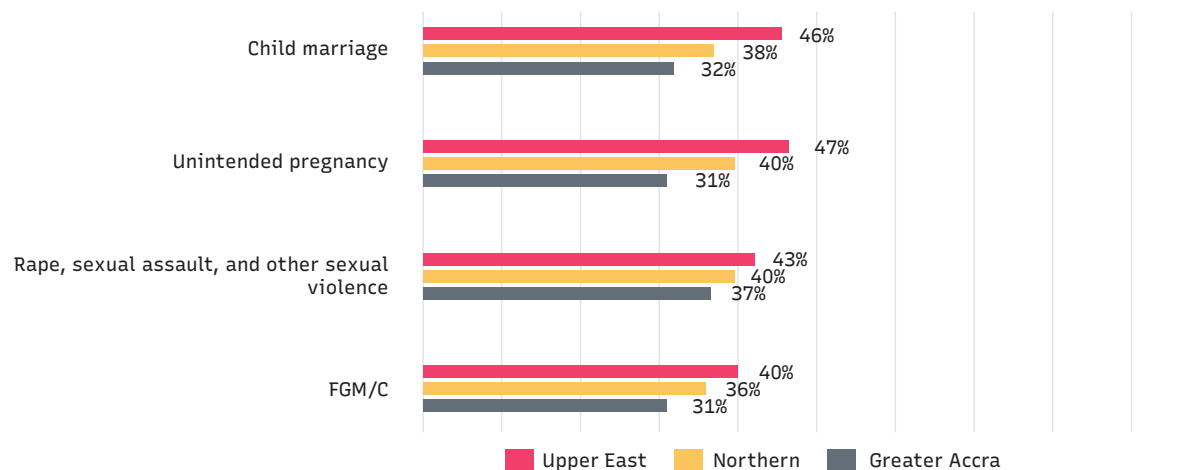


4.2.4 VOICE AND AGENCY IN RELATION TO HARMFUL PRACTICES, UNINTENDED PREGNANCY AND SGBV

Youth feel uncomfortable expressing their opinions about harmful practices, unintended pregnancy and SGBV, have little space to discuss these issues and are hardly involved in decision-making around these issues

Figure 9 shows that most study respondents did not feel comfortable expressing themselves on social media about any of the Power to You(th) focus issues.

Figure 9: How comfortable do adolescents and youth feel expressing themselves on social media⁷



Some participants reported that young people were usually not motivated to speak out against such issues and that one reason for this was that many community members were engaged in these practices to an extent and did not consider them serious issues. This means that speaking up about harmful practices either informally to parents or elders, or formally to the police, was often suggested to be futile and more likely to bring about negative repercussions (e.g. beatings or disownment by parents) for the young people speaking up than for any potential perpetrators. Participants felt there was a lack of platforms and spaces where they were made to feel comfortable and welcome to discuss their views with the wider community.

"I also think it is because all the people are involved in forcing their children to marry so we did not have the courage to speak about the issue." (Photovoice participant, female, 23 years, Tamale Metro, NR)

Participants felt there was a lack of available spaces (such as community meetings) for young people, particularly girls, to meet to discuss these issues, except with religious leaders and teachers. For example, in a FGD with men aged 20–25 in Ablaku it was suggested that the only time Power to You(th) focus issues were discussed publicly in their community was when an Assembly Man came to speak to them at the request of community elders. However, even on those occasions the young people were emphatic that they would not speak up and voice their own opinions on these topics. One young woman interviewed suggested that though she would like young people to come together to tackle harmful practices (for example, through a girls' club), such things were left to young people themselves to organise, and this had never happened:

"Respondent: If we [young people] are together and united, they will listen to us as we tell the effects... if they get to know the effects, they will avoid [harmful practices]... it's left on to us as young girls to have clubs that we will be meeting and also talk about ourselves and maybe our parents will not know about it. So, when we see that the issue popping up, we come together go to the chief palace and announce like so that we can meet our parents in a particular place in the chief palace so we talk about it."

Interviewer: But so far nothing of that sort have happen before?

Respondent: No.

Interviewer: Simply because of what?

Respondent: Because such a thing has never happened." (IDI, female, 22 years)

Those who do attempt to speak out in these ways (through clubs or at community meetings with Assembly Men) felt unable to have an impact, since they did not feel listened to. Multiple participants revealed that young people were scared or

hesitant to talk about sex, SGBV and teenage pregnancy in front of older people. One suggested that:

“Yes, it would have been good for us to voice out our concerns but they will not listen to us. They will not consider our concerns as anything.” (FGD with males, 15–19 years, Tamale Metro, UER)

However, a few participants indicated that young people could express themselves on these issues on social media platforms, radio stations and other electronic communication channels.

A small minority of respondents (7.2% overall) felt that adults did involve young people below age 24 in decisions regarding practices such as child marriage and FGM/C (Table 12).

Table 12: Involvement of youth in decisions regarding practices such as child marriage and FGM/C

	Upper East Region	Northern Region	Greater Accra	Total
Females	5.0% (n=6)	1.7% (n=2)	12.5% (n=3)	4.2% (n=11)
Males	5.7% (n=7)	14.7% (n=15)	18.8% (n=3)	10.4% (n=25)
Total	5.3% (n=13)	7.7% (n=17)	15.0% (n=6)	7.2% (n=36)

In the qualitative narratives, there seemed to be a general belief that young people were not given the space to discuss or participate in decision-making processes regarding teenage pregnancy, child marriage and sexual violence such as rape. Young people in Kpandai district reported that two rape cases had occurred in the community, and that the mothers of the victims had decided not to report the perpetrators without any consultation with the victims. Again, during an IDI, a young woman explained that parents often presumed that they were much more experienced than their children and could arrange (potentially abusive) marriages for them without consulting them.

“So, when they are sending us into marriage at that age, they don’t consult us whether we are interested or we are not interested. Because they think they know more than us so they will just send us into that marriage and we will be there and the man will be maltreating us.” (IDI, female, 18 years, Kpandai, NR)

The denial of decision-making space to young people was again highlighted during an SSI with the programme associate of an NGO. The participant stated that culture, religion and tradition excluded youth from participation in decision-making processes. There were, however, a few who held a contrary view and said that young people had space to discuss these issues and make decisions. In KNW, a young female aged 20 years indicated during an IDI that the opinion of children was considered during family decision-making, but FGD participants (young men aged 15–19 years) reported that they were only involved in decision-making regarding less sensitive issues such as taking care of cattle, helping parents and debating.

A social actor remarked that the challenge of engaging youth was their lack of participation due to shyness. He implored young people to be more vocal and not expect to be 'spoon-fed'. Some participants mentioned that community leaders did not speak up against issues happening in the community or punish wrongdoers, and that community members in general did not speak up for them. However, it is difficult for young people to speak up for themselves because they are mocked when they do. The normalisation of teenage pregnancy and early marriage was also seen as a reason not to speak up on these issues:

"You see that all these things happening in the community, those people see them as normal things, but because we have a changed mind set about them, we talk about it. So there is really no one to say he/she is coming out in this community to say something about these practices because they think for a man to beat his wife or a child to get married to be normal things in the community, they see nothing wrong with that, but it's we and the NGOs that know it's not good that talk about them. But for the community, people don't even see it as part of issues to be talked about." (FGD with males, Kpandai, NR)

Regarding young people's reactions to arranged marriage, the data (Table 13) show that the majority of young people would refuse their parents' proposal to marry someone (>80%), and only 6% would gladly accept such a proposal. Those in GA and the NR were more likely than those in the UER to say that they would refuse, while those in the UER were far more likely than those in the NR to say that they would gladly accept. When asked what they would do if they were pressured to marry someone, the majority indicated they would report this to community members (39%) or an elderly person in the family (32%) or run away from home (29%).

Table 13: Young people's hypothetical reactions to arranged marriage

What would you do if:	Upper East Region	Northern Region	Greater Accra	Total
Your parents tell you that they have found a good person for you to marry (most commonly selected responses indicated below)				
Refuse	80.0% (n=144)	92.3% (n=216)	61.5% (n=24)	84.8% (n=384)
Gladly accept	12.8% (n=23)	1.3% (n=3)	7.7% (n=3)	6.4% (n=29)
Would like to meet the person before responding	2.8% (n=5)	2.1% (n=5)	15.4% (n=6)	3.5% (n=16)
Accept with hesitation	3.3% (n=6)	4.3% (n=10)	0.0% (n=0)	3.5% (n=16)
Your parents continue to pressure you to marry the person even after you refused (most commonly selected responses indicated below)				
Report to community leaders	34.6% (n=80)	51.6% (n=81)	8.3% (n=3)	38.7% (n=164)
Report to an elderly person in the family	37.7% (n=87)	28.0% (n=44)	13.9% (n=5)	32.1% (n=136)
Run away from the house/ community	30.3% (n=70)	28.0% (n=44)	19.4% (n=7)	28.5% (n=121)

Table 14 indicates how young people said they would react to sexual abuse. More than half preferred to report it to a community leader or Assembly Member (59%), while half stated that they would report it to the police (50%). Only 30% indicated they would report it to religious leaders. At the regional level, more respondents in the NR (71%) said they would report it to a community leader, compared with 57% in the UER. Only 11% of all respondents said that they would tell a friend, which is consistent with the low levels of support that respondents felt from their peers in relation to SGBV (peers were rated least supportive of all stakeholders apart from partners).

Contrary to the qualitative narratives of *Kayayei* participants indicating low levels of trust in the police system, Table 14 shows that 60% of *Kayayei* respondents in the GA region stated they would report sexual abuse to the police. In response to the question

on whether they felt reporting an incident of sexual abuse would attract appropriate support and protection, 71% answered that it would, but more males (76%) than females (68%) responded in this way. At the regional level, those in the UER (85%) felt more supported to report sexual abuse than those in the NR (65%) and GA (35%).

Table 14: Youth reactions to SGBV (most commonly indicated responses presented)

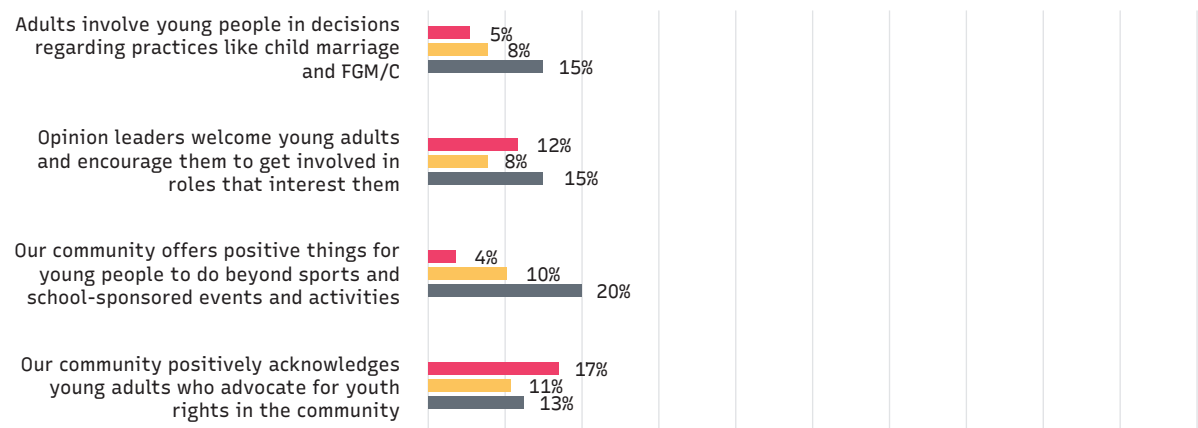
	Upper East Region	Northern Region	Greater Accra	Total
What would you do if you witnessed or suspected sexual abuse against someone in your community in the future?				
Report to community leader/ Assembly member	56.8% (n=137)	70.7% (n=157)	7.5% (n=3)	59.1% (n=297)
Report to the police	44.4% (n=107)	54.5% (n=121)	60.0% (n=24)	50.1% (n=252)
Report to religious leader	29.0% (n=70)	36.5% (n=81)	5.0% (n=2)	30.4% (n=153)
Youth who (strongly) agree that they 'feel confident that if I report a case of sexual abuse to the police, a community leader, teacher, parent or other authority, I will receive appropriate support and protection'				
Females	87.4% (n=104)	60.0% (n=72)	16.7% (n=4)	68.4% (n=180)
Males	82.0% (n=100)	70.6% (n=72)	62.5% (n=10)	75.8% (n=182)
Total	84.7% (n=204)	64.9% (n=144)	35.0% (n=14)	72.0% (n=362)

4.3 ADOLESCENT AND YOUTH PARTICIPATION IN COMMUNITY ACTIVITIES ON HARMFUL PRACTICES, SEXUAL AND GENDER- BASED VIOLENCE AND UNINTENDED PREGNANCY

The majority of young people felt that activities they participated in were youth-led, but very few felt that their engagement was meaningful

Figure 10 shows that the young people surveyed experience little space for participation in issues affecting them. Few respondents (less than 25%) in all regions indicated that their community offered positive things for young people to do beyond sports and school-sponsored events, or that their community positively acknowledged young adults who advocated for youth rights.

Figure 10: Survey respondents who report that they are involved by adults in their community in various ways often or all the time



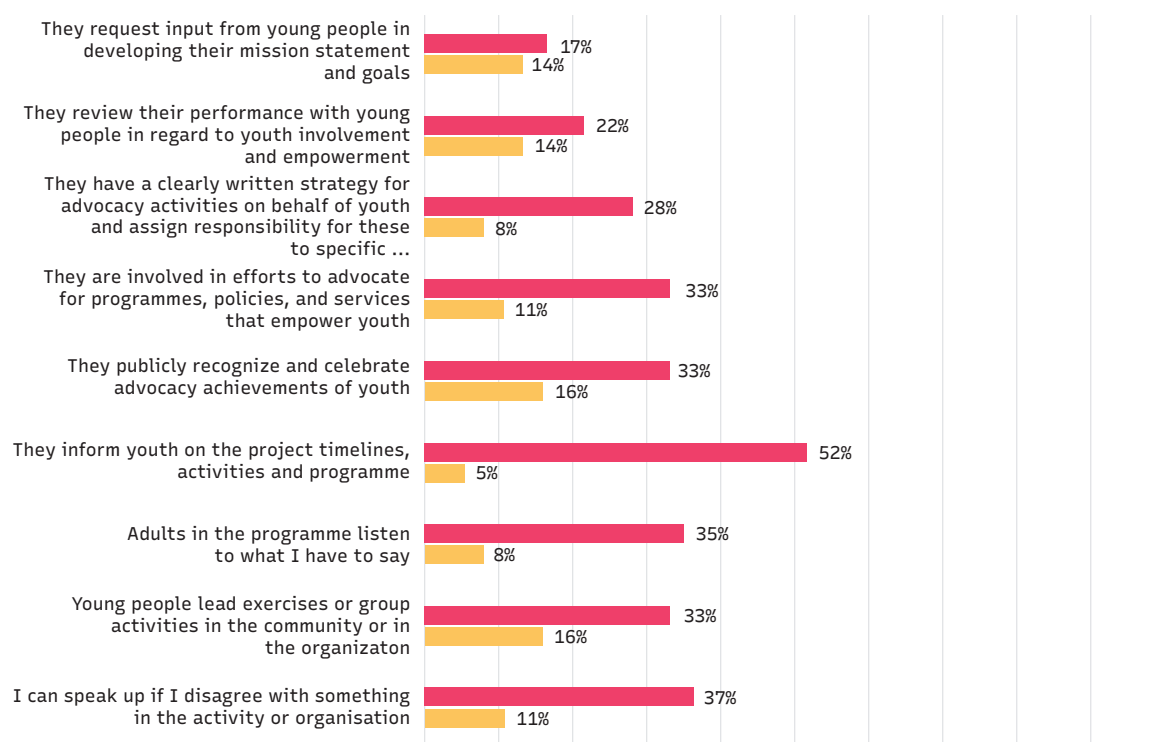
Similarly, Table 15 presents responses to questions about young people’s participation in youth-led activities. The majority of young people (71%) felt that activities they participated in were youth-led, but very few felt that their engagement was meaningful.

Table 15: Young people's participation in youth-led activities

	Upper East Region	Northern Region	Greater Accra	Total
Young people who indicated that the activities/actions they participated in were youth-led				
Females	73.7% (n=28)	70.4% (n=38)	50.0% (n=1)	71.2% (n=67)
Males	76.2% (n=16)	55.6% (n=10)	100.0% (n=4)	69.8% (n=30)
Total	74.6% (n=44)	66.7% (n=48)	83.3% (n=5)	70.8% (n=97)
Young people who (strongly) agreed that they felt meaningfully engaged in these activities/actions				
Females	23.7% (n=9)	1.9% (n=1)	0.0% (n=0)	10.6% (n=10)
Males	52.4% (n=11)	0.0% (n=0)	0.0% (n=0)	25.6% (n=11)
Total	33.9% (n=20)	1.4% (n=1)	0.0% (n=0)	15.3% (n=21)

When asked about their willingness to participate in activities to address harmful practices, most respondents in the NR (>90%) and the UER (>60%) were willing to engage in activities to prevent harmful practices such as child marriage, unintended pregnancy, FGM/C and SGBV (see Figure 11). Fewer than half of respondents in the GA region were willing to participate in such activities, however.

Figure 11: Adolescent and youth willingness to participate in activities to address harmful practices, SGBV and unintended pregnancy



Several participants spoke about organisations that were sensitising various communities and schools on teenage pregnancy and child marriage in particular. For example, World Vision was repeatedly mentioned as providing public education on child marriage. However, a few other participants also said they had not seen organisations engaging community members. They explained that the government was formulating policies aimed at addressing harmful practices, but state agencies responsible for engaging communities were not doing as much. On the other hand, CSO representatives explained how they collaborated with several other organisations with the same vision to implement programmes geared towards targeting community members, although they faced challenges with sustainable funding when doing so.

Participants also shared preventive interventions by CSOs and NGOs, which included organising community meetings to discuss and take decisions. Others spoke about CSOs providing other forms of support systems such as a toll-free call service and access to SRH education in schools.

"I think there has been a lot of community mobilisation. Let me say RAINS for instance ... sometimes we give some numbers which is a hotline that it is free when you call on it. When you have safe-guarding issues in the community you can call on the number and then we get back to you. ...So there have been so many ups and downs in community mobilisation for all the sensitisation." (SSI, NGO representative, Kpandai, NR)

4.3.1 CHILD MARRIAGE

A small minority of young people participate in activities to prevent child marriage. Regarding young people's participation in activities or action to prevent child marriage, the quantitative data show that only 11% participated in such activities. It was more common among females (16%) and those living in the NR (26%) (see Table 16). Respondents indicated that the most common activities they participated in were educating girls about the importance of staying in school (68% in NR; 67% in UER), and rallying the wider community to stand up for girls' rights (50% in NR; 28% in UER).

Table 16: Adolescent and youth participation in community activities to prevent child marriage

	Upper East Region	Northern Region	Greater Accra	Total
Adolescents and young people who have ever participated in any activities or have taken action to prevent child marriage				
Females	9.2% (n=11)	25.8% (n=31)	0.0% (n=0)	16.0% (n=42)
Males	5.7% (n=7)	6.7% (n=7)	6.3% (n=1)	6.3% (n=15)
Total	7.5% (n=18)	17.1% (n=38)	2.5% (n=1)	11.3% (n=57)
Most common type of activities/action to prevent child marriage in which they participated (percentage and number of those who indicated they participated in activities)				
Educating girls about the importance of staying in school	66.7% (n=12)	68.4% (n=26)	100.0% (n=1)	68.4% (n=39)
Rallying the wider community to stand up for girls' rights	27.8% (n=5)	50.0% (n=19)	0.0% (n=0)	42.1% (n=24)

When asked which state agencies were involved in taking action against harmful practices such as child marriage, participants frequently mentioned the Ghana Education Services, the Department of Social Welfare, the Domestic Violence and Victims Support Unit (DOVVSU), the Commission on Human Rights and Administrative Justice (CHRAJ) and health workers. Participants mentioned that health care workers also took action by giving education and advice to adolescents, especially education on SRH, including contraception. However, a community opinion leader complained about providing contraceptive education to young people, explaining that contraception makes adolescents sexually promiscuous:

"If it is only me, I don't even want them to be talking about family planning because they cause the children to be behaving that way, if they do the family planning, they are not afraid. They only fear becoming pregnant but not the other consequences. So, I told one of the nurses that a girl cannot come alone that she want to do family planning without the parents or a woman without the husband." (SSI, community leader, Kpandai, NR)

Some mentioned that collaboration between all stakeholders would be productive in reducing harmful practices, and community leaders said they collaborated with

organisations already. Some participants mentioned that actions taken against perpetrators of harmful practices were sometimes impeded by the conduct of the victims, explaining that victims sometimes shielded perpetrators, especially in the case of teenage pregnancy and child marriage, where the victims might be interested in sustaining the relationship:

“What I have to say is that, the girls these days go behind their parents to protect the men responsible, even if you report to the police, the girl would agree that she has married the man and the parent sometimes find themselves in trouble as such, the parents are even afraid to report these cases to the police.” (FGD with young women, 20–24 years, KNW, UER)

4.3.2 FGM/C

Hardly any participation in activities to prevent FGM/C, which is also not commonly practised

Young people's participation in activities to prevent FGM/C was very low across regions and genders, as indicated in Table 17. This is expected, as FGM/C is not commonly practised in the study areas.

