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IPPF

Ghana

Family health project

Two extremely vulnerable and hard-to-reach groups in Ghana, out-of-school youth and communities formerly practising Trokosi (a form of slavery of young women), form the combined focus of the project – Family health project for the under-served in the Volta region.

Low contraceptive use among young people, reinforced by disapproval of young people's access to contraception by the community at large, was leading to unwanted teenage pregnancies and unsafe abortion. The project's youth component therefore addresses the sexual and reproductive health needs of young people aged 10-24, a fluid and amorphous group.

Two youth centres, supported by intensive outreach activities, aim to increase the SRH knowledge of out-of-school youth, increase access to and use of SRH services, and decrease the incidence of abortion among young women.

The second project component targets Trokosi communities which are very traditional and conservative in outlook. The practice of Trokosi involves young girls being given by their families to a local shrine in order to atone for the sins of the family. This practice is a form of slavery. Girls are usually forced to work in agriculture or domestic chores and to become a sexual partner of the fetish priest. The Trokosi practice has ended in the project areas and the young women have been liberated from the shrines. The project therefore aims to reach the ex-Trokosi girls, as well as the men and women in their communities.

Information and community-based services aim to increase SRH knowledge in eight Trokosi communities and increase the use of contraception.

The project meets the six challenges set out in IPPF's Vision 2000 strategic plan: to address unmet needs in sexual and reproductive health, to broaden the scope of services provided, to address unsafe abortion, to target young people, to work with women to improve their status and to improve quality of care.

PROJECT TITLE
Family health project for the under-served in the Volta region (the family health project)

IMPLEMENTED BY
Planned Parenthood Association of Ghana (PPAG). PPAG was set up in 1967. It is the leading NGO in sexual and reproductive health services in the country.

PROJECT AIM
To address the SRH needs of young people, and of communities formerly practising the traditional custom of Trokosi.

FUNDING
IPPF Vision 2000 Fund

BUDGET
US$1,180,000

DURATION
October 1996 to September 2002

Dedicated girls-only activities – such as this women's football team – increase their participation at youth centres. Attracting girls to the centres is a major challenge because they often have more demands on their time.

The family health project has two components, and addresses two extremely vulnerable and hard-to-reach groups. The project's **youth** component has set up youth-friendly centres supported by intensive outreach activities. The **Trokosi** component offers information and community-based services in eight communities formerly practising Trokosi.

SURVEY IDENTIFIES TRUE DEPRIVATION WITH CRITICALLY UNDER-SERVED COMMUNITIES

Siting the project in the North and South Tongu districts is apt. An FPA needs assessment study in 1994 found that both districts were deprived, with poor socio-economic and health indicators.

The youth component works in peri-urban areas. The baseline survey identified a reasonable level of SRH knowledge. But youth access to SRH services was limited and there were some serious problems such as high rates of unwanted pregnancies and attempted abortions. Provision of frank SRH information to young people was also unpopular among adults, many believing that it 'spoils the children' by encouraging them to have sex.

The Trokosi component works in more rural, small and isolated communities with widespread poverty, limited access to any kind of health care, and very low levels of knowledge about SRH issues. At the start of the project they believed the FPA's intention was to stop them having children.

YOUTH-FRIENDLY CENTRES ... AN ENTRY POINT FOR SRH INFORMATION AND SERVICES

The proportion of young people reporting contraceptive use the last time they had sex has almost trebled, from 27% to 78% of those questioned. The project has sold over 550,000 condoms. This change in behaviour is vital in the fight against STIs/HIV/AIDS. In addition, communities have reported a general reduction in unsafe abortions.

The project made an important breakthrough by setting up youth-friendly services in three sites.

In two sites, Sogakope and Mepe, a purpose-built Young and Wise youth centre combines intensive advocacy with extensive outreach activities. Facilities are designed to attract young people: each centre combines clinical services with sports and recreational activities, a library, skills training and audio-visual facilities. The centres provide contraceptive methods, emergency contraception, post-abortion care, pregnancy testing, and treatment for STIs and minor ailments.

The Adidome site has a library, and uses outreach activities for information and clinic referrals.

Providing general services is the key to success. This is because they attract young people to the centre and provide an entry point for SRH information, and because the centres contribute to wider youth development goals such as education and income generation. All these activities help to generate self-esteem and individual responsibility.

Attracting girls to the centres is a major challenge because they often have more demands on their time. Specific efforts are made to engage girls in the project, such as days set aside for girls only and a women's football team. By 2002, around 48% of those reached by the project were girls.

