



# GEMI Ghana Essential Medicines Initiative



Maya Vaughan-Smith

## Enhancing women's protection

*Forty-seven percent of women in Nkwanta would like to avoid a pregnancy but are not using any form of family planning. GEMI had the unique opportunity to study a particular method, the female condom, through support from the Danish government. This report illuminates the risk perceptions and cultural beliefs of women in Nkwanta and examines the opportunity to increase interest in the female condom as a way to mitigate that risk.*

Family planning methods are absent from the list of more than 300 drugs on Ghana's national essential medicines list. One of the goals of the Ghana Essential Medicines Initiative in Nkwanta District is to progressively introduce a wider variety of family planning options to women and couples. This includes attention to the female condom, which previously has not been supplied in rural areas.

According to national DHS data, 83 percent of women have heard of the female condom in Ghana, but only 1 percent reported ever having used the method. In comparison, 95 percent of women have heard of male condoms, and

18 percent have ever used a male condom with a partner. Other than the promotional activities of SWAA (Society for Women and AIDS), most female condom educational campaigns in Ghana have been concentrated in urban centers. Moreover, adolescents, young unmarried women, and new mothers have largely been overlooked as potential users in the towns and villages of rural districts.

Recently, female condoms have been introduced in Nkwanta, but health providers report that clients' interest and uptake are low, and that female condoms will "take some getting used to." In 2007, only 131 female condoms were distributed through the Nkwanta District public health system, whereas 46,255 male condoms were distributed. Because of this low demand, health providers who must recover their own costs of commodities have been reluctant to purchase female condoms and keep them in stock.

This issue of the GEMI progress report focuses on the enhancement of women's protection strategies. In particular, the report suggests that the female condom might be a particularly suitable method in light of the deeply embedded cultural beliefs and risk perceptions of women in Nkwanta. ■

## Awareness and risk perception of HIV increasing

Although Ghana has a relatively low HIV prevalence compared with other sub-Saharan countries, women's concern about protection is rising. Population Council research has found a noteworthy increase in self-perception of risk of acquiring HIV infection among women aged 15–49 in Nkwanta District. In 2007, more than 75 percent of all women in Nkwanta District described themselves to be at risk for HIV infection, whereas in 2003 only 46 percent reported being at risk. The 2007 Nkwanta District Evaluation Survey (NDES) also revealed slightly higher knowledge of HIV prevention strategies among Nkwanta women compared to national rural rates. Women living in Community-based Health Planning and Services (CHPS) zones were slightly more likely than other women in Nkwanta to mention condoms as a method of preventing HIV transmission (78 percent and 72 percent, respectively). This proportion is an improvement over national DHS rates: 69 percent of women in rural areas nationally knew that HIV risk could be mitigated by consistent condom use. Similarly, women in Nkwanta were more likely to know where to obtain condoms (56 percent), compared with rural women nationally (50 percent). The increased self-perception of HIV risk and relatively high levels of HIV prevention knowledge in Nkwanta are most likely results of increasing awareness of HIV and promotion of condoms and other HIV prevention strategies in this district.

### Condom use among sexually active women aged 15–49 in the past year (percent)

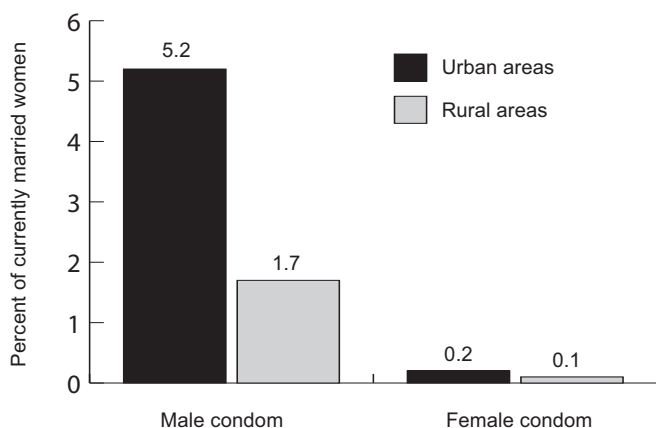
Always used a condom	1.1
Occasionally used a condom	9.8
Never used a condom	89.1

Source: 2007 Nkwanta District Evaluation Survey, Ghana Health Service/Population Council.