Table 17: Adolescent and youth participation in community activities to prevent FGM/C

	Upper East Region	Northern Region	Greater Accra	Total
Adolescents and young people who have ever participated in any activities or taken action to prevent FGM/C				
Females	1.2% (n=1)	7.9% (n=6)	0.0% (n=0)	4.1% (n=7)
Males	5.1% (n=3)	2.1% (n=1)	0.0% (n=0)	3.5% (n=4)
Total	2.8% (n=4)	5.7% (n=7)	0.0% (n=0)	3.9% (n=11)
Most common types of activities/action to prevent FGM/C in which they participated (percentage and number of those who indicated they participated in activities)				
Educating girls on their rights	75.0% (n=3)	85.7% (n=6)	n/a	81.8% (n=9)
Speaking out about the risk and realities of the practice	75.0% (n=3)	42.9% (n=3)	n/a	54.6% (n=6)

4.3.3 SGBV

Low participation in community activities to prevent SGBV, with education seen as the main prevention strategy

Regarding participation in community activities to prevent SGBV, fewer respondents overall indicated having participated in such activities (14%), and the majority of these were females (20%) and either living in the NR (30%) or the UER (13%) (see Table 18). The most common activities they had participated in were educating girls on their rights (75%) and speaking out about the risks and realities of SGBV (27%).

Table 18: Adolescent and youth participation in community activities to prevent SGBV

	Upper East Region	Northern Region	Greater Accra	Total
Adolescents and young people who have ever participated in any activities or action to prevent sexual abuse				
Females	13.4% (n=16)	30.0% (n=36)	4.2% (n=1)	20.2% (n=53)
Males	4.9% (n=6)	6.9% (n=7)	12.5% (n=2)	6.3% (n=15)
Total	9.1% (n=22)	19.4% (n=43)	7.5% (n=3)	13.5% (n=68)
Most common type of activities/actions to prevent sexual abuse in which they participated				
Educating girls on their rights	72.7% (n=16)	76.7% (n=33)	66.7% (n=2)	75.0% (n=51)
Speaking out about the risk and realities of the practice	54.6% (n=12)	14.0% (n=6)	0.0% (n=0)	26.6% (n=18)

In both the quantitative and the qualitative data, education was identified as the main prevention strategy for (S)GBV. For example, 41% of the respondents in the NR, 37% in GA and 28% in the UER suggested that 'educating people so that they do not abuse others' was one of the most effective ways of preventing sexual abuse.

"As a youth you can organise a group or a team to be moving house by house telling the people what they're doing is not good, this is good and this is not good so the community will initiate something from the door to door." (IDI, male, 18–24 years, Builsa South, UER)

While 27% of respondents in the NR said that talking to your parents was an effective way of preventing sexual assault, in the UER and GA this was only around 5%. Around a quarter of the respondents in the UER and GA reported not knowing how to prevent sexual abuse, compared to only 14% in the NR.

4.3.4 UNINTENDED PREGNANCY

Slightly more youth participate in activities to prevent unintended pregnancy, primarily focused on education about rights and awareness-raising about family planning. Of the 116/503 respondents who participated in activities to prevent unintended pregnancy, participation was more common among females (31%) than males (14%). The lowest proportion (8%) of participation in activities relating to pregnancy prevention was among females in the GA region (see Table 19), whereas 38% of female respondents in the NR had participated in such activities. The most common types of activity to prevent unintended pregnancy were educating girls about their rights in the UER (72%) and NR (71%), and raising awareness about family planning and contraception in the NR (79%).

Table 19: Adolescent and youth participation in community activities to prevent unintended pregnancy

	Upper East Region	Northern Region	Greater Accra	Total
Adolescents and young people who have ever participated in any activities or taken action to prevent unintended pregnancy				
Females	29.4% (n=35)	37.5% (n=45)	4.2% (n=1)	31.2% (n=82)
Males	15.6% (n=19)	10.8% (n=11)	25.0% (n=4)	14.2% (n=34)
Total	22.4% (n=54)	25.2% (n=56)	15.0% (n=6)	23.1% (n=116)
Most common type of activities/action to prevent unintended pregnancy in which they participated				
Educating girls on their rights	72.2% (n=39)	71.4% (n=40)	33.3% (n=2)	69.8% (n=81)
Raising awareness about family planning and contraception	42.6% (n=23)	78.6% (n=44)	50.0% (n=3)	60.3% (n=70)

Unlike the quantitative data which show a low level of participation in activities to prevent unintended pregnancy, the qualitative narratives suggested a different picture. Most participants said that young people were involved in activities or had taken action to prevent unintended pregnancy. They reported youth participating through youth structures such as clubs, associations, church/mosque groups and social media. Participants spoke about engaging in activities or discussions about menstrual hygiene, abstinence, contraceptive use and family planning, dangers of teenage pregnancy, and child marriage. Some young participants stated that they had embarked on peer-to-peer sensitisation on safer sex and the need for sex education. Participants further indicated that the clubs were largely supported by NGOs. Volunteers are trained and supported by health care workers to help manage the clubs. Facilitators take members through a series of discussions on the topic. Most participants believed that the meaningful engagement of young women and young men in the prevention of unintended pregnancy was yielding results:

"...and in this district we have a lot of NGOs like I was saying when they come, we go to the community and form youth groups, form women groups, and then give them an opportunity to talk to their peers and parents. It is really working." (SSI, Community Development Officer, Tamale Metro, NR)

However, it seems that activities to prevent unintended pregnancy are largely focused on abstinence-only messages, even those coordinated by NGOs such as World Vision. Most participants indicated that sex outside marriage was culturally and religiously wrong. Others said that some young people had sex in secret because of these norms. They added that such sexual activities were often undertaken without consideration of pregnancy, but when pregnancies occurred, they were often surprised and worried. They believed that educating young people about safer sex at home and in school could help sexually active young people prevent unintended pregnancy, because focusing on abstinence was a counterproductive approach:

"You see, because of our culture and religion everyone is preaching abstinence but is it not yielding results. They are hiding and having sex, the evidence of their sexual activity is public knowledge that is the pregnancies. All this is because of lack of sex education at home and in school. They should know the changes in their body at every stage of their development and the implications." (Photovoice participants, young women 15–19 years, Kpandai, NR)

4.3.5 KAYAYEI

Kayayei feel little involved in or helped by activities that should support them

Qualitative data show that CSOs are working to support young Kayayei. However, some Kayayei participants were not optimistic about such support. They explained that organisations promised to help them but ultimately did nothing. They felt that such organisations used their plight to raise funds but did not support them with this money. Consequently, they have become wary of such organisations. However, a few participants mentioned that through the support of CSOs they had gained some job-related skills, but they lacked the required start-up capital to launch new careers:

“Some people come here and tell us that they will bring us help, they make us write our names and even pay money. Aaah, they come and tell us they are from this group or that group, but we don’t see any help.” (Photovoice with Kayayei, 15–19 years, Accra)

Some participants suggested that the most effective way to reduce Kaya business was to create jobs in the north of Ghana. The data also show that Kaya business is not limited to females and that young men are also involved. An IDI participant mentioned that the provision of a dam or boreholes would help young men stay and engage in year-round farming instead of moving to the south to look for work.

5. FINDINGS: (MEANINGFUL) ENGAGEMENT OF ADOLESCENTS AND YOUTH IN ADDRESSING HARMFUL PRACTICES, SEXUAL AND GENDER-BASED VIOLENCE AND UNINTENDED PREGNANCY

This chapter focuses on the meaningful engagement of adolescents and youth beyond their own communities and discusses their engagement with CSOs and state actors. Adolescents and youth are greatly affected by harmful practices, SGBV and unintended pregnancy. One SSI participant in GA stated that engaging youth in efforts to address SGBV was, therefore, very important. Some, however, suggested that youth groups had low capacity and had not demonstrated the ability to develop convincing and impactful advocacy messages. This low capacity was also observed in young people's indication that they were unable to talk about such issues in the presence of elders, despite their willingness to join programmes tackling teenage pregnancy and child marriage. This also suggests that (some) older people have limited confidence in young people's motivations and abilities, which may be exacerbating the difficulties that young people have in expressing themselves openly and assertively in public and community spaces:

"I have participated in forums organised for similar things like this and you listen to the representatives of various youth groups, and you ask yourself whether we came or we went because the arguments simply do not make sense. Look, when you begin to argue intellectually and convincingly, people will begin to respect you." (IDI, Member of Parliament, Parliament House, Accra)

5.1 OVERVIEW OF ADOLESCENT AND YOUTH ENGAGEMENT WITH CIVIL SOCIETY ORGANISATIONS AND STATE ACTORS

Most of the minority of adolescent and youth respondents who engaged with CSOs participated in awareness-raising activities; however, the quality of participation was rated as low.

Table 19 presents the data on the engagement of youth and adolescent survey respondents with CSOs, showing that in the UER, more females (41%) than males (9%) were engaged with CSOs, while in the NR more males (27%) than females (8%) were. The majority of those who were engaged with CSOs were either involved in youth-led organisations (53%) or faith-based organisations (23%). The most common activity in which young people participated was awareness-raising in the community (79%), while a minority engaged in media and campaigning (10%).

Table 19: Adolescent and youth engagement with CSOs in the Upper East, Northern and Greater Accra regions

	Upper East Region	Northern Region	Greater Accra	Total
Adolescents and young people who are engaged with a CSO that carries out specific activities with young people				
Females	41.2% (n=49)	8.3% (n=10)	0.0% (n=0)	22.4% (n=59)
Males	9.0% (n=11)	26.5% (n=27)	0.0% (n=0)	15.8% (n=38)
Total	24.9% (n=60)	16.7% (n=37)	0.0% (n=0)	19.3% (n=97)
Type of CSOs these adolescents and youth are engaged with (multiple responses possible)				
Youth-led organisations or groups	40.0% (n=24)	73.0% (n=27)	n/a	52.6% (n=51)
Women's organisations	0.0% (n=0)	5.4% (n=2)	n/a	2.1% (n=2)
Faith-based organisations	31.7% (n=19)	8.1% (n=3)	n/a	22.7% (n=22)
NGOs	28.3% (n=17)	10.8% (n=4)	n/a	21.7% (n=21)
Other community-based organisations	20.0% (n=12)	2.7% (n=1)	n/a	13.4% (n=13)
Total	100% (n=60)	100.0% (n=37)	n/a	100.0% (n=97)
Type of activities in which these adolescents and youth are engaged (multiple responses possible)				
Awareness-raising in community	91.7% (n=55)	59.5% (n=22)	n/a	79.4% (n=77)
Media and campaigning	1.7% (n=1)	24.3% (n=9)	n/a	10.3% (n=10)
Direct action (e.g. street protests)	1.7% (n=1)	10.8% (n=4)	n/a	5.2% (n=5)
Input into policies and laws	0.0% (n=0)	0.0% (n=0)	n/a	0.0% (n=0)
Other	5.0% (n=3)	16.2% (n=6)	n/a	9.3% (n=9)
Total	100% (n=60)	100.0% (n=37)	n/a	n/a

Figure 11 presents the specific roles that young people play within the CSOs that they are engaged with. The data show that more respondents are engaged in different activities and spaces within CSOs in the UER than in the NR. However, in the UER there seems to be more participation of young people in different spaces. For most respondents, their participation means being informed about the project timelines and activities (52%) and/or being able to choose if they want to participate in specific activities (40%). In both regions, young people reported that they were least involved in deciding which activities should be implemented to prevent harmful practices, unintended pregnancy or SGBV (11% in NR; 8% in UER). During a FGD with young men, participants echoed these quantitative findings when they reported that they were not listened to:

“Yes, it would have been good for us to voice out our concerns but they will not listen to us. They will not consider our concerns as anything.” (FGD with young men, 15–19 years, Tamale Metro, NR)

Figure 11: Role of adolescents and youth in the CSOs they are engaged in (Upper East and Northern regions)

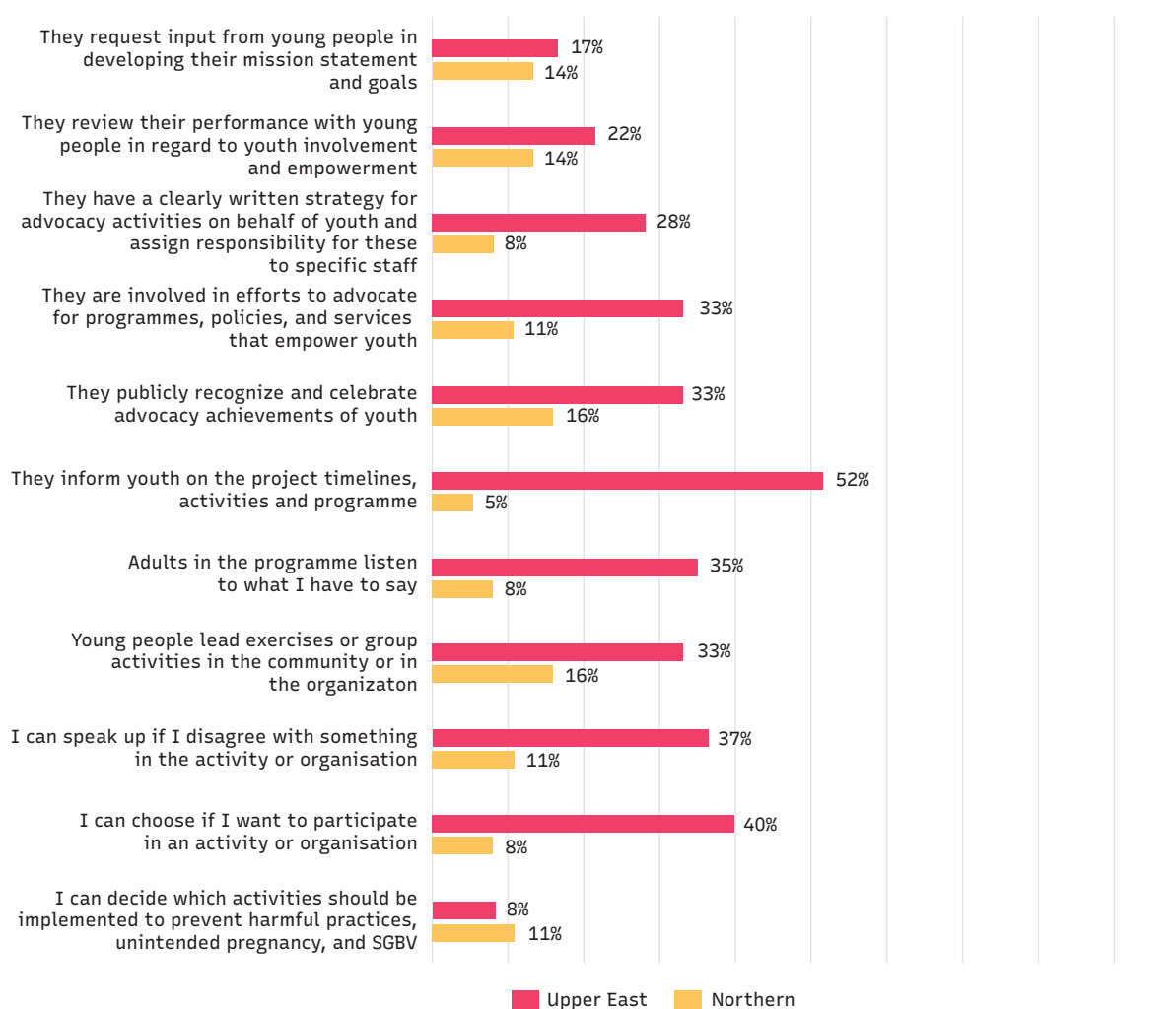
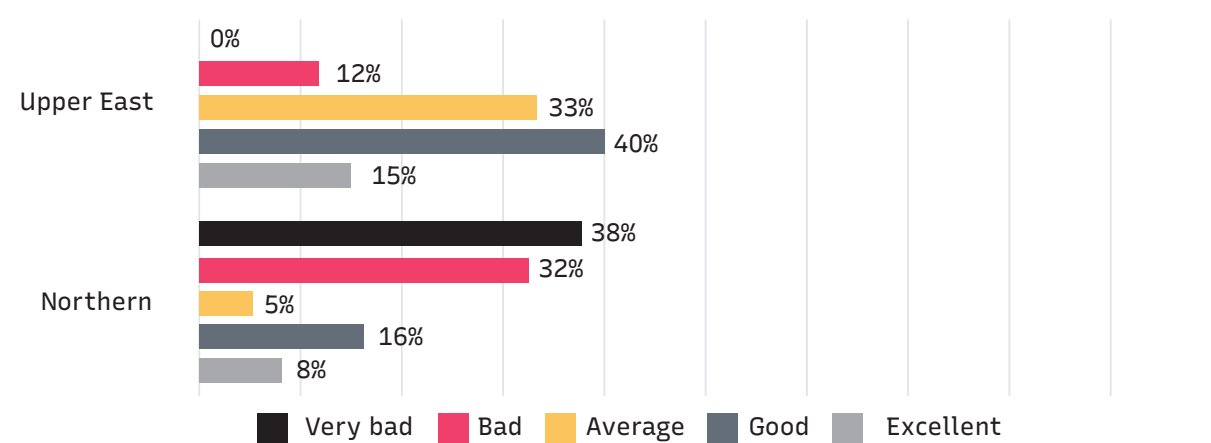


Figure 12 presents data on the overall quality of youth roles and participation in CSO activities. The results show that the quality of young people’s participation in CSO activities is generally rated as low. While none of the respondents rated the quality of participation as very bad in the UER, as many as 38% of respondents in the NR felt young people’s participation was very bad. Generally, the quality was rated as lower in the NR than in the UER, where 40% of respondents rated it as good.

Figure 12: Quality of youth roles and participation in CSO activities



Some youth participants in the qualitative interviews mentioned CSOs such as RISE Ghana, Youth Harvest Foundation Ghana, CAMFED, Norsaac, MSI Reproductive Choices and World Vision as organisations through which they engaged in activities. In the UER in particular, the Harvest Youth Movement (frequently referred to as ‘HAY Movement’) was mentioned as a movement of young people engaged in SRHR activities. It emerged that most of these NGOs supported girls with basic needs to avoid their reliance on male partners for money, which increases their vulnerability.

“When they came to introduce the project and told us we will be educating the young girls to stop child marriage, I realised if I get involved it will help the community and I have to do it because I’m a member of the community. And if the community progresses it will inure to our benefit and that is why I accepted to join them and became an ambassador.” (IDI, female, 20 years, KNW, UER)

Some participants explained that NGOs were doing more to bring change than government agencies. However, several participants mentioned that it was sometimes difficult to get them to respond to community issues in a timely manner, as their staff were often very busy. Other participants indicated the need for CSOs to first contact the District Assembly before entering the community, to ensure proper coordination and avoid parallel activities being implemented by different groups, which could overwhelm community members. It was mentioned that some District Assemblies

had put in place social accountability mechanisms to help with reporting harmful practices:

“...you know the District Assembly is a gatekeeper of the district. If we are talking about gatekeepers, we basically implement government policy as far as decentralisation is concerned. Suppose you look at the hierarchy of local government. In that case, the policy is made at the higher level, coordinated at the regional and district levels, and implemented government policy. Therefore, NGOs should register with the district to ensure that we coordinate their activities.” (SSI, senior government official, Kpandai, NR)

5.2 (MEANINGFUL) ENGAGEMENT OF YOUTH ADVOCATES WITH CIVIL SOCIETY ORGANISATIONS

The civic space survey respondents were involved at various levels and mostly engaged in community awareness-raising, provision of training/sensitisation workshops, campaigning using media and participation in public debates. They rated their participation as good and meaningful.

The civic space survey among CSO-affiliated individuals suggests that youth advocates are involved at various levels, including national, regional, district and community level. They are engaged mostly through NGOs, and some are engaged through youth-led or women-led organisations (Table 20). All indicated that they were engaged in advocacy activities, while some also indicated involvement in lobbying, research and programming (it was a survey criterion that respondents be involved in advocacy and/or lobbying).

Table 20: Youth advocates' (35 and under) engagement with CSOs by gender⁸

	Females (n=22)	Males (n=6)
Age of young advocates		
14–19 years	4.6% (n=1)	0.0% (n=0)
20–24 years	68.2% (n=15)	66.7% (n=4)
25–30 years	18.2% (n=4)	16.7% (n=1)
31–35 years	9.1% (n=2)	16.7% (n=1)

8. Two other gender identities were also presented as possible answers ('non-binary' and 'other'). These were not selected by any respondents and are, therefore, not presented here

9. Though advocates may be involved with more than one organisation, through working, volunteering or other activities, respondents were asked to indicate the type of organisation that they were most involved with, and to respond to the entire survey with this organisation in mind.

10. Other possible answers not presented here, as they were not selected by any respondents, were: faith-based organisations; community-based organisations; labour unions; and other.