LIBERATING YOUNG PEOPLE FROM THE TABOOS OF THE PAST

The project is highly successful in changing attitudes, promoting key messages and communicating complex SRH issues.

The project helps to liberate young people to discuss SRH topics freely. It is changing their attitudes towards issues such as abortion, teenage pregnancy and STIs/HIV/AIDS – topics once considered taboo. The project has also made considerable headway in changing the way men and women perceive roles within relationships.

Knowledge has increased greatly too. The proportion of those citing abstinence as a form of HIV prevention has risen from 53% to 72% of those questioned, and those citing condom use from 45% to 87%. Evaluation results indicate increased confidence in negotiating condom use and greater gender equality in the initiation of condom use.

PEER EDUCATORS ... PRACTISING WHAT THEY PREACH

Peer educators are central to the delivery of SRH information: 85 trained peer educators work in the three youth centres and in 11 project communities.

Peer educators are successful in unravelling complex, and somewhat contradictory messages: for example, that abstinence is a good thing but that young people should have free access to information about sex and condoms. As well as talking to their peers and providing them with SRH information, educators also act as a role model, refer people to clinics and distribute condoms in the communities.

The project made an important breakthrough by setting up youth-friendly services in three sites.

Well trained in SRH issues, peer educators are also given the opportunity to learn practical and entrepreneurial skills for their own personal development.

ASSISTING TROKOSI GIRLS IN THEIR TRANSITION TO FREEDOM

International Needs Ghana (ING) began working to liberate Trokosi girls in the early 1980s. The PPAG project provides SRH information and services to young Trokosi women attending ING's rehabilitation vocational training centre, and to a further seven ex-Trokosi communities: Dofor Adidome, Volo, Kebenu, Dedo, Tokpo, Agorveme and New Bakpa. Ghana outlawed the practice in 1998.

Despite this progress, Trokosi is still practised in some areas although in a more covert way. Much sensitivity and fear surround the issue.

Once free of the shrine ex-Trokosi women, who have often lived there since before puberty, face many problems. During their captivity they receive little or no education and many are illiterate, they often have several children and many cannot return to their own communities because of the stigma.

Working in partnership with ING, the project succeeded in gaining access to this very closed group. In a new atmosphere of trust, PPAG is able to disseminate information on sensitive topics and deliver services to traditional communities.

Involving community members is critical to the acceptance of new ideas in traditional communities.

COMMUNITY FACILITATORS ... A PRIMARY SOURCE OF INFORMATION IN TRADITIONAL COMMUNITIES

The decision to work with former Trokosi communities is innovative. Women who live in one of the most poverty stricken and deprived communities now have access to SRH information and services. Even more striking is the fact that shrine heads and men in these communities support the project.

There are 72 trained community facilitators who work as grassroots service providers. They are all selected by their extended family and trained to provide information and counselling. Involving community members as a primary source of information is critical to the acceptance of new ideas in traditional communities.

Medical services are provided almost entirely in the communities: non-prescription contraceptives are distributed by community facilitators in their own villages and other services are available from the project nurse during outreach visits to project sites. Services include contraception, emergency contraception, pregnancy testing, mother and child health, and treatment for STIs, reproductive tract infections and minor ailments.

Provision of contraceptives makes up the overwhelming proportion of clinical services – around 79% – with a further 12% for other SRH services and 9% for minor ailments.

TRANSLATING ATTITUDES AND BELIEFS INTO BEHAVIOUR CHANGE

Attitudes in the seven ex-Trokosi communities have shifted from a relatively conservative anti-family planning stance to a more liberal perspective supporting contraceptive use, and information and services for young people. There are also very positive changes in attitudes towards gender roles and relationships.

There have been dramatic changes in knowledge and understanding of sexual and reproductive rights. The proportion of people who named condoms as a way of preventing HIV increased from 11% to 88%, and 79% of women questioned now believe that women have the right to negotiate condom use, a rise of 54%. The number of men who think their wife could ask them to use a condom almost doubled – from 32% to 62%.

This shift was achieved by PPAG enabling communities to consider how HIV might affect them directly: in its HIV awareness-raising, PPAG has not simply concentrated on factual aspects of HIV. This allowed people to understand that men who travel to other places for work could bring STIs back into their community. This, in turn, has enabled open discussion about condom use within marriage.