Type of organisation^{9, 10} that young advocates are involved with		
Youth-led organisation	18.2% (n=4)	16.7% (n=1)
Women-led organisations	13.6% (n=3)	0.0% (n=0)
NGOs	68.2% (n=15)	83.3% (n=5)
Level at which the CSOs that young advocates are involved with operate (multiple responses possible)		
National	50.0% (n=11)	100.0% (n=6)
Regional	59.1% (n=13)	83.3% (n=5)
District	50.0% (n=11)	66.7% (n=4)
Community	50.0% (n=11)	50.0% (n=3)
Activities young advocates are engaged in within CSOs (multiple responses possible)		
Advocacy	100.0% (n=22)	100.0% (n=6)
Lobbying	27.3% (n=6)	83.3% (n=5)
Research	31.8% (n=7)	66.7% (n=4)
Programming	45.5% (n=10)	83.3% (n=5)
Other	9.1% (n=2)	16.7% (n=1)
Total	100.0% (n=22)	100.0% (n=6)

Figure 13: Youth advocates' (35 and under) participation in lobbying and advocacy activities within CSOs (n=28)

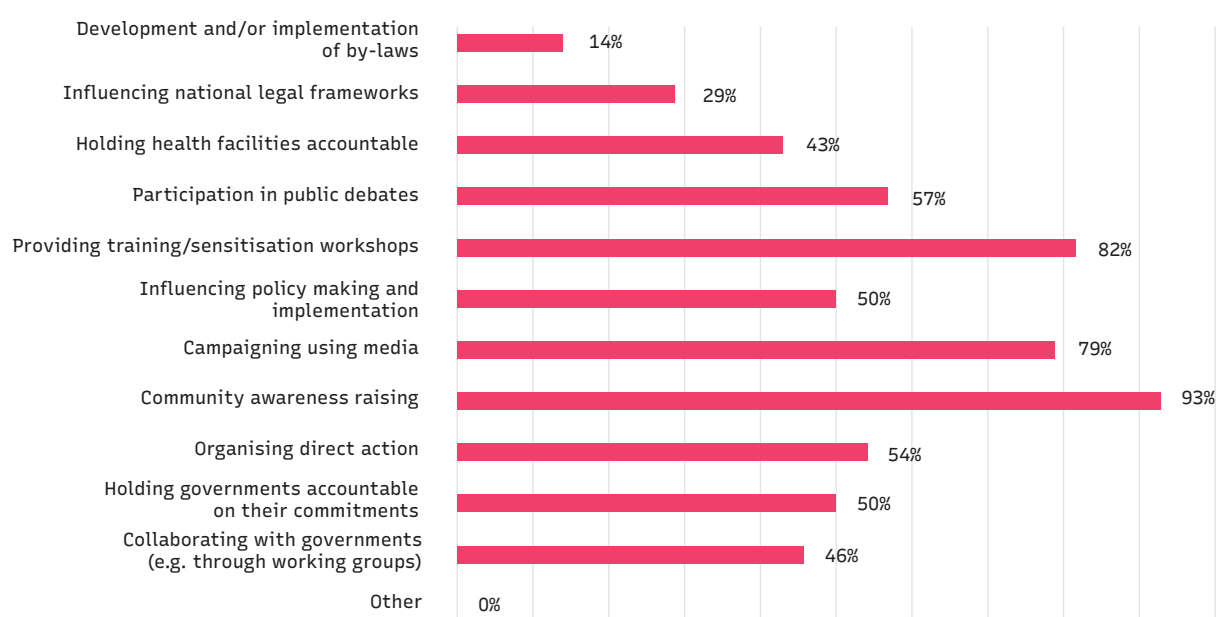
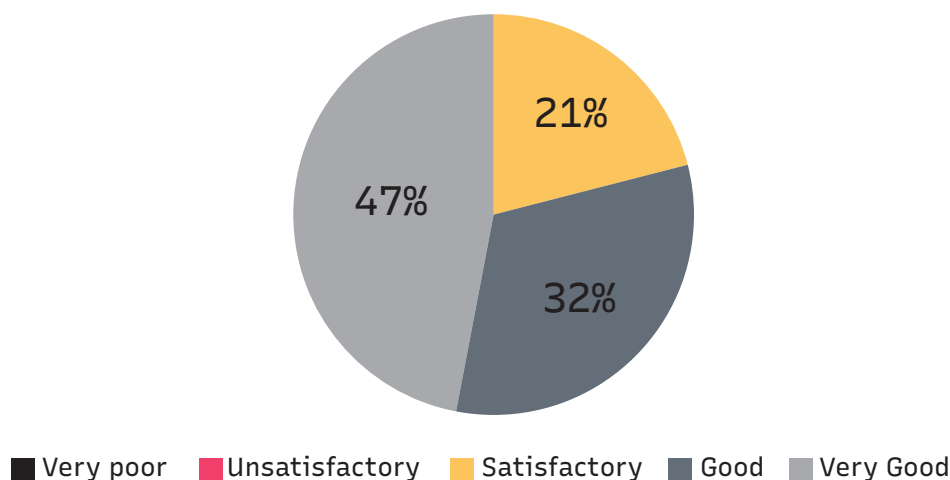


Figure 13 presents data on the types of lobbying and advocacy activities that respondents of the civic space survey were involved in. The results show that they are mostly engaged in community awareness-raising (93%), providing training/

sensitisation workshops (82%), campaigning using media (79%) and participation in public debates (57%). Youth advocates are less likely to be involved in advocating for the development or implementation of by-laws (14%) or influencing national legal frameworks (29%). Youth advocates value their participation in lobbying and advocacy, mostly rating the quality of their participation as very good (47%) or good (32%) (see Figure 14).

Figure 14: Youth advocates' (35 and under) satisfaction with the quality of their participation in lobbying and advocacy activities (n=28)

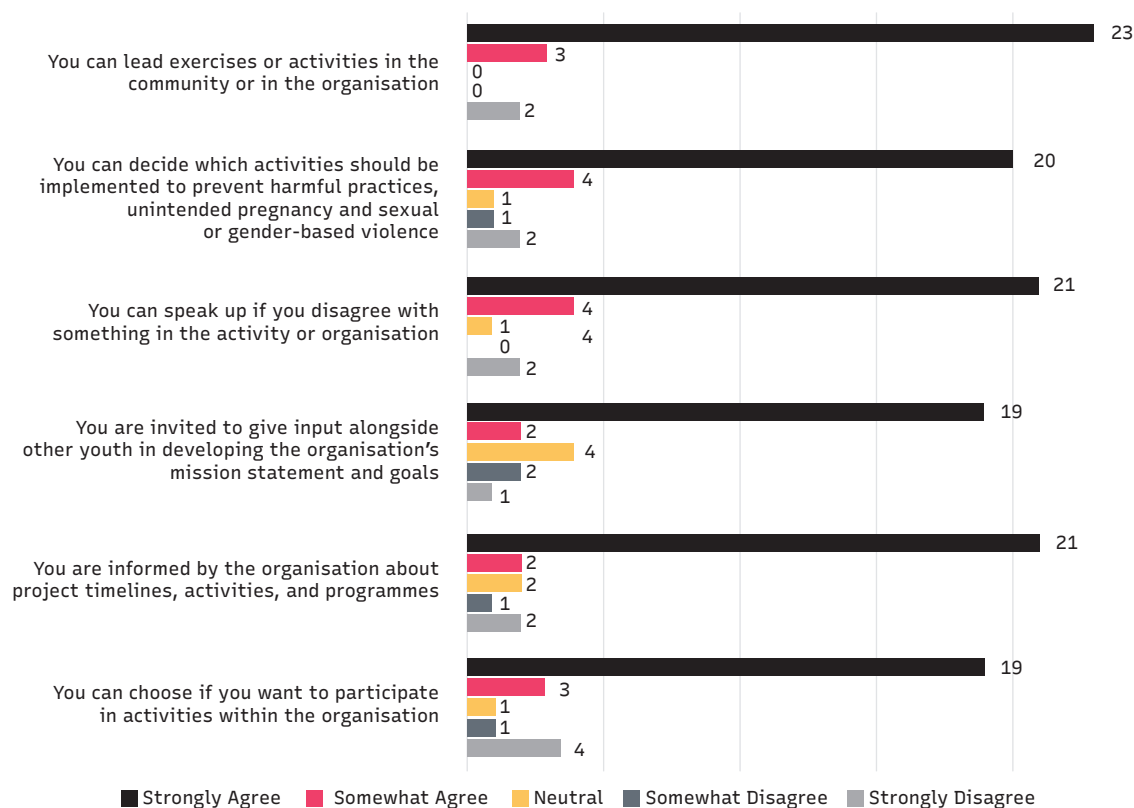


Regarding youth advocates' participation and engagement in various aspects of CSO activities, most strongly agreed with statements affirming their meaningful participation (see Figure 15).

This was confirmed by the qualitative data. During an interview a youth advocate emphasised the role of CSOs in leveraging youth leadership:

"I've been on several platforms with such young people who are now leading or who have now even gone into politics, and for most of those people they started working with CSOs, either volunteering or being engaged in those activities. So, I think that the CSO space has created, or has nurtured that level of leadership when it comes to youth. So, youth leadership has really been nurtured by CSOs." (SSI, female youth advocate)

Figure 15: Youth advocates' (35 and under) participation and engagement in various aspects of CSO activities (n=28)



5.3 YOUNG PEOPLE'S INSIGHTS INTO AND EXPERIENCE WITH POWER AND DECISION-MAKING

The critical role young people can take in tackling Power to You(th) focus issues was broadly recognised; however, they are challenged by a lack of voice/agency, a lack of knowledge and a lack of functioning institutional structures and accountability.

The qualitative data show that young people are seen as playing a critical role in tackling Power to You(th) focus issues—for example, by educating both their peers and elders about these topics. Participants referred to specific activities young people could engage in, such as forming clubs/groups; organising group guidance and counselling sessions; helping to raise funds to support marginalised youth; getting involved in youth-related programmes; participating in policymaking; and reporting cases that occur in their communities.

"Because I cannot advise myself to get the right decision, but in the group we all advise one another and through that you can choose the right decision for yourself to help you build a good life. We organise guidance and counselling sessions for ourselves. We also advise ourselves in the community not to engage in early marriage, teenage pregnancy, and all the social vices to destroy our future." (IDI, young man, 17 years, Kpandai, NR)

While some take action by themselves or through youth groups, others have partnered with CSOs and government agencies. A female IDI participant in KNW stated that she joined Youth Harvest Foundation Ghana as a youth ambassador to teach young people about bodily changes during puberty (including what to expect) and how they could protect themselves.

Other roles that young people could play, according to participants of a FGD in Tamale, are to attend school, learn a skill (Kpalu) or get into business as a way of empowering themselves to be self-reliant and break cycles of poverty that fuel harmful practices. The critical role of young people was affirmed by a community development director, who added that youth were both victims of these issues and at the same time in a position to help address them:

"Yes, the role of adolescent young people in addressing the harmful practices, they have a key role to play when it comes to this because they are the people that are in it so when we are engaging them - let us look at the gender-based violence. They will be able to understand it, so they will be able to solve [these] issues." (SSI, community development official, Kpandai, NR)

Participants also recounted challenges faced by young people. These included a lack of motivation/ability to organise themselves; low levels of knowledge/understanding of SRHR issues; and an inability to report cases (e.g. of SGBV or harmful practices). Even when organisations engaged young people and encouraged them to act, it was suggested that they were often primarily motivated by potential financial gain.

One CSO representative suggested that youth should be connected to social justice institutions to enable them to obtain information about how to tackle harmful practices:

"Young people should be connected to the social justice institutions, so that they know that, ok so if this happens to me, it's important for me to walk up to DOVVSU, or to CHRAJ, or to whoever is the next point of call at that moment, in order to make sure that my rights, my rights are like addressed or my issues are addressed." (SSI, female CSO representative, Accra)

6. (ENABLING) ENVIRONMENT FOR YOUNG PEOPLE'S RIGHTS AND ADDRESSING HARMFUL PRACTICES, SEXUAL AND GENDER-BASED VIOLENCE AND UNINTENDED PREGNANCY

The following chapter explores the environment for young people's rights, including gender and social norms, and the legal and policy environment.

6.1 GENDER AND SOCIAL NORMS AMONG COMMUNITY-LEVEL SOCIAL ACTORS

Deeply rooted cultural and religious norms define traditional roles and behaviour and continue to shape young people's responses to harmful practices

Participants suggested that norms defining traditional roles and behaviours continued to shape young people's responses to harmful practices, and that these norms were deeply rooted in culture and religion. Others explained that social and gender norms perpetuated the belief that young people's and women's views should not be taken seriously, and that this limited their contribution to decision-making on matters affecting them.

Women's rights were frequently discussed by study participants. Generally, participants explained that they educated young women on their rights—especially the right to education, the right to choose their sexual partner, and the right to report abuse. Despite this, many social norms inhibited the realisation of these rights; for example, while most participants indicated that forced marriages had become less common, women still lacked meaningful alternatives to marriage, particularly if they became pregnant. Those who did not marry were viewed as bringing shame on their family and were often disowned, which acted as an informal social mechanism through which women and girls were strongly pressured into unsatisfactory marriages they might not otherwise choose.

"Ok, as a girl in the family my role is to sweep the house, wash the dishes, clean, cook and then as a family too I have to make sure I respect everyone and as the community too I have to give service to my community so that they can also benefit from me." (IDI, female, 17 years, Tamale Metro, NR)

"And in fact in Ghana, even if you [are] 40 years old and you are not married, they don't take your views. If a woman who is very capable, whether you are young or old, doesn't take your views. Those socio-cultural values that I described as archaic are hugely inimical to our progress going forward." (IDI, policymaker, Accra)

Norms around masculinity also place enormous responsibilities on young men to prove their 'maleness' by working hard and earning income to support the family. In a FGD with young men aged 20–24 years, participants shared their perspectives on masculinity:

"R2: Yes, because I am a man and at the same time the first born, I was really working to take care of my younger brothers and sisters.

R11: That is exactly what number 2 said. In this community even if you are intelligent and you are a man you cannot go forward. ...As a man you have to work to take care of your family." (FGD with young men, 20–24 years, Kpandai, NR)

However, many participants acknowledged changes regarding social and gender norms. While some referred to the decline in the prevalence of FGM/C and rape, others spoke about changes in household roles:

"Ok the norms that are being changed first it was that guys don't fetch water, they don't pound fufu. It is the women or the young girls who do all those things. But now you see guys fetching water, they cook themselves in the house, then they help in the house chores too." (SSI, Queen Mother, KNW, UER)

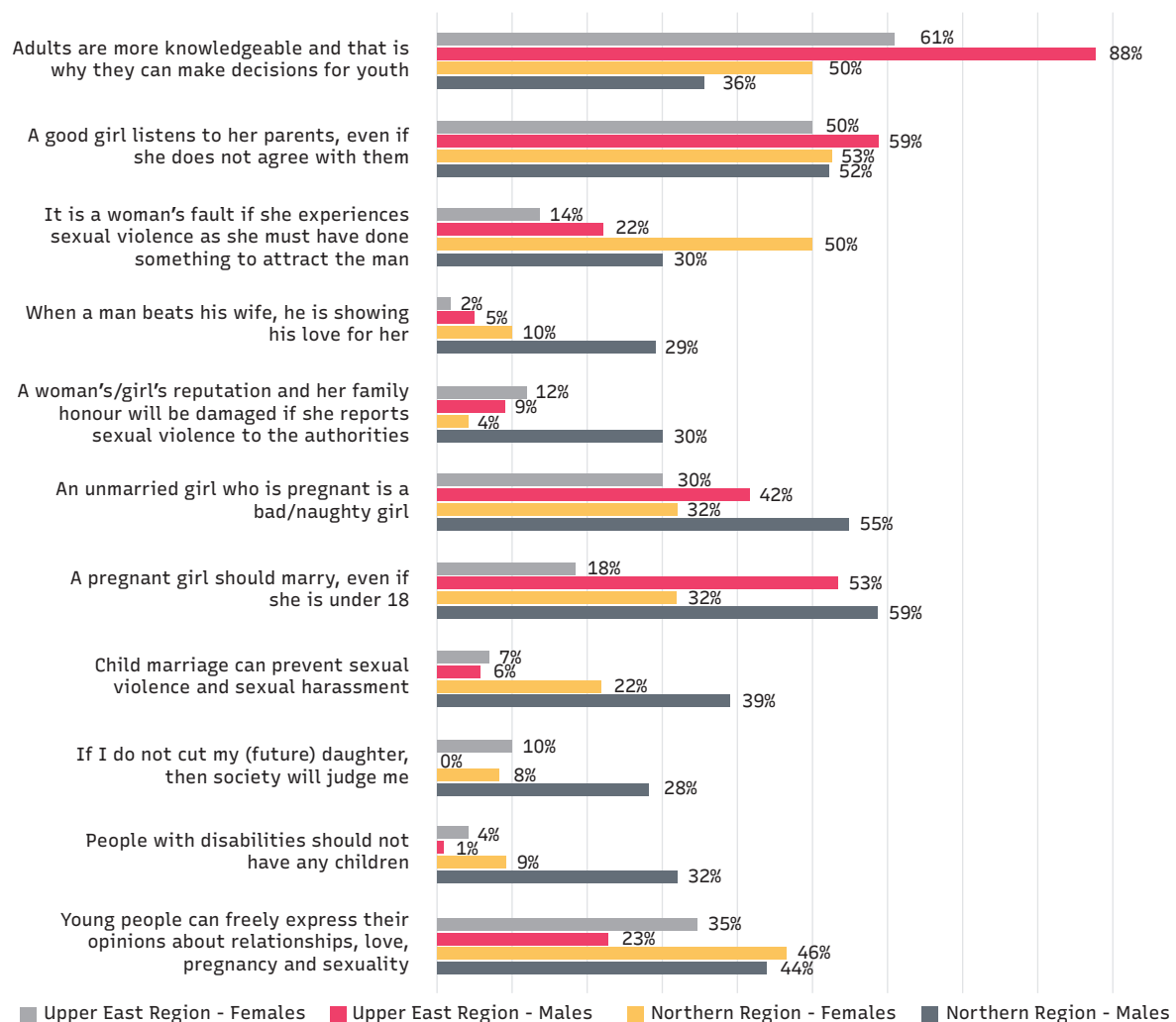
Participants attributed the positive changes to more education, and awareness-raising by civil society actors:

"For me I will give credit to World Vision Ghana, I think since they came, they have done a great job here. All the changes in the community allow the women to express their opinions, for years they have allowed the women to express their opinions. There is a change." (SSI, male teacher, KNW, UER)

Participants suggested that other patriarchal perceptions impeding progress included the low value placed on educating girls, and the belief that promoting adolescent SRHR was related to indoctrinating young people into 'LGBT ideologies'. For example, during a FGD, young women explained that parents might not address their daughters' needs, not due to poverty but because they perceived supporting girls as a lower priority:

"...the reason some of them get pregnant is that some of the parents don't provide for the needs of the girls, and it's not because they can't do so. But you know how our people are, they feel that if they take care of you it will not be beneficial to them in future, that is the perception they have about the girl child." (FGD with young women, 20–24 years, KNW, UER)

Figure 16: Adolescents and youth who (strongly) agreed with statements relating to social and gender norms in the UER and NR, by gender



While much of the quantitative data suggest a more conservative context for respondents in the UER, Figure 16¹¹ shows a more mixed picture. For example, while those in the UER (particularly males) were far likelier than other respondents to respond in a way that suggests a lack of agency among young people (such as agreeing more that 'Adults are more knowledgeable, and that is why they can make decisions for youth' and disagreeing that 'Young people can freely express their opinions about relationships, love, pregnancy and sexuality'), those in the NR were more likely to agree with regressive gender norms such as 'It is a woman's fault if she experiences sexual violence, as she must have done something to attract the man.' Therefore, it appears that while young people in the UER may feel less able to exercise voice and agency in relation to older people, those in the NR express more

11. Responses from the GA region are not presented in this figure, as the number of respondents was too small when disaggregated by gender.

patriarchal views. Responses to these statements also suggest a gender divide, with males generally more likely to agree with statements expressing traditional/patriarchal norms.

FGM/C is more commonly practised in the UER than in either the NR or GA. However, when asked whether they agreed that 'If I do not cut my daughter (in the future), then society will judge me,' more respondents in GA (26%) and the NR (17%) agreed with the statement, compared with only 5% in the UER. Again, it should be noted that it was a small sample of respondents in the GA region, most of whom are also migrants from the north of the country. In response to the statement 'Child marriage can prevent sexual violence and sexual harassment,' more respondents in GA (39%) and the NR (30%) agreed, compared to just 6% in the UER. Figure 16 also shows that attitudes to pregnant girls are largely negative in both the UER and NR (particularly among males), with around 40% in both areas agreeing that 'an unmarried girl who falls pregnant is a bad/naughty girl' and 'a pregnant girl should marry even if she is below 18 years.'

6.2 ATTITUDES AND ACTION TAKEN BY SOCIAL ACTORS RELATING TO YOUTH RIGHTS, HARMFUL PRACTICES, SEXUAL AND GENDER- BASED VIOLENCE AND UNINTENDED PREGNANCY

Traditional authorities were seen as important stakeholders in the prevention of harmful practices; however, victims rarely get justice through the informal reporting mechanisms

Participants explained that poverty was the main challenge hampering the fight against teenage pregnancy, child marriage and harmful practices. Participants stated that some girls from very poor homes depended on men for support, which made them vulnerable to rape. In some instances, parents blamed the victims for accepting gifts from men and hence did not report such cases to the authorities. During a photovoice session with young women aged 15–19 years, participants said that when girls got pregnant and were pressured to marry those who made them pregnant, they were usually unhappy; therefore, they wanted the practice of forced marriage to stop. Some participants also explained that while young people were increasingly aware of their rights through education and advocacy on the radio, they were unable to enjoy those rights due to cultural barriers/norms.

To address teenage pregnancy and child marriage in a way that would also benefit boys, young male FGD participants aged 15–19 suggested that it was important for Assembly members to organise youth meetings to educate girls about SRHR and provide space for dialogue and discussion.

Regarding key stakeholders involved in preventing harmful practices, most qualitative participants mentioned the importance of chiefs, Queen Mothers, community elders, religious leaders and Assembly members. However, participants were not always positive about the involvement of these stakeholders. For example, participants suggested that most cases of abuse were reported to the chief's palace rather than the police (if they were reported at all), and that victims rarely got justice through this informal reporting mechanism. Some participants mentioned that even when young men raped girls by drugging them, chiefs preferred to address these crimes in the palace instead of reporting them to the police. Other participants spoke of being discouraged from reporting abuse to the police because they knew nothing would be done. During a FGD with *Kayayei* aged 20–24 years, participants explained that this was exacerbated by poverty, as the police "don't care if we are raped or whatever; as long as you are poor, they won't mind you".

"When [rape] happens it is only in the chief's palace it is sent to for settlement. But if there is an involvement of state authorities, then punishment may be meted out to culprits to serve as deterrence for those who might be nursing the same intentions. But the case will only go to the chief." (FGD with young men, 20–24 years, Builsa South, UER)

In some cases, girls and women did not report cases of SGBV to law enforcement agencies because the victims were sacked after reporting it, and the perpetrators were not punished. In addition to a lack of police action, female *Kayayei* FGD participants (20–25 years) said that reporting cases to law enforcement agencies was difficult and costly, involving long journeys and expensive medical examinations that victims must pay for.

"Oh when you come, naa, they will sack you, they will tell you it's a foolish case... the last time they beat one of our sisters and injured her, when we took it there, they said foolish case, they didn't even come... they gave us a hospital card, we went to ministry hospital, we went there, they took us 2.2 ... we ourselves put money together to go and pay... we all contributed. She is the one lying down there." (FGD with *Kayayei*, 20–25 years, Accra)

Participants spoke about how decentralised government agencies/departments, such as the Ghana Education Service (GES) and the Ghana Health Service (GHS), were providing counselling to victims and education to young people on matters related to harmful practices. Specifically, the GHS was cited as providing education and safe spaces (adolescent corners) for counselling and responding to the concerns of young people:

"Just as I said we in the health sector, we have created a space called the adolescent corner where no adult comes there, it is basically for only adolescents. Whether you have questions that need to be addressed or you are coming for family planning or any other services." (SSI, female health care worker, Tamale Metro, NR)

"The girls' coordinators at the school levels they are there, they have SHEP coordinators at the school level they are also there; they talk to the children on the sexual reproductive rights and some of these issues." (SSI, GES official, Builsa South, UER)

6.3 THE ROLE OF OPINION LEADERS IN ADDRESSING HARMFUL PRACTICES, SEXUAL AND GENDER-BASED VIOLENCE AND UNINTENDED PREGNANCY

Traditional leaders often either do not see the fight against harmful practices as part of their role, have a lackadaisical attitude towards it as the practices are seen as cultural or traditional, do not have the capacity or influence to address them or address them through restrictive by-laws

Traditional leaders are well positioned to play a positive role in addressing socio-cultural factors that can either fuel or mitigate SGBV. However, most do not see the fight against SGBV as part of their role and hence do not take action to address it, according to some community leaders in the NR. The collaboration of community and opinion leaders was underscored as the most effective way to address the issue of SGBV. Some participants indicated that opinion leaders had left such issues to women leaders (such as *mangazias*), who did not have the capacity or influence to address them. It was also strongly communicated that, besides opinion leaders, there was a need for wider participation from the general public at the local, district, regional and national levels against SGBV and other harmful practices.

Others expressed misgivings about the ability of leaders to address these issues, due to their lackadaisical attitude to interventions targeted at eliminating these practices. Some participants lamented that Assembly members, chiefs and Queen Mothers were not motivated to lead the fight against these practices because they were viewed as cultural or traditional. Assembly members were perceived as leaders who did not address issues, while the chiefs or Queen Mothers stepped in only when such matters were reported to them. According to some photovoice participants (young women), some chiefs and Queen Mothers hold favourable views of practices such as child marriage and SGBV and hence refuse to take action even when such crimes are reported to them. Some chiefs are also perceived as biased and subscribing to myths about SGBV, taking a side before hearing from both parties:

"The thing is if they hear of it, they will be saying that you this girl you can even do it, you are telling lies in order to get something to cover up something. Mostly when they hear their stories that is what they normally say. The man cannot force a girl to have sex with her if the girl doesn't go to the man that cannot happen." (Photovoice with young women, 15–19 years, KNW, UER)

There are several benefits associated with addressing SGBV. Participants explained that addressing SGBV would not only give women the freedom to speak about their issues but would also give children space and encourage them to voice their concerns:

"It will make the women free to express things that bother them, as well as the children can also express themselves. There are children who have issues that they need the opportunity to air but are not getting, some need moral encouragement to speak out their worries." (SSI, Queen Mother, Builsa South, UER)

Some chiefs were mentioned as very instrumental in the fight against harmful practices. While some help NGOs by mobilising their community members for sensitisation programmes, others were reported to have implemented by-laws aimed at addressing Power to You(th) issues. An example was cited positively by an Assembly member in Builsa South, where a chief banned night-time music and dance events ('night jams', often viewed as non-traditional or 'Western') because they were viewed as leading to unsafe sexual activities and teenage pregnancy. While this was discussed positively by this key informant, it should be noted that merely restricting the spaces and events in which young people socialise is not a long-term or rights-based solution to these issues. In some communities, members support interventions to end practices such as child marriage and teenage pregnancy and are enthusiastic to engage with civil society actors:

"...as I mentioned earlier, last week we were on the field on the sensitisation to send out information about child protection (especially teenage pregnancy), and the turnout was actually very encouraging because most of the people came, community leaders, Queen Mothers, everybody came on board, and the Chief helped with the mobilisation." (SSI, CSO representative, Builsa South, UER)

6.4 LEGAL AND POLICY ENVIRONMENT

Though multiple laws and policies to protect youth rights exist, implementation remains a challenge at the local level where by-laws are often more respected. Regarding the legal and policy environment, participants reported that there were multiple existing laws and policies protecting youth rights in Ghana. However, their

implementation rests with central government, and there are challenges at the local level. For example, at the community level, advocating for child rights can be considered encouraging children to be disrespectful to their elders. Other participants indicated that although young people could only propose laws and were unable to ensure their implementation, they could help educate the public on existing laws and policies through public forums:

“At the end of the day, it will look like you are disrespecting your parents. So because of that kind of tension, like the legal aspect or the policy will not be much effective in the setup here.” (SSI, social welfare officer, Tamale Metro)

Others shared that community-level by-laws were more respected than national laws, and that some abandoned by-laws needed to be re-instituted. Unlike national laws, the implementation of by-laws depends on local and traditional leaders. Some participants stated that, to enforce such by-laws, traditional leaders needed to command the respect of communities, which could be a challenge.

6.4.1 CHANGES IN LAWS AND POLICIES

Private actors and external funding are seen as instrumental in the public education on government policies and policy reviews

Some participants mentioned changes in laws and policies, citing the Child and Family Welfare Policy (2015), the Children Act Amendment (2018) and the Ghana National Social Protection Policy (2015). Participants explained that although these were government policies, it was rather private actors that had been instrumental in educating the public about them through awareness-raising activities, workshops and durbar celebrations, but for the government sector. Participants also explained that policy reviews and implementation largely depended on external funding from development partners:

“Obviously you know for Ghana everything should be in donor fund or so, even a sensitive issue like child marriage. We want even UNICEF to pump in money.” (SSI, programme associate, CSO representative, Kpandai, NR)

6.4.2 ENFORCEMENT AND IMPLEMENTATION OF LAWS AND POLICIES

Policy illiteracy, the poor use of modern communication channels, resources constraints and cultural norms that discourage reporting of rights violations were mentioned as the main challenges in the effective implementation and enforcements of right protecting laws and policies

Participants showed an awareness of laws and policies protecting the rights of children and youth, and some frequently referred to the Children Act and Return to School policies as examples. However, they repeatedly indicated that while the law on FGM/C was enforced, leading to a significant reduction in the practice, those regulating child marriage, teenage pregnancy and SGBV were not being implemented effectively.

While some participants were aware of such policies, an SSI participant explained that poor implementation was also partly due to policy illiteracy among some sections of society, explaining that while policies were formulated by experts, their purpose was often not clear to the general population. Participants emphasised the need, therefore, to improve young people's knowledge and skills to enable them to demand their (legal) rights. Others spoke of the need to educate traditional leaders to appreciate the concept of women's and children's rights, as traditionally women and children were not expected to be involved in decision-making:

"They should rather make noise and involve the youth into decision making, forums, you will enter a community you engage the youth, train them, teach them on how to accept their rights, how to voice it - and even how to voice their right is another way of encouraging them to stand up for their rights. So, I think through communities' forums and engaging the youth in any way it can help to implement the law." (SSI, project coordinator, NGO, Tamale Metro)

Regarding state and civil society institutions responsible for enforcing laws and protecting rights, a CSO participant in Tamale explained how the previously dormant National Youth Authority was now taking responsibility and leading the implementation of activities to enhance youth participation and engagement. While the issue of NGOs going to work in communities without involving or working through the relevant state agencies was mentioned as adversely affecting the implementation of policies, others spoke of how some District Assemblies were engaging CSOs to improve the implementation of policies protecting children's rights in communities. Regarding gaps in implementation, participants shared several challenges. Some mentioned the struggle of child protection officers to use modern communication channels, while resource constraints were also an issue; for example, in relation to SGBV, the Domestic Violence Act established a fund to support victims, but it has remained empty since its inception. As a result, victims of SGBV who lack the resources to engage in arcane processes of the justice system are frequently denied justice:

"So now if you walk into a facility and you have been raped, and you actually need to go through medical proof to ensure that you have been raped. If you can't afford it within a [certain] period, your evidence will be gone." (IDI, CSO representative, Accra)

Social norms that discourage reporting and protect those of higher social status who abuse others were also frequently mentioned. For example, women and children who report acts of abuse (e.g. intimate partner violence or forced/child marriage), particularly those committed by family members or powerful people, are frequently considered disrespectful. Such norms make it difficult for victims to report perpetrators to law enforcement agencies, and elders frequently withdraw the few cases that get reported, in favour of informal or communal settlements. Victim-blaming and/or not believing victims are also pervasive issues; often victims are blamed for putting themselves in a position to be abused or are accused of lying for material gain:

"They have been doing those things for years, and there is nothing new to them that the law is against it, probably in their community there is nothing wrong with child marriage, there is nothing wrong with teenage pregnancy, there is nothing wrong with you abusing somebody sexually. So now the laws comes that [says] 'don't do this', they will definitely have a challenge because probably all their lives it has been normal to them." (SSI, Assembly member, Tamale Metro, NR)

Women who report marital intimate partner violence to the police can also be told that their marriage is over because they have 'taken the family to court'. One participant suggested that this norm, combined with the weak economic position of women, increased their dependence on men and limited their ability to report abuse:

"...how will you feel for a woman to report a case and the man will come and tell you that 'my family said she could not come back to the house because she has taken the family to court, she is tired and you are not helping her'? She has gone to the appropriate forum and you now put the thing on the whole family, she has taken the family to court when she was suffering... these are some of the areas I think we need to work on." (SSI, social welfare officer, Sagnarigu, Tamale)

Other participants spoke about how harmful social norms also influenced the attitudes and behaviour of law enforcement agencies (such as the police), leading to corruption and cronyism in the selective application of laws. This enables politically connected people to abuse women and children with impunity. Participants (such as a social welfare officer in Tamale) explained that political interference in such cases is common, and that even when perpetrators are arrested, political leaders often intervene to ask the police to drop the obviously criminal cases. This discourages police from arresting and prosecuting higher-status offenders.

Regarding the role of young people, participants shared challenges they faced, and ways of addressing such challenges. A social actor in Builsa explained that young

people faced difficulties getting the required resources to advocate for their rights. However, another participant was quick to add that, “there is no problem without a solution”, suggesting that young people needed to be more proactive—for example, by approaching district authorities:

“If the youth decide they want to use the community radio to assimilate information and they don’t know how to start, first of all, you have to get to the source, make enquiries, say ‘This is my situation, can you be of help?’. So first of all you have to seek help. When you seek help from those in authority, like the youth platforms in the district, desire that they want something and they come in touch with the district assembly and see the authorities of the assembly. I don’t think if the assemblies have the power to help, they will deny them.” (IDI, district planning officer, KNU, UER)

Commenting on the weak implementation of policies protecting youth rights, a Member of Parliament explained that often relevant stakeholders (including young people) were not meaningfully consulted during policy formulation processes:

“But if the Ministry of Youth and Sport doesn’t involve, the Ministry of Health doesn’t involve, the Ministry of Employment doesn’t involve, the Ministry of Education [doesn’t involve], that policy may be very beautiful, but implementation will be defective.” (SSI, Member of Parliament, Parliament House, Accra)

Others agreed that the limited involvement of young people and the politicisation of youth policies and institutions were ongoing issues. Limited youth engagement was attributed by a CSO representative to the centralisation of policy formulation and implementation in the capital, Accra. This means that CSOs and young people at regional and district levels are often excluded, making it difficult to hold the government accountable at lower levels:

“A lot of those engagements, sometimes you have it centralised in Accra. So you have a lot of CSOs in Ghana, but then... when it comes to engagement, you have everything being centralised in Accra, maybe in the news as well. So, it’s about having young people lead those policies, yes, getting CSOs on board to also know, because the government is at the central level, but you have a lot of CSOs that ... are in the communities and they can easily get to the local assemblies. So, I think it’s important we get all CSOs on board to understand and also appreciate. That is the only way we can localise and even hold the government also accountable.” (SSI, CSO representative, Accra)

6.5 POLITICAL WILL OF STATE ACTORS TO SUPPORT YOUNG PEOPLE'S RIGHTS AND ADDRESS HARMFUL PRACTICES, SEXUAL AND GENDER-BASED VIOLENCE AND UNINTENDED PREGNANCY

Harmful practices are not prioritised, international treaties not operationalised and political will to protect youth rights is often weakened according to participants

Some participants felt that successive governments had not prioritised investment in addressing harmful practices. One participant cited the successful implementation of the free senior high school education policy as an example of what was possible when a government did prioritise it. Others spoke about how the Government of Ghana was often among the first to sign international treaties and conventions, yet it failed to implement national legislation to operationalise such global commitments.

Some participants also shared that the political will to protect youth rights was often weakened by interference from political actors and families when it came to taking action against individuals engaged in harmful practices:

"We've signed on to the African peoples' chapter on human rights. What are we doing? So, we almost like, quick, quick, quick, quick to sign. But when it comes to the implementation, I mean, we even had a challenge with the passing of enactment of the Domestic Violence Act, which eventually has been passed." (SSI, CSO representative, Accra)

7. CIVIC SPACE

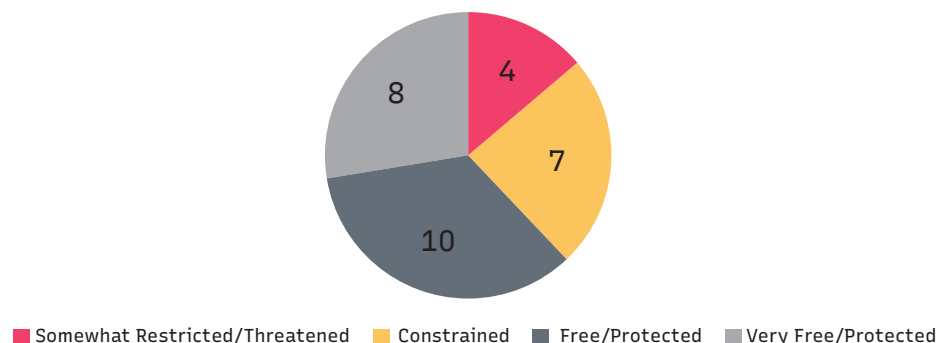
7.1 CORE COMPONENTS OF CIVIC SPACE

Study participants view Ghana as an open society where different members of civil society can speak about and advocate on (most) SRHR issues and interact positively with the government, however with some notable exceptions on key issues

Overall, study participants were positive about the quality and openness of civic space in Ghana. In general, state actors were slightly more positive than CSO representatives about the extent to which the government encouraged open, transparent dialogue and collaboration with civil society and respected a wide range of freedoms and rights. However, both the qualitative and quantitative data suggest that, in general, study participants view Ghana as an open society where different members of civil society can speak about and advocate on (most) SRHR issues and interact positively with the government. For example, Figure 17 shows that almost two thirds (18 respondents) of youth and CSO advocates who responded to the civic space survey rated the State's respect for human rights and fundamental freedoms as (very) free/protected.

There were some notable exceptions to this overall picture, particularly in terms of key issues which were considered sensitive in the national context. The most prominent of these was LGBTQI+ rights, and a recent clampdown on CSOs who promote these was noted. In addition, provision of comprehensive sexuality education (CSE)—particularly around family planning—for young people was mentioned as being widely associated with promoting promiscuity. One Member of Parliament (MP) also mentioned journalists who had been threatened or physically attacked after criticising politicians. This MP also felt that CSOs that spoke out against the government had been vilified and attacked by the media. While many participants discussed the positive aspects of close working relationships between government, media and many NGOs/CSOs, built over many years and based on perceived respect and trust, some participants suggested that such cordiality could lead to CSOs becoming uncritical of the government and media houses (and the media to avoid criticising the government), to ensure that they retain their insider positions and positive social standing. Findings on individual core components of civic space are covered in the following sections. It should be noted that the snowballing nature of the civic space survey respondent recruitment process and the low number of respondents mean we cannot consider the results as representative of youth and CSO advocates in Ghana in general.

Figure 17: Youth and CSO advocates' assessment of the State's respect for human rights and fundamental freedoms in Ghana (n=29)

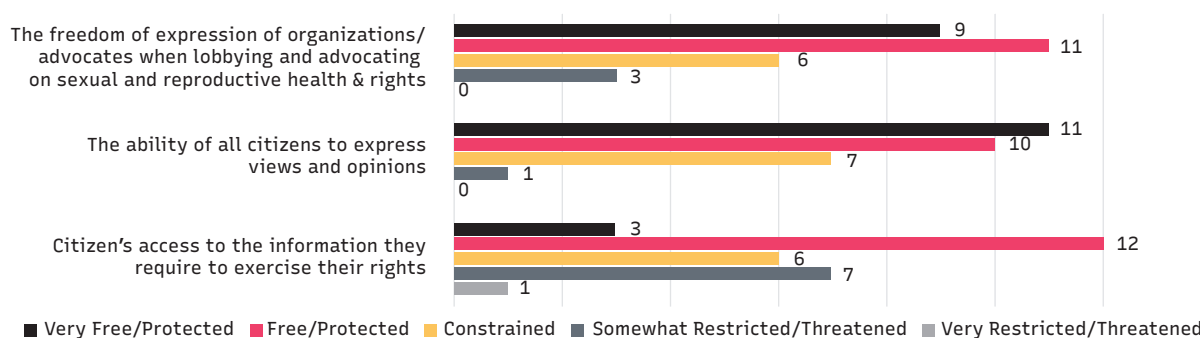


7.1.1 FREEDOM OF INFORMATION AND EXPRESSION

Study participants are generally positive on the freedom of information and expression, again with exception for some issues

The data suggest a generally positive picture of freedom of information and expression for civil society actors in Ghana, according to study participants. For example, civic space survey respondents were asked to rate the current level of freedom (or restriction) in Ghana of three components of civic space related to information and expression. Citizens' access to the information they require to exercise their rights was scored lowest of these three components, but half still rated it as (very) free/protected. Only eight of 29 respondents rated this as (somewhat) restricted/threatened. The ability of all citizens to express views and opinions was scored as (very) free/protected by 21 of the 29 respondents, while freedom of expression of organisations and advocates when lobbying and advocating on SRHR was rated as (very) free/protected by a similar number (20 out of 29) (see Figure 18).

Figure 18: Youth and CSO advocates' assessment of different aspects of freedom of information and expression in Ghana (n=29)



This generally positive assessment of freedom of information and expression for organisations and citizens within Ghana was supported by the qualitative data. There was a slight asymmetry in views about the availability of information on government activities, often depending on whether key informants were linked to CSOs or were state actors. While government actors tended to state briefly that information about government actions and policies was generally made available to CSOs, CSO informants discussed some barriers to accessing this information. These included delays in responses once requests were made, a lack of data, and bureaucratic hurdles, such as being passed around to different individuals and departments:

"You send your letter; they say see my boss. You see the boss, he says for us we are the district level, go to the regional level. You go to the regional level. They say ok, get clearance from national level [headquarters]." (SSI, NGO representative, Bolgatanga, UER)

The issue of a CSO or NGO's credibility or perceived legitimacy was also frequently discussed as an enabler or blocker of their access to information, as well as their ability to publicly express themselves. This was also linked to whether or not particular organisations had contacts within government, such as with senior civil servants. This is interesting to note when considering the general picture that emerged from the qualitative data, which is that NGOs and CSOs are not often willing to openly criticise the government. One exception to this was discussed by a teacher in Fooshegu (NR), who mentioned the Christian Council's criticism of the banning of religious worship during the COVID-19 pandemic. The Christian Council criticised the policy, as it felt that praying together was important for the community and would actually minimise the cases of COVID-19 (though no medical evidence was offered for this hypothesis). The interviewee suggested that this may have had an impact on the government's decisions, which suggests that it is amenable to pressure from civil society, even when this pressure lacks a clear public health rationale. However, this incident is an example of the government being criticised by civil society for being insufficiently conservative, and it is not clear whether this type of pressure would be so effective if it were coming from groups advocating for more progressive causes.