These changes in attitudes and beliefs have translated into changing behaviour. This component of the project has sold over 100,000 condoms, and a follow-up study reported an increase in modern contraceptive use from 10.5% to 36.4%. The largest increase was among 15-19-year-olds.

BUILDING ALLIANCES ... TACKLING OPPOSITION HEAD ON

In the youth component the project had to tackle the issue of providing SRH information and services to young people – an issue that continues to be controversial. In the Trokosi component, however, negative responses to the project were much more related to misconceptions about the FPA's motives and methods.

The **youth** component encourages young people to sit on the local and overall project steering committees. They constitute at least half the total membership and are genuinely able to influence decisions in project planning and implementation.

PPAG pro-actively encourages local people onto its committees including parents, teachers, health professionals, local and national government representatives, religious leaders, employers and those who

Young girls, who in desperation have tried to terminate their pregnancy, often delay seeking medical help until they are seriously ill because they are afraid of the legal consequences. One provider with the Ghana Health Service described how such girls would come to her for help.

'It was not unusual to be woken at odd hours by a girl in trouble. The project has tackled this problem and I now sleep soundly at night.'

(Source: Final Evaluation, October 2002)

Community facilitators are in the frontline of change in former Trokosi communities. They provide a primary source of information and counselling in traditional communities.

oppose the project. This inclusive approach results in a high level of community ownership. Committee members take a very active advocacy role, visiting anyone voicing opposition to put the case for the project. Many community members changed their opinions once they started to see the concrete benefits of the project and positive behavioural change in young people.

The **Trokosi** component has achieved a high level of community ownership through regular consultation with community leaders and the integral role of the community facilitators. Having successfully established trust with the communities, PPAG has been able to dispel common myths about contraception, quickly raise general knowledge of the issues and create a supportive environment for service delivery.

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SUSTAINABLE INTEGRATION INTO THE MAINSTREAM PROGRAMME

The project has evolved into two distinct marketable activities: the youth centres and community-based activities. PPAG is continuing the activities of the youth centres in Mepe and Sogakope with funding from its core grant. The community-based activities in the Trokosi communities and Adidome are continuing as part of PPAG's broader community-based services programme.

A major contribution to sustainability is the community support and involvement in both project components.

COMMON APPROACHES FOR WORKING TOGETHER ... LESSONS LEARNT

Lessons learnt in the youth component include the following.

- Using a variety of communication methods and sustaining these activities over time increases knowledge and dialogue about sensitive and complex issues such as young girls negotiating condom use.
- Dedicated girls-only activities increase their participation at youth centres and in outreach projects.
- In communities which strongly oppose SRH information and services for young people there will be some individuals who will support the project. For example, teachers and health workers often face issues such as unwanted teenage pregnancy and are open to ideas about how to tackle the problem.
- Encouraging a range of opinions on project committees and open debate of project activities enables opposition to be debated and resolved. Religious leaders, for example, can provide valuable support to project aims and activities while not personally condoning sex outside marriage.

Lessons learnt in the Trokosi component include the following.

- Training family members increases the acceptance of SRH information and services in traditional communities.
- Intensive education and advocacy at the start of the project accelerates the rate of acceptance.
- Willingness to debate 'taboo' SRH issues can be achieved in traditional communities by involving the community in identifying and analysing their own problems, with the aim of finding appropriate solutions.

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profile Ghana

The project is based in 19 communities in the North and South Tongu districts of the Volta region: youth activities take place in four communities in the **Sogakope** area, three in **Mepe** area and four in **Mafi Adidome** area; and community-based services are provided to seven ex-Trokosi communities in **Dofor Adidome**, **Volo**, **Kebenu**, **Dedo**, **Tokpo**, **Agorveme** and **New Bakpa** and at the International Needs School in **Mafi Adidome**.

- **Population** is 20.2 million, with 33% aged 10-24.
- **Human Development Index** ranking: 129 out of 173 countries. (Source: UNDP 2002)
- Average **life expectancy** at birth is 58 years.
- The **infant mortality** rate is 56 per thousand live births.
- The **maternal mortality** rate is 590 per hundred thousand live births.
- The total **fertility** rate is estimated at 4.3. Only 22% of married women aged 15-49 practise family planning (all methods), falling to 13% (those using a modern method of contraception).
- Only 44% of all **births** are assisted by trained personnel.
- Population living with **HIV/AIDS** (15-49) was 3% at the end of 2001.
- The **literacy** rate among adults is 63% for women and 80% for men.

(Source: PRB 2002)

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