As discussed above, general freedom of civic expression was seen as protected, but was also described as very limited on some key issues. The most prominent of these was LGBTQI+ rights, but one interviewee mentioned that the GES did not encourage discussion of family planning for young people, as this was seen as 'licensing' (presumably sexual activity) and exposing young people to STIs:

"GES doesn't allow family planning. We want abstinence. We want our children to abstain till they get to the age where they can do whatever they want. Because we

feel that it is licence, when you introduce them to that we are giving them licence to continue. Family planning that one is only to prevent pregnancy, but they can contract other diseases, they contract other diseases.” (SSI, GES official, KNW, UER)

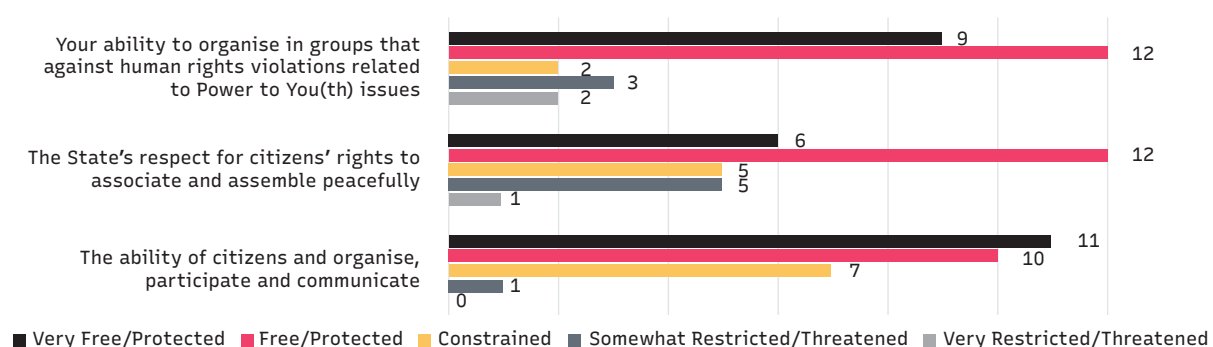
This closely aligns with the data from the civic space survey, where it was noted that freedom of expression for those promoting LGBTQI+ rights was so heavily constrained that it was in fact criminalised. Respondents also noted more generally that being seen as promoting ‘Western’ values was frowned upon.

7.1.2 FREEDOM OF ASSEMBLY AND ASSOCIATION

Respondents stated the ability to organise, participate and communicate for human rights, however; restrictions such as costs and requirements for authorisations, violence, repression and policing, and criminalisation and punishment of certain activities were also mentioned.

Figure 19 shows youth and CSO advocates’ assessment of different aspects of freedom of information and expression in Ghana (n=29). As can be seen, the general assessment was quite positive, particularly regarding the ability to organise in groups to protest against human rights violations related to Power to You(th) core issues, and the ability of citizens and/or organisations to organise, participate and communicate. Overall, the assessment of the State’s respect for citizens’ rights to associate and assemble peacefully was slightly less positive but still generally good—rated as (very) free/protected by more than three in five respondents.

Figure 19: Youth and CSO advocates’ assessment of different aspects of freedom of information and expression in Ghana (n=29)



Somewhat counter to the positive responses discussed above, when respondents were asked about the main restrictions that limited the freedom of assembly and legitimate protest, only two respondents (out of 28) indicated that there were no restrictions. Twenty-one indicated costs and requirements for authorisations,

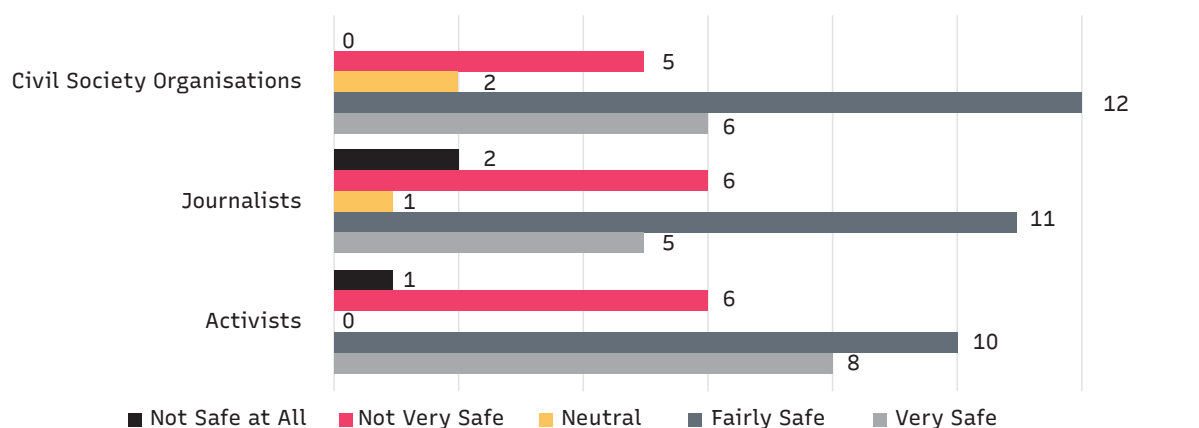
13 indicated the use of violence, repression and policing, and 10 stated the criminalisation and punishment of certain activities. In terms of specific groups that have most difficulty gathering and organising, LGBTQI+ groups were indicated by the majority (18 of 28 respondents), while other groups, including women's rights groups and young people, were indicated by 5–10 respondents. Three respondents stated that all groups were equally able to gather/organise. Those who felt there were no restrictions on any groups were, therefore, in the minority, and some respondents mentioned specific legal mechanisms recently used to target groups working on LGBTQI+ rights in particular. This is strongly reflected in the qualitative data.

7.1.3 FINANCIAL STABILITY, AUTONOMY AND SECURITY OF CIVIL SOCIETY

Though respondents generally feel CSOs, journalists and activists are safe in the national context, worrisome cases of journalists being threatened or physically attacked do also exist

Respondents to the civic space survey were asked to rate the safety of CSOs, journalists and activists working on SRHR on a five-point scale. As can be seen in Figure 20, the majority felt that these three groups were (very) safe in the national context. Journalists were considered the least safe (though the difference in responses across the three groups was not large), with six respondents rating this group as not very safe, and two as not safe at all. This is somewhat consistent with the qualitative data, as while most participants also suggested that these groups were generally safe, one MP (as mentioned earlier) mentioned worrying cases of journalists who had been threatened or physically attacked after criticising politicians. She also suggested that CSOs that spoke out against the government were vilified and attacked by the media.

Figure 20: Youth and CSO advocates' assessment of safety levels of those working on SRHR in Ghana (n=25)



When asked about existing government mechanisms/initiatives that provide financial support to organisations working on SRHR, around half (12) of the 25 respondents said that these did not exist, while nine did not know, and four respondents said that they did exist. In the optional open text space to provide comments on this, one respondent commented that (financial) support for civil society was mainly driven by foreign donors, which meant that it tended to focus on a small range of SRHR issues and had been negatively impacted by the COVID-19 pandemic. Several others supported this view that there was currently a reliance on foreign donors, which was also mentioned by participants in the qualitative study. Generally, respondents who used this open text space commented that there was a need for more government support and funding for SRHR activities, and it this was not currently readily available.

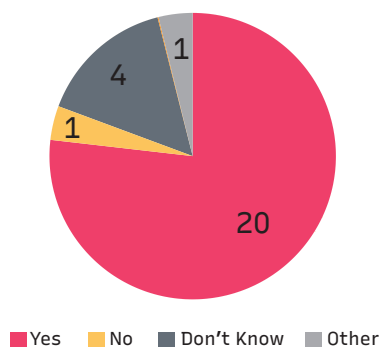
The majority (9) of the 12 respondents to the follow-up question about why these financing mechanisms or initiatives were not in place stated that it was not a government priority. Six respondents reported there was a clampdown on foreign funding, and four stated there was a clampdown on international NGOs.

While Ghana started attempting to implement gender-responsive budgeting in 2006, the baseline assessment of the Power to You(th) country team (attached in Annex 7) indicates that implementation is impeded, as many ministries, departments and agencies do not have gender desks. In addition, there is a lack of sex-disaggregated data required for planning, a lack of understanding of basic gender concepts, and inadequate funding. As a result, the work and budgets allocated to agencies such as the Domestic Violence and Victims Support Unit (DOVVSU) and Anti-Human Trafficking Unit (AHTU) remain largely invisible, and CSOs have inadequate resources, including to support victims of SGBV.

7.2 DIALOGUE AND CONSULTATION

CSO advocates state that they are actively involved in decision-making or approached by the government for meaningful consultation on policies relating to PtY core issues. Figure 21 shows that most of the youth and CSO advocates thought that CSOs or advocates were actively involved in decision-making or were approached by the government for meaningful consultation on policies related to Power to You(th) core issues. When asked to characterise the general quality of dialogue between their organisation and the government, many responded positively: 12 of the 26 respondents said it was both constructive and regular. However, there appeared to be less consensus on this question than for others, as nine respondents also characterised it as irregular, while seven stated they felt it was tokenistic or more akin to lip service. Five also stated they felt it was hostile.

Figure 21: Youth and CSO advocates' views on whether or not CSOs/advocates are actively engaged by the government for meaningful consultation on policies relating to Power to You(th) core issues (n=26)



Participants in the qualitative study also mentioned regular consultation of CSOs by the government. A district education official explained how the availability of funds could be an additional incentive for government-led authorities to collaborate with CSOs:

"We like the collaboration because they can support some of the activities financially, because as we all know the government cannot actually get funds as we need for government to carry out some of the activities. But the NGOs that we collaborate with, sometimes they provide funds for us to carry out." (SSI, male district education official, Builsa South, UER)

7.2.1 ACCOUNTABILITY MECHANISMS

Not all groups are actively involved in decision-making by the government

Respondents to the civic space survey who stated that CSOs and advocates were actively involved in decision-making by the government were asked how they were involved. They reported that this took place via co-organisation of activities at national or local level (18 out of 21 respondents), and attending policy consultations (17 respondents), while most (13 out of 21) also said that they were invited to comment on draft policy documents. In response to the question of whether spaces for dialogue with the government engaged a diversity of civil society actors (including women's rights organisations, indigenous people, people with disabilities etc.), 21 out of 26 respondents responded that this was indeed the case, while only one said it was not, and three respondents did not know. One respondent also selected 'other' and explained that not all groups were engaged. Therefore, most respondents indicated that a diversity of actors were engaged by the government.

However, when asked whether any specific groups were discriminated against and/or excluded from dialogue with the government, eight respondents answered that this was the case for people with disabilities, while seven indicated youth groups. Six selected indigenous/minority groups, while five indicated women's rights organisations. Three respondents mentioned the LGBTIQI+ community in the open text 'other' comment space, but 12 out of 26 indicated that no groups were excluded. A CSO representative who was interviewed also indicated that marginalised young people, such as those with disabilities or who lacked a smartphone or Internet access, were being increasingly excluded from policy engagement.

In the qualitative study, community participants mainly referred to community leaders, Assembly Men, chiefs and social welfare officers as authorities who spoke up on issues and held the government accountable. However, the perception of how responsive they were varied. Some issues related to harmful practices would be covered up to protect high-status community members. During a FGD in KNW (UER), a young man suggested that young people were not listened to:

"I have begun, but for now nobody regards us. You can go and talk to someone, and the person will say, as you are standing, 'What will I gain from what you are saying?' S/he might not listen to you because you are both young, so what can you teach/educate him/her?" (FGD with young men, 20–24 years, KNW, UER)

During another FGD, participants expressed how community leaders could also prevent citizens from holding local public officials and politicians politically and socially accountable for their actions:

"It is the community leadership that sometimes prevents us from reminding politicians about their failed promises. But if it is that they are coming to our parliament city, even if the president of Ghana should promise us something and fail to honour it, he will be reminded. So I will say we can and at the same time cannot. At the community level we cannot but if it is left with us we will take every politician by his or her own words. And we are ever prepared to hold them accountable because they have promised us a lot but don't keep their words." (FGD with young men, 20–24 years, Tamale Metro, NR)

Nevertheless, in the baseline assessment conducted by the Power to You(th) in-country team (see annex 7), all the representatives of government agencies and CSOs/NGOs who were interviewed (100%; n=50) indicated that chiefs and community elders should lead initiatives for social accountability with the support of Queen Mothers, religious leaders, Assembly members, teachers and youth leaders. At the community level a majority of FGD participants believed that these actors had been leading accountability efforts but were challenged by a lack of support from

parents. Another problem mentioned was the lack of visible results of accountability efforts, illustrated in this quote from a community leader himself:

"If issues pop up, those supposed groups [community social organisations, youth-led organisations, community-based organisations and women-led organisations] will actually go into it, but in the end one will want to know how it ended. They will keep telling, you go and come, go and come. You, the complainant, will not get any better results. That is how those issues are to us." (SSI, youth group leader, Kpandai, NR)

Only one CSO representative referred to existing accountability mechanisms, such as the Universal Periodic Review. However, the role of CSOs in relation to these was not reflected on. One CSO interviewee shared her suggestion for how young people could be engaged in accountability mechanisms:

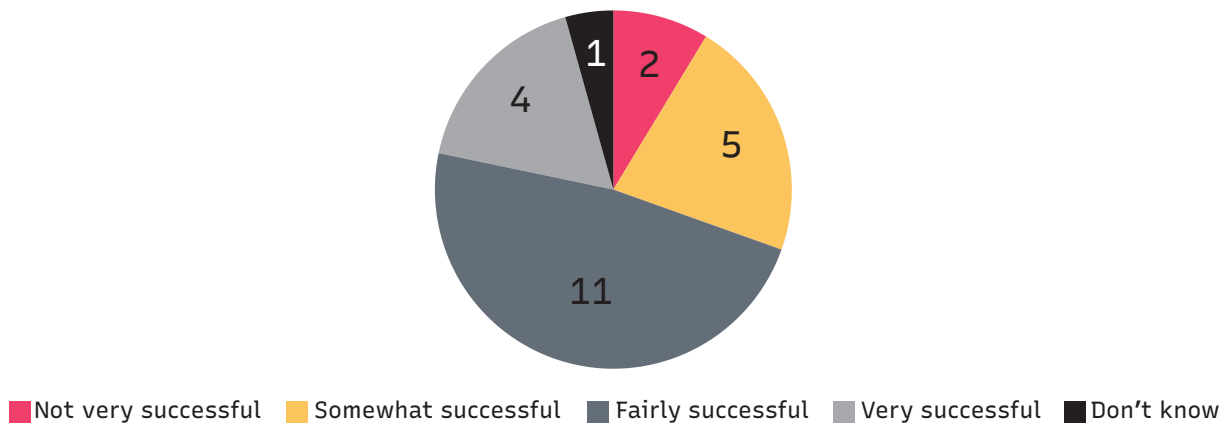
"First of all, we could provide platforms for young people to be made aware of these policies, so that they know about the policy themselves, know the contents of the policy. And then there could be periodic reviews of the policies by young people. And then, when these periodic reviews are done, young people have access to those reviews. Then you'll be able to go and share the information or the reviews that they think are necessary. But even if we haven't had access to the space yet, which we are advocating for, I think that if we do those reviews periodically, we can still find other platforms that we are currently using, like the media platforms, in order to share our points on the policy." (SSI, female CSO representative, Accra)

7.3 LOBBYING AND ADVOCACY ENVIRONMENT FOR CIVIL SOCIETY ORGANISATIONS

Advocates feel to be (fairly) successful in influencing government policy, however the policy environment to support CSOs could be improved

Nearly half (11) of the 23 youth and CSO advocates who responded to the question about whether civil society was successful in influencing government policy said that they were fairly successful (Figure 22), while four also felt that they were very successful. Only two felt that they were not very successful, while none responded that they were not successful at all. The overall assessment was, therefore, positive.

Figure 22: Youth and CSO advocates' assessment of civil society success in influencing government policy (n=23)



In the qualitative study, community participants identified a number of CSOs that speak out on SRHR-related topics. Among others, Norsaac, Action Aid, CAMFED, Youth Harvest Foundation, Child Rights International, World Vision International, Afrikids and the Christian Council were mentioned. The United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA), as well as international organisations such as Plan, Oxfam and Care, were also referred to. Most participants discussed the role of these organisations in relation to 'community advocacy' (i.e. informing and educating the community on certain issues). Some also recognised their political lobbying and advocacy role. In the baseline assessment conducted by the Power to You(th) team, 12 CSOs/NGOs reported that they carried out some advocacy on the Power to You(th) thematic areas, with the majority of those saying they were engaged in public advocacy.

A social welfare officer saw CSOs as an intermediary voice between the community and the government:

"CSOs only have voices because they themselves are not government, and CSOs—to my understanding—they don't implement government policies. But what they do is that they support the government to implement their policy on the ground. So, if we are talking about the roles that they are supposed to perform, they advocate and maybe they also unearth some of the pressing issues on these harmful practices that the government might not be aware of, make it loud to the government." (SSI, regional social welfare officer, KNW, Bolgatanga, UER)

Another social welfare officer suggested that the policy environment to support CSOs should be improved:

"I think that most of them will need government backing, policies from the central government that can help some of these civil societies, they are very young and tender and some don't have roots, but if policies are there that can back them up, they will be on their feet and ground and they can also offer the little they have for the development of the nation." (SSI, district social welfare officer, Builsa South, UER)

Little attention was paid to the civic space available for CSOs to lobby and advocate. Several respondents stated, as mentioned earlier, that CSOs (as well as the media) should be cautious not to be politicised:

"You know, in Ghana, the CSOs are more respected. What politicians don't want is if a CSO should not be directly involved in politics and advocacy. When you see something wrong, say it, if it is 'A' that is doing something wrong, if it's 'B' say it but where excuse yourself towards always favouring on a particular party, people will say 'hammering on particular team against a particular regime,' they will brand you as being political." (SSI, National Commission for Civic Education official, Tamale Metro, NR)

On the other hand, a Member of Parliament recommended that CSOs should better use the youth leadership of political parties as an entry point for dialogue and advocacy:

"How involved are they, in terms of such policy formulation? Civil society organisations, have they taken the effort to, to sit and dialogue and involve the various youth leadership of the various political parties, which is NDC and the NPP, and the programming and the kinds of projects that they have? I think that the civil society organisation should serve as a drive to some of this. (...) Could you imagine the NDC youth organiser and NPP youth organiser all agree? This challenge confronting us, challenges of insecurity, teenage pregnancy, challenges of Kayayei, are not challenges that are peculiar to one political party, but they are challenges that confront all of us, as a people. If all this youth leadership, you know, begin to do that, that will help and the only group of people who can bring them together are the CSOs. That is if they begin reducing their administrative budget." (IDI, Member of Parliament, Parliament House, Accra)

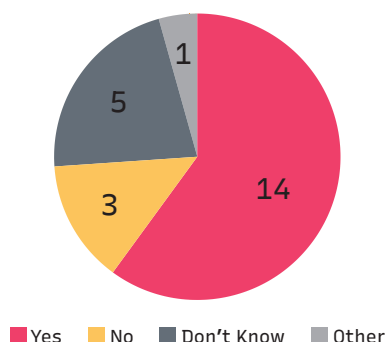
7.4 FACTORS CONTRIBUTING TO OR DETRACTING FROM A CONDUCTIVE ENVIRONMENT FOR CIVIL SOCIETY ORGANISATIONS' LOBBYING AND ADVOCACY

7.4.1 AVAILABILITY AND USE OF EVIDENCE

A majority of advocates generally feel sufficient evidence is available to assist lobbying and advocacy; personal testimonies from beneficiaries, surveys, statistics and field reports are seen as most effective

Figure 23 illustrates that more than half of the respondents to the civic space survey thought that there was enough evidence to assist lobbying and advocacy efforts on SGBV, child marriage and unintended pregnancy. Only three respondents thought that this was not the case, while five did not know.

Figure 23: Youth and CSO advocates' assessment of the level of evidence available to assist lobbying and advocacy efforts (n=23)



Respondents were asked (in open text) to suggest topics on which they felt there was a need for more evidence. Overall, a broad range of topics was mentioned; two mentioned SGBV, one in the context of schools specifically. One mentioned child sex work, while one mentioned teenage pregnancy. Two stated child marriage, one specifically among the Muslim community, while another requested evidence on working with religious leaders to gain their buy-in as SRHR allies, as well as evidence that improving SRHR does not promote promiscuity, and on the effectiveness of young people leading lobbying and advocacy for young people's SRHR.

Lastly, respondents were asked their opinions about the type of evidence that is most effective when seeking to influence policy. All responses were selected by half or more of the respondents, apart from academic research papers (selected by only eight out of 23 respondents). The most commonly selected response was personal testimonies

from beneficiaries (20 respondents), followed by surveys (17), while 14 respondents mentioned both statistics and field reports.

7.4.2 ROLE OF THE MEDIA

Freedom of press is dependent on the issues being discussed and the internal policies of media houses

As mentioned briefly in Section 7.1, while the majority of study participants reported a generally positive picture of press freedom, one MP in Tamale stated very strongly, as discussed earlier, that they felt freedom of expression under the NPP government was a 'disaster', describing three separate incidents of journalists who had been threatened and/or seriously physically attacked as a result of criticising politicians, who then publicly denounced them and, in some cases, encouraged others to harm them. The MP felt that there was a media culture of sycophancy towards the government, and that those journalists who did speak out faced a real and serious threat of bodily harm. This somewhat aligns with the quantitative data from the civic space survey, as when asked to rate the safety and security of CSOs, journalists and activists working on SRHR, a third (8 out of 25) of the respondents rated them as not safe at all or not very safe. This was the lowest rating of the three groups assessed, just behind activists. Some participants in the qualitative study suggested that freedom of expression within the media was somewhat dependent on the issue being discussed, as well as the internal policies of individual media houses. However, this was not always viewed negatively, or as a form of censorship by CSOs:

"So, let's assume that you have set up your radio station, and you say you don't want to [discuss] condoms. You don't talk about abortion. So, when you invite me, I don't have to talk about it. It doesn't make the media house censored. That's your house. That's your house principle. So, for us, I mean, we work with both free medium, and work with both censors. Our target is, if your platform is also people want to reach out to, then we bring to you. There's a new TV station; we've been there a couple of times. You get it, but you see, we are sensitive on the issues they don't want to talk about. I won't come and talk about sex. I will talk about sexual organs. I don't talk about termination of pregnancy; I talk about comprehensive abortion care. I won't talk about CSE; I will talk about reproductive health education. You get it." (SSI, male CSO representative, Accra)

One interviewee reported that if an issue was not seen as political or sensitive, then discussion between civil society and parliament would be openly supported, and this could even result in a Bill. However, sometimes this relationship between sensitive and open issues is complicated in terms of finding solutions to SRHR issues; for example, while those working in SRHR are reportedly free to discuss teenage pregnancy openly,

when they actually want to lobby for legislation on CSE, it is more difficult and has become politicised. Similarly, LGBTQI+ issues are sensitive. Another interviewee from a CSO suggested that the press might not be as free or uncensored as was generally believed (a view supported by several other study participants):

"You know recently Radio Gold, was it like 4 years ago? They said NDC or something, and so because of that, up till now, Radio Gold is still not fully functional and back to normal and because of some of these things they shut them down. So, you know, it's not as free as we think it is." (SSI, NGO representative, Accra)

Media support for Power to You(th) core issues varies and may be positive or negative depending on the issue and context

Figure 21 shows that 82% of the 27 respondents rated the level of attention paid by the media to the issues of harmful practices, SGBV and unintended pregnancy in Ghana as either medium (41%) or a lot (also 41%). However, it should be noted that it is not necessarily clear from these answers whether this attention is positive or negative. This was supported by the qualitative data; for example, during an SSI with a CSO representative, it was reported that there were open discussions about harmful practices in the media. In addition, it was suggested by other key informants such as state actors that the media collaborated with CSOs on advocacy relating to harmful practices, and that these issues were discussed openly on the radio. One other CSO representative went into detail about the media's influence on public perceptions of these SRHR issues, and how it could be positive or negative depending on the issue and context:

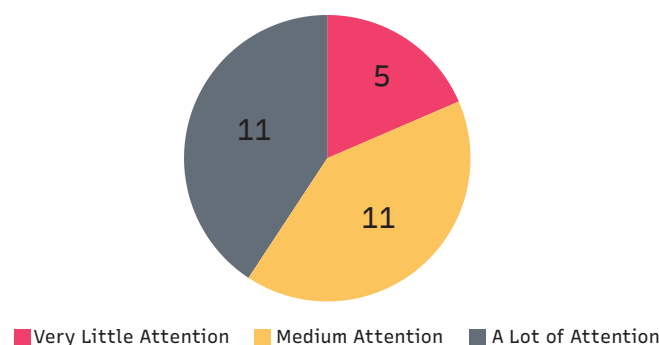
"I think [the media] play a huge role; it can't even be overemphasised ... So let me use even the issue on the CSE and when the government first said they were introducing ... comprehensive sexual education, the whole craze about it and, how I will say, [the] community started perceiving, 'Sir, they're going to talk about gay, lesbian', and it was because some media, they started talking about, 'Oh the policy is about gay, is about teaching kids what is gay and lesbian, to have sex', exactly. So, for them, that is what people were consuming. So, if it also has this negative and its positive side, meaning if you get a media to really also appreciate what you are doing, they can as well also reach a lot of people, with the positive, exactly. So, for us we do it for each of our programmes, you will find the media, we have partners with the media, we have partners within the media. So TV3, Citi FM, we have some reporters we work with so whenever we have a program, press statement.. even during the event we will not have less than five media houses there, some for local, who will translate into local, some also who strictly English stations as well, so for us... their importance can't be

overemphasised. It's good the media plays a role because there's a limit to the number of people you can reach. As we are having this conversation, for instance, just imagine there is a transmitter here and it's being shared across an FM station." (SSI, CSO representative, Accra)

Another CSO key informant discussed how a backlash against a reproductive health campaign their organisation was running resulted in a lack of engagement with the media, to avoid the antagonism that was being directed at them from the public. This suggests that the attention directed towards these issues by the media, and the space provided by such outlets for public discussion, is not always conducive to positive dialogue about these issues, but in fact can escalate public outrage driven by conservative values:

"That day was stressful. I was parked two streets away from [radio station] Joy FM. I was going for a meeting and then someone called and said, 'You should tune to Joy FM.' I just parked for about one hour just listening to the back and front. And then the calls started coming. Well quickly, we had to put together our crisis management, and our board agreed that nobody should talk." (SSI, CSO representative, Accra)

Figure 24: Youth and CSO advocates' assessment of the level of media attention paid to Power to You(th) core issues (n=27)



Social media, television and radio were seen as the most influential media platforms

The civic space survey also asked which forms of media, if any, were most influential in shaping public opinion on the issues of harmful practices (child marriage, FGM/C), SGBV and unintended pregnancy. Of the 27 respondents, the most common answer was social media (26 of the 27 respondents selected this), followed by television (23) and radio (22). Very few respondents considered print or online newspapers, books or magazines particularly influential (each selected by seven or fewer respondents).

Of the forms of media that were selected as being the most influential, around half to two thirds of the respondents rated the overall or general influence of this form of media on public opinion about these issues as being positive. This was particularly the case for radio (15 of 22 respondents), television (16 of 23) and social media (16 of 26). Respondents were also asked about the main target audience(s) of the most influential forms of media. Social media was mainly viewed as targeting young people, but also the general public. Radio and television were the main forms of media seen as targeting less educated groups and rural populations. All groups listed were generally seen as the target audience for television.

Qualitative data reiterated the survey data. Radio and television were seen as the main outlets for disseminating information, contributing to the education of the wider population and initiating change.

Advocates discuss a wide variety of SRH topics on (social) media and rate interactions with the public on media platforms/channels as (very) constructive

Civic space survey respondents were asked which types of media they engaged with for lobbying and advocacy. Social media, radio and television appear to be commonly used, while newspapers (both print and online), books and magazines are rarely used. Social media was the most common response, mentioned by almost all (26 out of 28 respondents). Of the 26 respondents who used social media, almost all (24) used Facebook, and most used WhatsApp (21) and Twitter (18), while nine indicated use of Instagram. TikTok and YouTube were selected by five or fewer respondents, while Signal was not mentioned. Respondents were also asked which aspects of their lobbying and advocacy work they discussed on (social) media. The majority of the respondents selected many of the potential topics, and none was selected by fewer than 40%, indicating a broad range of topics discussed by CSOs in their media-based advocacy. The most commonly indicated topic was improving SRH service delivery (24 out of 27 respondents). Recognition of young people's (SRH) rights; eliminating child marriage; reducing unintended and teenage pregnancy; and reducing the impact of unintended and teenage pregnancy were each indicated by 23 respondents. The only topic selected by fewer than 21 respondents was eradicating FGM/C (selected by 12).

Figure 25 shows that just over half (15 out of 27) of the respondents rated interactions with the public on media platforms/channels as (very) constructive. Only a minority of five respondents rated the interactions as somewhat or very hostile. However, examples of hostility from segments of the public did emerge from other survey questions and the qualitative study data, particularly around certain sensitive topics. Despite the sometimes negative attention for SRHR in the media, as earlier described

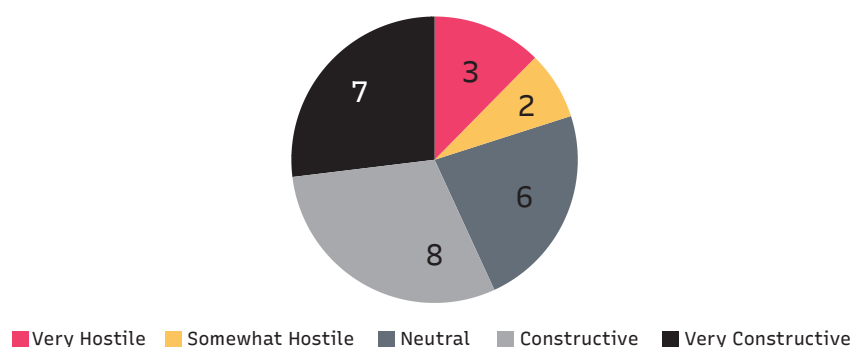
for the qualitative data, participants also described the positive role media could play when you engaged them. During an interview, a CSO representative discussed how the media could be both an enemy and an ally in SRHR issues, and how training could increase mutual understanding and support:

“So the media is a powerful force, you know, because lots of people listen to the media, lots of people want the opinions of the media. And so I think that they do have a role to play. So we can work in partnership with them. So once we take the media as an ally, then they’ll be willing to promote our core values, once we take them as an ally between, train them to know what we are doing and why we are doing it, then that makes it easier to work with them towards the achievement of our goals, so I think that they are a powerful tool.” (IDI, CSO representative, Accra)

Various participants referred to how media access depended on whether you were able to pay for airtime.

“The media is not all that engaging (...) like I have already mentioned some of them are looking for money. They will come to help you with the coverage. So, when they get to realise that these people that we are bringing if we don’t have money to give it to them, they won’t go to them.” (SSI, Assembly member, Tamale Metro, NR)

Figure 25: Youth and CSO advocates’ assessment of interactions with the public on media platforms/channels (n=27)¹²



12. One respondent who selected 'other' is not represented in this figure.

7.4.3 CHALLENGES AND OPPORTUNITIES FACED BY CIVIL SOCIETY ORGANISATIONS

Social hostility and the lack of political and financial support were mentioned as the main challenges; whether or not leaders were seen as facilitating or blocking progress depended on how successfully they were engaged.

Respondents to the civic space survey were asked to suggest in open text what threats and opportunities they saw for CSOs, journalists, activists and human rights defenders in Ghana. Generally, the responses reflected a broad optimism in the possibility for change, with young people (and other influential or religious leaders) mentioned as potential agents of change, as well as both educators and those with a need to be educated. One person stated that they felt there was an opportunity to eliminate sexual violence, while another pointed out that the gradual decline in birth rates in the country over recent years indicated progress in the general acceptance of the need for SRHR. In addition, the need and/or possibility (it was not entirely clear from the responses in which of these ways responses were being framed) for learning from best practices, using research and evidence, more open space to have dialogue, and ease in advocacy were also mentioned. Despite this general positivity, some respondents mentioned that they saw few opportunities for CSOs in Ghana.

In terms of threats to the field, it is interesting to note that while religious and other opinion leaders were mentioned as potentially part of the solution to SRHR problems (discussed above), they were also mentioned as a potential threat by several respondents. Whether or not leaders were seen as facilitating or blocking progress was, therefore, suggested by respondents to depend on how successfully they were engaged, as the influence of these social actors could be leveraged in both positive and negative ways.

General social hostility towards those working in the field was also mentioned by several respondents, with one suggesting that CSOs, journalists and activists were seen as 'criminals', and four others mentioning attacks on and social/political rejection of LGBTQI+ groups up to and including criminalisation. Others also highlighted that those working in the field could be seen as threatening traditional ways of life or promoting 'Western cultures' such as the acceptance of homosexuality. One respondent specifically mentioned this view as common among lawmakers. According to some interview participants, these kinds of 'misconceptions' about what CSOs were doing resulted from a lack of information and communication, as expressed by this CSO representative:

"I think like at the community, but also at the regional and national level, when the people don't understand what we are doing, I think it makes it a bit difficult. Like, you know, how a few years ago we had this issue about CSE, and then it blew up and everyone was like CSE is wrong, it will promote LGBT etc. And then that wasn't the reason why we were even promoting CSE. So I think that it was the lack of information that caused all these things, so I think that maybe more could have been done there to make sure that people are actually aware of the reasons that we are having, ahuh. So when people don't have permission, then it tends to breed a lot of issues." (SSI, CSO representative, Tamale Metro, NR)

The lack of political and financial support more generally (rather than outright hostility) was also mentioned by several respondents in the survey and participants in interviews. Interview participants further elaborated on this and how a lack of (long-term) funding, in combination with the fact that advocacy is a long-term process, challenges sustainability and focus:

"Yeah, I think that's one key bit about it is sustainability. Of course, these things, like I mentioned, family planning movements have been going on for 14 years. I mean, and then you can try to do it, some fell off, some picked up, some left, because things were not picking up as they wanted to. But one of the things I mean, people must know is that advocacy is a long term process, what you do is to celebrate the milestones, so that you can keep the momentum. (...) So the issue about sustainability is one, the issue about funding, and then focus. Because when the focus of the organisation changes, we see, we find ourselves, because we say we are beyond aid, funding is limited. So, if we don't take care of you started off as an SRHR organisation, by the time you realised you are doing climate change. For they're all related, when you have too much on your plate, it becomes difficult." (SSI, CSO representative, Accra)

One interview participant mentioned the risk of CSOs being politicised, inducing polarisation:

"The other key challenge the youth are facing is the issue of polarisation. Today they will brand IMANI Ghana as NPP, and another time when they say something that favours the opposition, NPP will brand them as NDC. When they come out with a research finding that is against or it is revealing certain negative issues about a particular party, that particular party we see that CSO as an extended arm of the other political party, a paid CSO of other political parties. Until we stop all those things we will not go anywhere, because the CSOs did not employ people from one particular ethnic group or one particular thinking, people from particular mentality but they normally look for people who have experience in diverse ways and bring them on board. So that is one of the key challenges apart from the resource. The issues of polarisation and branding of CSOs as being political. That is another key issue that we need to address." (SSI, CSO representative, Accra)

8. DISCUSSION

The baseline study aimed to understand adolescents' and young people's perspectives on harmful practices, SGBV and unintended pregnancy (in addition to whether and how they take action to prevent them). The results show that despite their lower levels of education, respondents in the NR felt more informed about SRHR topics than those in other regions. It should be noted that feeling informed is a subjective measure and may not necessarily reflect actual knowledge. However, we also see from the data that knowledge of modern methods of contraception was higher in the NR than elsewhere.

In the UER, respondents were better educated, but less informed about SRHR topics. Religion may play a role in this, as the study areas in the UER are dominated by Catholic educational systems. Regarding the specific topics, child marriage was widely acknowledged by study participants as a common, harmful and highly gendered practice driven by poverty, which serves as both a cause and consequence of unintended and adolescent pregnancy. Deeply rooted perceptions that young people must abstain from sex outside marriage, parental poverty, school policies and tradition were also seen as causes of unintended pregnancy.

The results also show that FGM/C is no longer common or accepted by most people. However, FGM/C in Ghana is a highly localised practice, and the study was not conducted in an FGM/C endemic area. For the Power to You(th) programme, it might be useful to conduct an operational study in these areas, such as communities along the Ghana–Burkina Faso border in the Upper East and Upper West regions. SGBV was common and generally disapproved of, although a certain level of normalisation was found, leading to low levels of reporting and convictions. Poverty was seen as one of the main driving factors of SGBV, while victim-blaming was very common, with girls regularly accused of either enticing perpetrators or fabricating accusations. This is another reason why the operationalisation of the Domestic Violence Fund to support victims of SGBV in accessing justice is crucial.

Young women engaged in Kaya business in Accra live a tough life characterised by poverty, few career or educational opportunities, extreme vulnerability to SGBV, and little agency. The Power to You(th) programme can go beyond recognising Kaya business as a harmful practice and engage with the Ministry of Gender, Children and Social Protection to formulate a policy on *Kayayei*.

Parents, followed by friends and teachers, were seen as the preferred and main source of information and support for access to SRHR services, with little mention of social media. Given that young people are spending increasing amounts of time on social media, the Power to You(th) programme can explore further the role of social media in expanding access to accurate SRHR information.

Pathway 1: Young people demand accountability and responsiveness on harmful practices, SGBV and unintended pregnancy

The baseline sought to explore how young people collectively speak up for their rights and examine and question social norms, policies and systems. It also sought to examine the accountability mechanisms that provide effective platforms for meaningful youth participation and how such mechanisms can strengthen the implementation of interventions to address harmful practices, improve outcomes and fulfil the rights of young people to participate in shaping and monitoring decisions that affect them.

Harmful practices, including child marriage, SGBV and teenage pregnancy, were still common in the study areas. Despite a general concern about these topics among young people, they experienced little agency that enabled them to stand up against these issues, which are embedded through deeply rooted norms and behaviours. Fewer than half of the adolescent and youth survey respondents had ever participated in any activity or taken action to prevent unintended pregnancy, SGBV or harmful practices, even though the sampling methodology was expected to result in an overrepresentation of youth who had taken action on these issues. In terms of gender, more females participated in activities related to tackling these Power to You(th) focus issues than their male counterparts. Most respondents who participated in such activities were engaged with CSOs, and were involved in community awareness-raising and media campaigning. The engagement of more young women than young men suggests that the burden of addressing harmful practices and SRHR issues is disproportionately borne by girls and women. Historically this dynamic has not been conducive to the positioning of boys and men as agents of change and allies in addressing harmful practices and poor reproductive health outcomes for girls and women (and young people in general).

Regarding knowledge of harmful practices, respondents in the NR felt much more informed on all topics than those in the UER and GA, with more than half stating that they were averagely or very well informed. Respondents in the UER felt most informed about unintended pregnancy and safe abortion, while those in GA indicated that they were more informed about *Kayayei*.

Many young people do not speak out against harmful practices because they feel that elders would not listen to their concerns. They also perceive traditional leaders to lack interest in tackling these issues, since abuses are often seen as normal, and many leaders are not comfortable with rights-based approaches. For example, traditional

leaders prefer to settle SGBV cases privately, and victims who report such abuses to the police are seen as bringing the family's name into disrepute. Besides these issues, young people's lack of faith in police reporting mechanisms, often seen as ineffective, further hampers their voices and agency concerning SGBV and child marriage. The situation is further exacerbated by the difficulties in getting resources to advocate for their rights. The normalisation of abuses and harmful practices seems to be the most damaging social norm. The Power to You(th) programme can make a significant contribution by implementing components to change such social norms.

Although some participants indicated that young people expressed themselves on social media and radio, state actors view youth groups as having limited capacity, little comprehensive knowledge on issues and little motivation, with some indicating that they felt unable to talk about Power to You(th) issues in front of elders. The results suggest the need for generating and sustaining more spaces for intergenerational dialogue, in which older people are assisted in exploring and questioning their biases against younger people's skills and knowledge, and actively engaging with younger people's perspectives on SRHR issues. This may help youth move beyond a general awareness of issues affecting them to acquiring the knowledge and skills required to speak up and demand accountability from duty-bearers. This is in line with young people's dreams and aspirations, with most of the respondents in the NR (>90%) and in the UER (>60%) indicating their willingness to participate in activities focused on addressing these harmful practices.

Pathway 2: CSOs amplify young people's voices to claim, protect and expand civic space

Given young people's demographic weight, their full participation in civil society platforms to address harmful practices is crucial to shaping lasting solutions and ending historical and ongoing injustices against girls and women. Thus, the baseline explored how CSOs amplify youth voices through innovative and inclusive lobbying and advocacy strategies.

The results show that, generally, few young people (7%) agreed that adults involved them in decision-making regarding practices such as child marriage and FGM/C. Most participants in the qualitative study also expressed the opinion that young people were not given the space to discuss or participate in decision-making processes regarding teenage pregnancy, child marriage and SGBV. Culture, religion and tradition are seen as the main obstacles to youth participation in decision-making processes. In addition, society considers young people to be inexperienced and often incapable of making 'correct' decisions.

However, study participants frequently mentioned several CSOs and stakeholders such as UNICEF, RAINS, CAMFED, Norsaac, Youth Harvest Foundation, Oxfam, GH-Alliance, YOPP and YCI that were working to promote youth participation in programmes addressing their needs in their communities. For participants, not only do these CSOs provide the infrastructure and resources needed, they also provide capacity-building and platforms to amplify young people's voices on issues that affect them. In addition, most of these private stakeholders work in partnership with decentralised government agencies/departments such as the GES and the GHS to provide young people with counselling and education about harmful practices. Specifically, the GHS provides an 'adolescent corner' for discussing youth concerns. The Power to You(th) programme can leverage these entry points to engage CSOs and the relevant state agencies to broaden youth participation in addressing issues affecting them.

There were concerns about the limited involvement of young people in policy formulation and implementation, and the politicisation of youth policies and institutions. The issue of youth engagement in policy processes being limited to those in the national capital of Accra requires the attention of the Power to You(th) programme. The finding suggests that young people in the regions and districts furthest from the national capital are hardly engaged in policymaking. The few young people who get the opportunity to attend such fora do not see their concerns incorporated into policies. It would be a useful exercise for the Power to You(th) programme to identify local CSOs within the locations where harmful practices are highly prevalent and engage or capacitate them on policymaking processes at all levels and on how youth voices can be amplified.

Pathway 3: Societal actors support and promote youth rights and progressive social norms and attitudes to youth rights

Our results suggest a general awareness of youth rights, including the rights to life, education, free association, to decide who to marry, and to express themselves freely. However, even though young people have the right to participate in decision-making process, community leaders do not give them the space required to exercise this right to the fullest. Furthermore, the facilities and resources required to exercise these rights effectively are non-existent in some communities, thereby making enforcement difficult. Culture and poverty are also seen as barriers to the protection of youth rights.

A perception that children's rights advocates are overly emphasising the issue of children's rights and making it difficult for parents to 'correct' their children can constitute a barrier to the realisation of these rights. As a result, children's rights advocates can be seen as promoting poor discipline and may not gain the

community's support. As evidenced in this study, the effective implementation of the Power to You(th) programme will require the collaboration of CSOs, government, families, community leaders, schools and society in understanding youth rights and why protecting them does not promote poor discipline.

Emphasis of the rights to freely choose one's sexual partner and to access contraception are also taboo issues that are frequently associated with poor discipline, lack of self-control, unintended pregnancy and STIs. Sexual activity outside marriage is generally frowned upon, which leads to young people who are sexually active (particularly those who become pregnant) being pressured into early marriage. For this reason, many social actors prefer to promote abstinence-only messaging and are reluctant to encourage young people to openly discuss their questions and concerns about contraception and sexual relationships. This can be linked to a whole range of issues, such as the limited space available to young people to discuss the importance of consent between partners and other aspects of healthy intimacy. The effects of this can be seen in the worrying tendency of community members viewing sexual violence (including rape) as a normal precursor to a romantic relationship. In addition, false beliefs about the damaging effects of hormonal contraceptives were found to be widespread, as community leaders and stakeholders such as teachers and health care professionals are often reluctant to equip young people with full and accurate knowledge about contraception and other issues related to sexual health. It is crucial that various interlinked awareness-raising initiatives be explored, promoting accurate knowledge about (hormonal) contraception and the ineffectiveness of abstinence-focused messaging.

Level of public support for the prevention of harmful practices and SGBV

The issues of child marriage and SGBV are widespread, and study respondents in the GA region were more likely to agree that some forms of SGBV are acceptable. Again, this highlights how these practices have become normalised due to low levels of reporting and the lack of responsiveness of the criminal justice system to such cases. Victims and survivors of harmful practices and SGBV are not encouraged to report abuse, as communities and families view those who report it as bringing disgrace on their family. It is believed that it is better to deal with such cases within communities and families rather than involving authorities or seeking formal access to justice. These informal mechanisms often lack any concrete deterrence mechanisms (e.g. punishment), and perpetrators are further encouraged to commit such acts. This impunity is exacerbated where cases involve high-status perpetrators (such as those with connections to politicians or the police). In addition, myths about SGBV such as believing those who report sexual crimes regularly do so dishonestly, or that victims are usually to blame for these incidents, were seen to be prevalent. This was not just

the case among community members (including young women), but also among community and traditional leaders, who are often ultimately responsible for resolving SGBV cases within communities. Efforts to get local communities and leaders to see such acts and myths as 'not normal' must go hand in hand with strategies to improve the responsiveness of criminal justice systems at the local level. In this regard, the role of the police services, particularly the Domestic Violence and Victim Support Unit (DVVSU), Assembly members and the chiefs are crucial. Also, efforts to operationalise the Domestic Violence Fund are required, to provide the resources needed to support victims and build the capacity of stakeholders and persons connected with shelters, rehabilitation and reintegration, and bolster the fight against SGBV.

Role of the media in addressing harmful practices, unintended pregnancy and SGBV

Social media was viewed as the most influential in shaping public opinion on the issues of child marriage, FGM/C, SGBV and unintended pregnancy. It was also seen as the medium through which both youth and adults could be reached. For some participants, youth and adolescents can express themselves on these issues on social media platforms and radio stations. CSO survey respondents commonly mentioned social media and radio as media they engaged with for lobbying and advocacy, and these were also rated as most influential in shaping public opinion on these issues. Respondents reported that the influence of these forms of media was positive. Nearly all (92%) of the CSO survey respondents mentioned Facebook as the platform they used for lobbying and advocacy. It is clear that the most powerful tool available to the Power to You(th) programme to influence policy and programmes to promote youth rights in Ghana is social media. Using knowledge management and communication experts with expertise in leveraging social media tools to guide the implementation of the programme in Ghana could make an enormous difference.

There is also a general feeling that people can organise into groups to protest against human rights violations related to Power to You(th) core issues. This paints a picture of an environment where there is respect for citizens' rights to associate and assemble peacefully. However, this is not applicable to sensitive topics such as CSE and LGBTQI+ rights. Previous contextual experiences have shown how misconceptions and misunderstanding of CSOs' intentions can induce backlash and negative media attention. Addressing such issues will require separate strategies, including collaboration, sensitisation and communication. Again, recruiting a consultant to assist the programme team in approaching such sensitive topics within the Ghanaian media and policy space is recommended.

Kaya business as a harmful practice

This study has shown that Kaya business poses significant SRHR risks to female migrants in Accra. Poor accommodation, limited access to water and sanitation, harsh working conditions and lost trust in the police and CSOs further deepen young Kayayei's vulnerability to abuse and exploitation. A clear policy or strategy by the Ministry of Gender, Children and Social Protection to deal with the phenomenon is needed. Civil society or private actors supporting young women both currently involved in Kaya business and those at risk of migrating for such work, to engage in income-generating activities such as hairdressing, making soap or processing shea butter, can help enhance their livelihoods and/or reduce further migration to Accra.

Pathway 4: State actors improve policymaking, budgeting and implementation at the local, national, regional and global levels on harmful practices, SGBV and unintended pregnancy

The baseline findings confirm what is replete in the literature: there is a comprehensive legal and policy framework to support youth and women's rights in Ghana. The challenge remains that of implementation, especially at the decentralised level. On a positive note, laws relating to FGM/C are seen to be enforced effectively. However, implementation of those related to child marriage, unintended pregnancy and SGBV remains abysmal. Resource constraints are the main challenge facing the decentralised agencies responsible for implementing government policies. Most of the time, these agencies leverage projects of CSOs to enforce these policies and laws. There is a need for CSOs to move beyond supporting decentralised agencies with direct resources to enable young people to demand accountability and increase resource allocations to decentralised agencies.

Alongside national laws, our study participants stated that district- and community-level by-laws were more respected, and efforts should be directed at supporting traditional authorities to enforce such by-laws.

9. CONCLUSION AND RECOMMENDATIONS

9.1 CONCLUSION

The Power to You(th) baseline study in Ghana has identified several issues in relation to unintended adolescent pregnancy, child marriage, SGBV, FGM/C and head portage that could be important to programme implementation. Despite evidence showing that young people have been involved in activities with CSOs to address issues affecting them, our findings show that much more effort is necessary to ensure meaningful youth participation in CSO activities.

General awareness and knowledge about some aspects of harmful practices, SGBV and unintended pregnancy is high, especially among young people in the NR. However, comprehensive knowledge and skills or self-efficacy to speak out on harmful practices are lacking. Part of the inability to speak out is related to the belief that the elders and opinion leaders do not respect the views of young people. This, in conjunction with the lack of faith in the public institutions responsible for enforcing laws, the lack of resources for the decentralised institutions to implement youth policies, and the lackadaisical attitudes of traditional leaders to harmful practices, has led to a perceived normalisation of abuses and harmful practices. Therefore, advocacy efforts should target various levels to change the perception of normativity concerning harmful practices.

The report has highlighted the powerful influence of radio, television and social media in influencing public perception and discourse in the country. Providing comprehensive knowledge to young people on harmful practices and empowering them with social media skills and tools can strengthen the movement to address them. Except for those in the nation's capital, the limited youth participation in the policy- and decision-making spheres is a disturbing finding. Efforts to educate young people on policymaking processes and empower them to use social media to demand their participation at all levels is necessary.

In general, there is an awareness of youth rights, but they are viewed as a Western concept. Thus, youth rights advocates are seen as promoting Western values or encouraging poor discipline among young people. These beliefs pose a security threat to any campaign against harmful practices. The threat is more pronounced when addressing sensitive topics such as CSE and LGBTQI+ rights. It is essential to seek expert advice on implementing the programme in Ghana without running into such security threats. Since there seems to be a growing conservative movement across sub-Saharan Africa aimed at limiting the civic space for sensitive SRHR topics, any strategic advice or activities designed to deal with opposition in Ghana could be accompanied by an operational study to contribute to the discourse on dealing with such issues in conservative societies.

Again, some harmful practices such as SGBV have become normal in society because of historical tolerance of such practices, making the criminal justice system less responsive to victims. The culture of tolerance has permeated society to the extent that some young people have been socialised to accept some harmful practices as normal, and to have a limited understanding of the distinction between consensual and non-consensual sexual relationships.

Kaya business is a serious harmful practice in Ghana. It is directly harmful to the young women who engage in it, while simultaneously exposing them to other harmful practices such as SGBV, teenage pregnancy and verbal abuse. Therefore, it is essential to make it one of the focus harmful practices for the country's Power to You(th) programme.

Finally, Ghana has a comprehensive legal and social protection policy framework. The main challenge is the inability to implement these policies due to a lack of resources at the decentralised level. However, at the district and community levels, by-laws are more respected and can address harmful practices and SGBV.

9.2 RECOMMENDATIONS

Pathway 1: Young people demand accountability and responsiveness on harmful practices, SGBV and unintended pregnancy

- Harmful practices, unintended pregnancy and child marriage affect youth in general, and young women and other marginalised youth (e.g. those with disabilities, those living in poverty or young LGBTQI+ people) in particular. Their limited and less meaningful participation in activities to address these practices weakens such efforts. It is recommended that the programme engage CSOs and community-based organisations on strategies to increase youth participation in activities addressing issues affecting them.
- Young people's views are often not respected by older people, partly because they cannot speak in a way that elders find convincing. Empowering young people with comprehensive knowledge and skills, including how to use data to make an argument on issues affecting them, is highly recommended.
- Related to the above, it is recommended that programmes focus on creating sustainable fora to foster intergenerational dialogue in a way that disrupts the usual power dynamic which results in older and higher-status community members speaking while younger people listen. Youth-led participatory research methods can assist in this, and it is recommended that suitable participatory techniques be explored and used. This may help interrupt the vicious circle that can hamper younger people's voice and participation, whereby older people lack confidence

in young people, which makes young people afraid to speak up (for fear they will not be listened to or taken seriously), and this results in older people further losing confidence in young people.

- Social media and community radio are potent tools for Ghana's Power to You(th) programme. Therefore, we recommend that the programme engage communication experts to provide guidance and advice on using social media tools to address harmful practices, and hire a consultant to develop a social media strategy.
- The results show that FGM/C does not seem to be a harmful practice of major concern in Ghana. Such a conclusion could be erroneous, given that the practice of FGM/C in Ghana is limited to specific localities, none of which were part of the study areas of this work. Therefore, to gain a complete picture of FGM/C as a harmful practice in Ghana, we recommend a snapshot study in the FGM/C endemic localities (in the Upper West and Upper East regions) for a more informed conclusion on FGM/C.

Pathway 2: CSOs amplify young people's voices to claim, protect and expand civic space

- Young people's lack of participation in policymaking processes also limits their ability to influence such processes. Therefore, we recommend that the programme support youth groups to engage their respective District Assemblies and Members of Parliament to demand their participation in developing policies on issues affecting them.
- Since youth participation is a central theme in the Power to You(th) programme, efforts to understand the findings across the baseline studies in other countries to inform a cross-country study on barriers and enablers to youth participation in policymaking on issues affecting young people is highly recommended.
- The findings show that digital tools empower youth participation and engagement. However, at the same time, a digital divide leaves the most marginalised youth behind. We recommend that the project help to reduce digital inequalities by investing in digital literacy. It is vital that the development of soft skills—such as social communication and digital literacy—is appropriately addressed to ensure the digital inclusion of all youth.
- Since digital tools have become critical in enabling youth participation, further research is necessary. To enable those currently being left behind to secure digital dividends, and to close the digital divide, there is the need to better understand the connectivity experiences, technology practices, digital literacies, needs and priorities of those currently being left behind.
- CSOs within the locations where harmful practices are highly prevalent should be identified and capacitated on the policymaking processes at all levels.

- It also recommended that the Power to You(th) programme engage the private sector or NGOs to provide skills training and start-up capital to support young *Kayayei* to undertake more dignified and sustainable income-earning activities.

Pathway 3: Societal actors support and promote youth rights and progressive social norms and attitudes to youth rights

- CSE and LGBTQI+ are sensitive topics. Therefore, the programme team should consider recruiting a consultant to develop a strategy on approaching such sensitive topics within the Ghanaian media and policy space. Implementation of such a strategy could be accompanied by an operational study to contribute to the discourse on how to deal with opposition to sensitive SRHR topics across sub-Saharan Africa.
- Due to social norms that limit discussion of taboo issues such as young people's sexuality, many young people lack the comprehensive knowledge required to effectively demand interventions that address Power to You(th) focus issues, such as increased access to contraception and open discussion of healthy relationships (particularly around sexual consent). It is, therefore, recommended that the Power to You(th) programme work directly with a range of stakeholders, from health care workers and teachers to CSOs and community leaders, to improve understanding of the ineffectiveness of abstinence-only messaging and address myths around SGBV such as victim-blaming. It is recommended that a range of interventions aimed at changing such norms be tailored to different types of societal actor.
- The programme should engage knowledge management and communication experts in leveraging social media tools to guide implementation.
- The criminal justice system must be engaged to have a more responsive attitude to harmful practices and abuses.
- It is recommended that the Power to You(th) programme engage with social protection institutions, especially the Ministry of Gender, Children and Social Protection, to develop a clear policy on how to address the practice of *Kaya* business in Ghana.
- Programme implementers need to educate the public to counter the incorrect beliefs that the use of hormonal contraceptives leads to infertility and that expanding young people's access to contraception promotes sexual promiscuity.

Pathway 4: State actors improve policymaking, budgeting and implementation at the local, national, regional and global levels on harmful practices, SGBV and unintended pregnancy

- The government and CSOs should direct efforts at supporting traditional authorities to enforce by-laws aimed at addressing harmful practices.

- Advocacy efforts should be directed at ensuring the operationalisation of the Domestic Violence Fund, to provide the resources needed to support SGBV victims (for example, in arranging medical examinations to secure vital time-sensitive evidence often required in cases of rape and intimate partner violence).

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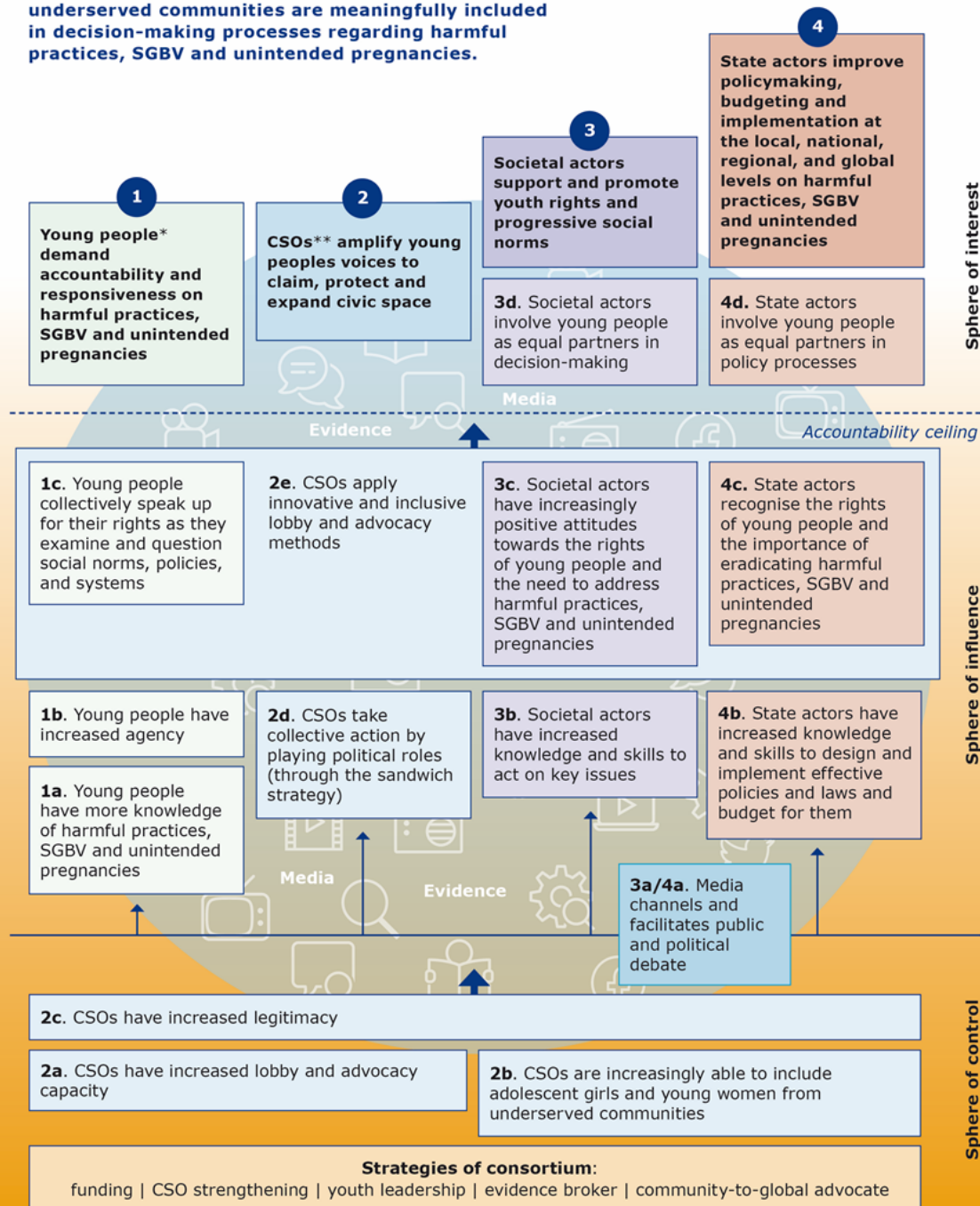
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11. ANNEXES

ANNEX 1: PROGRAMME THEORY OF CHANGE

Power to You(th)

More adolescent girls and young women from underserved communities are meaningfully included in decision-making processes regarding harmful practices, SGBV and unintended pregnancies.



*Young people, particularly adolescent girls and young women, from underserved communities

**CSOs include Youth-Led Organizations (YLOs), Community Based Organizations (CBOs) and Women-Led Organizations (WLOs)

ANNEX 2: FOCUS GROUP DISCUSSION GUIDES

FGD guide: caregivers

Area of inquiry	Guiding questions	Prompts
Introduction	<ul style="list-style-type: none"> ▪ Age ▪ Sex ▪ Education, in school/out of school ▪ Marital status ▪ Children ▪ Since when living here ▪ With whom are you living? ▪ Daily business ▪ Religion 	
Knowledge, opinions and attitudes around youth rights and the active role of young people	<p>What are important subjects for young people to express themselves about?</p> <p>On which subjects can young people make decisions?</p> <p>What kind of space is provided by others (parents/teachers/health care providers/peers/religious leaders) for young people to be part of decisions that affect them personally?</p>	<p>Are girls invited to speak up or out? If so, when and where? What about boys?</p> <p>How do you see the engagement of girls/young women in these decisions?</p> <p>Specific age groups (10–14, 15–19, 20–24)</p>

<p>Knowledge and attitudes around unintended pregnancy</p>	<p>Occurrence of teenage pregnancy in your community</p> <p>When are these pregnancies desired? And when not?</p> <p>What measures can young women or adolescent girls take to prevent pregnancy?</p> <p>What could help these girls/young women prevent an unintended pregnancy?</p> <p>Can young women and girls speak up about their concerns to prevent pregnancy? What about boys?</p>	<p>(Pregnancy below the age of 19) Age brackets: 10–14, 14–17, and 18 and above</p> <p>When yes, and when not?</p> <p>Are adolescents and young women able to take these measures? Why/why not? Available services, law in place, social norms, autonomy of unmarried women</p> <p>If yes, where and how and who listens to them? If no, why not?</p>
<p>Knowledge and attitudes around harmful practices/ SGBV</p>	<p>What types or forms of violence or harmful practices do young people experience in your community?</p> <p>Why do you think these practices or forms of violence are happening?</p> <p>What does the law say about these practices?</p> <p>Which structures are in place to support young people when facing SGBV/harmful practices/ unintended pregnancy?</p>	<p>For example, rescue centres, child protection offices, police protection, mothers' groups, health care provision, counselling</p>

Changing norms	<p>What kind of norms/ attitudes on these issues have you seen changing in your community?</p> <p>What attitudes have helped in promoting 'positive' norms to adjust harmful practices, SGBV/ unintended pregnancy? What do you see as the main barriers that block changes from happening with regard to harmful practices, SGBV and unintended pregnancy?</p>	<p>Different roles for girls and boys?</p> <p>Rejection of child marriage/FGM/C</p> <p>Conservative forces against sexual health education/modern behaviour of children, not listening to parents, less respect for parents</p> <p>Claiming of rights/ improved listening to young people</p>
Accountability mechanisms	<p>How are policies/by-laws enforced?</p> <p>To prevent SGBV/harmful practices/unintended pregnancy?</p> <p>Do responsible persons/ institutions take action in line with the law? If not, why do you think that is? If yes, how?</p> <p>Is anybody in your community standing up to remind community leaders/the government of their promises/ responsibilities?</p>	<p>Based on laws/policies/ by-laws</p> <p>Who is responsible?</p>

Action taken to address harmful practices, SGBV and unintended pregnancy (community level/by government)	Who are the main persons/institutions you see taking action against these harmful practices in your community? What do you think of their actions to stop harmful practices, SGBV or unintended pregnancy?	Build on the harmful practices and forms of violence that have been expressed before. Leaders, government, teachers, health care workers, police, religious leaders? What is the role of the government? What action does it take?
Citizen participation	What would be of importance to you to change in your community around these issues?	
Other	How do you see young people engaged in this?	
	Anything else you would like to share?	

FGD with adolescents and young people (15–24)

Guiding questions	Prompts
Introduction	
<ul style="list-style-type: none"> ▪ Age ▪ Sex ▪ Education, in school/out of school ▪ Marital status ▪ Children (how many and ages) ▪ Daily business ▪ Religion 	
Dreams and aspirations	
<ul style="list-style-type: none"> ▪ What are your dreams and future aspirations? ▪ Is being a girl or a boy affecting you in achieving these future aspirations? If so, how does it affect you? 	

Agency and voice	
<ul style="list-style-type: none"> ▪ What are issues you can make decisions about without interference by adults? ▪ Which persons ask about and value your opinion? Which persons listen to you? ▪ Which (safe) spaces are available for girls to speak out? What about boys? 	<p>Ask about SRHR issues: accessing information, services, advice, debating, kissing, having sex</p> <p>Which places are you able to go to? When or by whom is this freedom being challenged?</p> <p>Teachers, parents, leaders, peers, siblings, family members?</p> <p>Youth clubs, school, home, at friends' houses, youth fora online, helplines, mothers' groups, rescue centres</p>
Unintended pregnancy	
<ul style="list-style-type: none"> ▪ Occurrence of teenage pregnancy in your community: why does it happen? And how often? ▪ When are these pregnancies desired? When are they not? ▪ What could help these girls/young women prevent an unintended pregnancy? ▪ What role do young men and boys play in preventing unintended pregnancy? ▪ Can young women and girls speak up about their concerns to prevent pregnancy? What about boys? 	<p>Age groups: 10–14, 14–17, and 18 and above</p> <p>Are young people able to take these measures? Why/why not? What kinds of young women are more likely to get pregnant unintentionally?</p> <p>Is it different for some (e.g. if they are married)?</p> <p>Available services, laws in place, social norms, autonomy of unmarried women</p> <p>If yes, where and how, and who listens to them? If no, why not?</p>

Knowledge and opinions on harmful practices and SGBV

<ul style="list-style-type: none">▪ What types or forms of violence do young people experience in your community? Are some young people more affected than others?▪ Why do you think these forms of violence happen?▪ What does the law say about violence (such as partner violence, rape, defilement)?▪ Do young people regularly get married below the age of 18 in your community? When they do, why does this happen?▪ What kind of role (if any) do young people play in your community to continue or challenge violence or practices such as child marriage, FGM/C or (sexual) initiation rites?▪ How do young people find information on these issues?	<p>SGBV, defilement, rape, cybersex bullying, intimate partner violence, FGM/C, child marriage</p> <p>Probe: Why is it regarded as harmful, or why is it regarded as a form of violence? Why not?</p> <p>What supports these practices? What prevents or addresses these practices? Do people know, or care about, the law? Should these practices continue? Are they good or bad overall for young people in the community?</p> <p>Probe on rites of passages/initiation rites and their views on them.</p> <p>Media, school, community elders, parents, peers?</p>
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Decision-making processes and power

<ul style="list-style-type: none">▪ What is the involvement of leaders, young women and men with regards to decisions around these practices, and also services such as contraception and information about sexual health?▪ Where (location/space in the community or other places) are these decisions made?▪ Who is excluded from these decision-making processes? And why?▪ What kind of knowledge/behaviour/attitudes are required to be part of a group that takes these decisions?	<p>Who is respected and listened to in your community?</p> <p>How are young people viewed when they speak up about issues that concern them directly?</p> <p>Spaces where everybody can go and listen/speak, or are these places only for certain people? At government/district/community level?</p> <p>Identity of powerful people, decision makers</p>
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Meaningful engagement of young people	
<ul style="list-style-type: none"> Are there young people involved in community activities and/or discussions that address or challenge violence, FGM, child marriage or sexual initiation rites? What is being done within these activities so that young people are listened to or can express themselves? What kind of challenges, if any, do you encounter in your engagement in these activities? What could be improved to become engaged? 	<p>How are they engaged, and how should they be engaged? If they do not have a role, what would that role ideally look like?</p> <p>Appointed roles for young people (CSOs, government bodies, community structures) Resources available. How do they participate: finances, training, other?</p>
Action taken by others	
<ul style="list-style-type: none"> Who are the main persons/institutions you see taking action against these harmful practices/SGBV in your community? What kind of messages/actions do they use? 	<p>In the community, on the radio or television, online... How is the government/how are leaders in this community taking action?</p>
Accountability mechanisms	
<ul style="list-style-type: none"> Is anybody in your community standing up to remind community leaders/ government of their promises to stop these practices? How? 	
Other	
<ul style="list-style-type: none"> Do you have any questions or remarks you would like to share with us? 	

ANNEX 3: PHOTOVOICE FACILITATION GUIDE

Photovoice facilitator instructions

Depending on the selection of the participants, you can do this in a group or individually. The logistics will need to be adapted accordingly.

Time needed: 45 minutes for instructions; 1–3 days for photography; 1 hour for feedback session

Materials needed: either digital compact cameras or a modern smartphone with a good enough camera (5-megapixel photos) are needed to print or publish photographs. Ensure all chargers/batteries for the camera are available.

Step 1: Begin by explaining what photovoice is as a research method. You can use some examples. Explain the objective of the photovoice. The aim is to explore young people's perceptions of their voice and decision-making on issues that matter to them.

Step 2: Show the girl(s) how to use the camera and let her/them practise using it.

Step 3: Explain the following 'rules' for taking photos:

- Request permission before taking a photograph of a business establishment.
- When taking photos of people up close, ask their permission to do so first.
- If people are identifiable in pictures, ensure they consent to being photographed. Use the consent form. If you want to use the photo, they also have to give consent to the publication of the picture (see photovoice consent form 3).
- If somebody asks what you are doing, be honest with them. You can explain that you are taking part in a research project on girls' health.
- No inappropriate or irrelevant photos will be used. Pictures should be natural.

Step 4: Explain that you want her to take the camera with her wherever she goes and to take photographs that answer the following main question: *Where and with whom can you speak out on the questions that matter to you?*

Ensure that the question is well understood. Explain that 'questions that matter to you' refers to things about which you make or would like to make your own decisions.

To make it clearer, explain each of the following types of pictures she can take and ensure she understands.

- **Photos of things on which you can or would like to decide:** These can be any desires, aspirations, priorities or worries that you have. These can be things that you have already experienced, or things you wish/fear to experience in the future.

- **Photos of people who ask and value your opinion:** Think of people with whom you can talk freely about the issues that matter to you or people who engage you in discussions and decisions on questions that matter to you.
- **Photos of places in your home or community where you feel you can express yourself:** Think of any space or place where you can freely express yourself.

Take as many photos as you like, but later you will have to choose a maximum of three.

Step 5: Once you have finished explaining, hand the girl a card with these instructions written down so that she can remember all of them. Make a plan to meet the following day or the day after to go through her photos with you.

Step 6: Once you are back together, guide the girl through the following discussion questions. Ensure you give her lots of time to describe her photos to you, why she took them, why they are meaningful, and how she decided to photograph what she did. Ensure you probe by asking questions such as 'Why do you feel that way?' and 'Can you tell me more about that?' Ensure you record this conversation.

ANNEX 4: INTERVIEW GUIDE FOR SEMI-STRUCTURED INTERVIEWS WITH STATE ACTORS, NGOs AND CSOs

Guiding questions	Prompts
Introduction	
<ul style="list-style-type: none"> Can you please briefly introduce yourself? What is the role of your organisation in the field of sexual and reproductive health and rights and/or youth rights? 	<p>Name, age, gender</p> <p>Organisation/institution and position</p> <p>Priorities, strategies, focus areas</p>
Situation of young people's rights, harmful practices, SGBV and unintended pregnancy	
<p>a. How would you describe the current situation of the following issues in Ghana?</p> <ul style="list-style-type: none"> Youth rights Unintended pregnancy SGBV Harmful practices (child marriage, FGM/C) <p>b. Do you see changes around the general views and attitudes on these issues?</p> <p>c. What are the main ongoing initiatives in the country/region working on?</p> <ul style="list-style-type: none"> Youth rights Reducing unintended pregnancy and harmful practices Addressing SGBV 	<p>What are the current priorities, gaps or challenges?</p> <p>What are the general attitudes to these issues?</p> <p>What are the groups that required particular attention?</p> <p>Which ones? What contributes to these changes?</p> <p>What are the actors involved in these initiatives?</p> <p>Are young people involved in these initiatives? How?</p>

Legal and policy environment

a. What are the main laws and policies on the following themes?:

- Youth rights
- Unintended pregnancy
- SGBV
- Harmful practices (child marriage, FGM/C)

b. Have there been important recent developments or changes in these laws and policies?

c. Are there any mechanisms to ensure that these laws and policies are responsive to the needs and priorities of adolescents and youth?

d. To what extent and how are these laws and policies enforced and implemented?

- Enabling factors
- Challenges
- Current gaps
- Inclusion and reach of marginalised groups

e. Are there any (social) accountability mechanisms in place to monitor the implementation and enforcement of these laws and policies?

National, regional or international commitments

Which ones? Explain how these occurred (e.g. who was involved, what was the strategy used?)

On enabling factors, probe on stakeholders, collaborations, political will, donor influences, budget, (data) evidence
On challenges, probe on budget, human resources, political will, anti-rights groups

Which ones? Are young people involved? How?

Youth engagement

- a. What is the role of adolescents and young people in addressing harmful practices, unintended pregnancy and SGBV?
- b. What are the spaces for young people to share their perspectives, views and opinions about these issues?
- c. To what extent are young people involved in the following type of initiatives addressing harmful practices, unintended pregnancy and/or SGBV?
- Community programmes/interventions
 - Policymaking (local, regional, national)
 - CSO lobbying and advocacy strategies
- d. What is the decision-making power of adolescents and youth in these initiatives?
- e. What has contributed to the (meaningful) engagement of young people in addressing harmful practices, unintended pregnancy and SGBV?
- f. What are major challenges in (meaningfully) engaging young people in initiatives addressing harmful practices?
- g. Are there any groups of young people that are more or less engaged?

Can you give examples?
How is the commitment and willingness of youth to address these issues and take actions?

Can you give examples?
For instance, in community programmes, (inter)national forums, consultations, representation within key actors
How are they engaged? Can you give examples?
Probe for involvement at different levels in local, district, regional, national, international levels

What programmes or policies?
Which stakeholders are facilitating this? How?

Which ones?
Openness among key stakeholders?
Which ones?

Civic space (lobbying and advocacy)

a. What is the role of CSOs in addressing harmful practices, unintended pregnancy, SGBV and advancing youth rights in Ghana?
(CSOs include youth-led organisations, community-based organisations and women-led organisations)

For example, campaigns, holding the government accountable, policymaking

b. Which are the key CSOs working on addressing harmful practices, unintended pregnancy, SGBV and advancing youth rights in the country/region?

And the lobbying and advocacy strategies?

c. With which CSOs (or other key stakeholders in case of CSOs) does your organisation/institution collaborate, or not? Why? Why not?

d. Which factors facilitate the role of these CSOs in addressing harmful practices, unintended pregnancy, SGBV and advancing youth rights?

e. What are the main challenges that CSOs face when addressing harmful practices, unintended pregnancy, SGBV and advancing youth rights?

Examples of challenges experienced
Anticipated future challenges in lobbying and advocacy work

- f. To what extent do CSOs have:
- Access to information about government actions and decisions
 - Freedom of expression
 - Autonomy and funding
 - Space/seat/representation in processes of public deliberation
 - Legitimacy/trust

g. What role, if any, do you see the media playing in relation to CSOs' lobbying and advocacy?

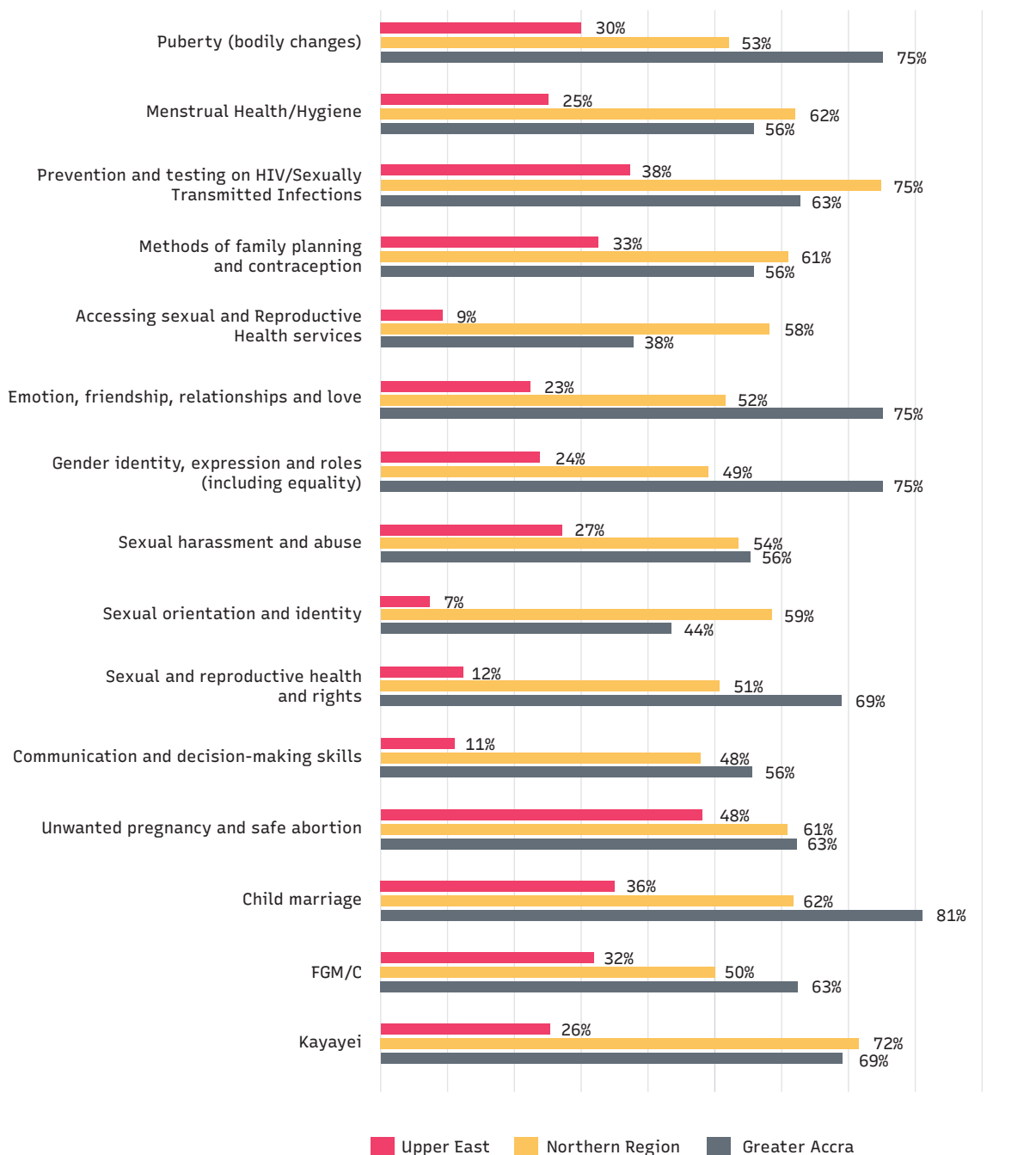
Probe on media landscape: Is the press free or censored?
Do the media facilitate public debate on the issues that you aim to address?

h. To what extent and how is evidence used in lobbying and advocacy?

Any other comments	
Is there any issue related to policies, programmes, laws or advocacy on SRHR and youth empowerment that you would like to discuss that we have not yet covered?	

ANNEX 5: ADDITIONAL TABLES AND FIGURES

Male adolescents and youth who feel informed about the different SRHR topics



Female adolescents and youth who feel informed about the different SRHR topics

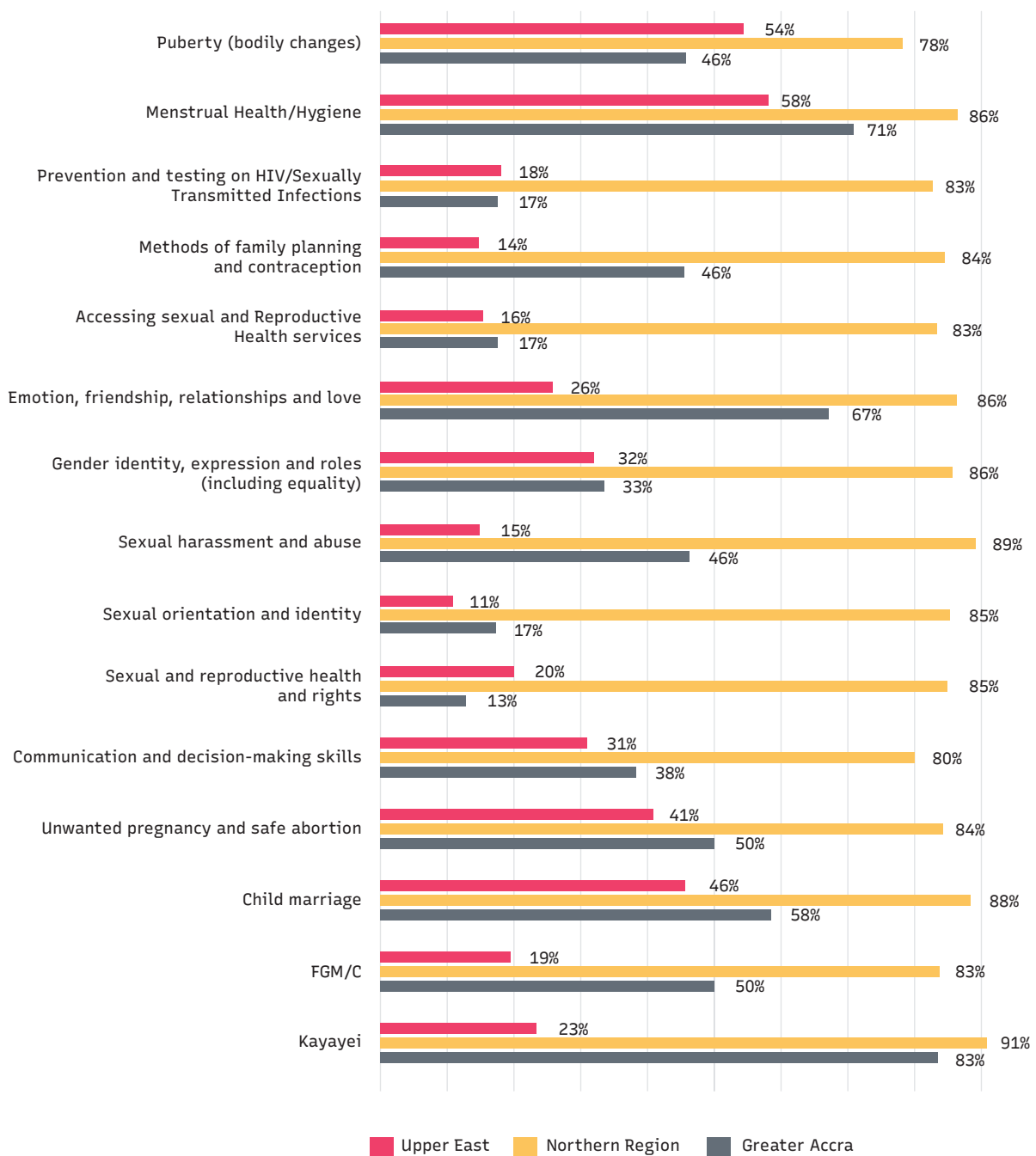


Table 21: Respondents (by gender) who indicate they are involved in decision-making about various aspects of their lives

	Upper East Region	Northern Region	Greater Accra	Total
Number and percentage of respondents who said that they are involved in deciding what they do in their free time				
Females	69.7% (n=83)	95.0% (n=114)	87.5% (n=21)	82.9% (n=218)
Males	92.6% (n=113)	55.9% (n=57)	68.8% (n=11)	75.4% (n=181)
Number and percentage of respondents who said that they are involved in deciding how much education they will get				
Females	19.3% (n=23)	66.7% (n=80)	62.5% (n=15)	44.9% (n=118)
Males	44.3% (n=54)	51.0% (n=52)	43.8% (n=7)	47.1% (n=113)
Number and percentage of respondents who said that they are involved in deciding who they can be friends with				
Females	60.5% (n=72)	90.0% (n=108)	83.8% (n=20)	76.1% (n=200)
Males	96.7% (n=118)	53.9% (n=55)	62.5% (n=10)	76.3% (n=183)
Number and percentage of respondents who said that they are involved in deciding who and when they will marry				
Females	73.1% (n=87)	92.5% (n=111)	75.0% (n=18)	82.1% (n=216)
Males	96.7% (n=118)	54.9% (n=56)	68.8% (n=11)	77.1% (n=185)

ANNEX 6: POWER TO YOU(TH) IN- COUNTRY COMPLEMENTARY BASELINE ASSESSMENT REPORT

<https://www.norsaac.org/wp-content/uploads/2022/01/FINAL-PtY-COUNTRY-LEVEL-BASELINE-REPORT-GHANA-2021.pdf>

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