Despite increasing knowledge about HIV transmission, and higher levels of self-perception of risk, condom use remains low in rural areas. According to the 2003 Ghana Demographic and Health Survey (DHS), nationally only 5 percent of currently married women in rural areas used a condom (male or female) during their last sexual intercourse, compared with 13 percent of women in urban areas. The 2007 NDES gauged condom usage in Nkwanta in a different way from the DHS, asking women whether they had used condoms every time they had sex, occasionally, or never during the past year (rather than exclusively during their last sexual intercourse). 1.1 percent of women surveyed in Nkwanta reported using a condom every time during sex in the past year, and 9.8 percent of women said they had occasionally used a condom during sex in the past year. Condom use as a method of contraception is considerably lower in Nkwanta compared to rural areas nationally. Whereas national rates of current condom use for contraception among all married women averaged 1.7 percent in rural areas, in Nkwanta the proportion is less than 0.4 percent. However, when including both women who reported using condoms for contraception and those who stated they had used condoms either occasionally or every time during sex, “any condom use in the past year” increases to 9 percent of women in Nkwanta. This proportion represents an increase in condom use (both as contraception and during the past year) from less than 5 percent among currently married women in 2004.

While it is encouraging that awareness of HIV and knowledge about modes of transmission have increased in rural areas, in order to see behavioral change, targeted efforts will be needed to translate this into effective protection strategies for women. ■

### Condom use as contraception among currently married women



Source: 2003 Ghana DHS.

## The female condom: National policy to rural distribution

The female condom is the only safe and effective female-initiated contraceptive method on the market today that provides simultaneous protection against unintended pregnancy and sexually transmitted infections. In 2000, a multifaceted campaign to introduce the female condom was launched in Ghana by a working group of international and national stakeholders. The campaign involved training a wide range of providers and distributors; social marketing; development of information, education, and communication materials; delivering media messages; and distribution of condoms at various public and private outlets. Although the launch was successful in raising public awareness of the method, uptake has remained low. Stakeholders cite a number of reasons for low use: a lack of sustained commitment among providers, little effort to increase the method's acceptability among potential users, weak and generic marketing, limited involvement of the mass media, and inconsistent supply.

The female condom remains nominally "available" in the public and private sectors. A concerted marketing effort is lacking, however, and the female condom remains one of the least commonly used methods of contraception among sexually active Ghanaian women. Despite the apparent lull in promotional activity, the convergence of several factors has created a window of opportunity for enhancing interest in the female condom in Ghana. Support of the method at the national policy level is high. Key stakeholders agree that the Ghanaian context is suitable for promotion of the method and suggest that greater attention and resources be committed to such an effort. This interest has led to a Ghana Health Service procurement in 2008 of 500,000 female condoms—more than a sixfold increase from that of 2007. The health service will procure the new version of the method (the FC-2), which is expected to be less expensive and more

user-friendly. Therefore, its entry into the health system provides a prime opportunity for reintroduction and promotion of the method.

A recent assessment by the Population Council in Nkwanta has identified an interest in marketing the female condom in rural areas. Virtually no promotion of the product has been conducted in the



Ghana Health Service

*CHPS nurse demonstrating the female condom to a young mother during a routine home visit*

district in the past, so that the area could benefit greatly from an educational campaign. Moreover, only 39 percent of health facilities in Nkwanta regularly have female condoms available, compared with 83 percent that report having male condoms in stock on a regular basis.

GEMI is in the planning stages for implementing a program to increase the use of condoms, including female condoms, in rural areas. Increasing the supply of the female condom will diversify the choices for many couples, particularly for women whose partners refuse to use male condoms. GEMI will provide a supply of female condoms through CHPS nurses, so that new adopters of the method will not worry about stock-out and be deterred from continuing to use it. ■

## “A woman’s cough”: Traditional beliefs and modern practices

Recent qualitative research by Population Council staff has revealed that among the 22 ethnolinguistic groups in Nkwanta District, several different ways are found of translating the acronym HIV into local languages. By far the most common expression is “a woman’s cough.” Researchers believe that this mistranslation of HIV not only has implications for survey research but pinpoints important cultural meanings and local understanding of how the disease is transmitted. Specifically, the belief is that when a woman coughs during orgasm, she gives her partner the disease.

A focus-group meeting held in Nkwanta revealed other beliefs concerning traditional rituals and practices that may increase villagers’ vulnerability to HIV infection. These include forced and early marriages, female circumcision, giving enslaved *trokosi* wives to fetish priests, tribal and ritualistic scarification, tattooing, widow inheritance, polygamy, and adultery. Increasing exposure to Western public expressions of sexuality and promiscuity and the decline of safe traditional practices were also mentioned as putting rural communities at increased risk.

These findings are important, especially for a rural community-based health program where nurses are confronted with traditional practices and beliefs, and where encroaching urbanization and its associated change in norms and sexuality among young people are having a serious impact on behavior. According to the 2007 Nkwanta District Evaluation Survey (NDES), women who migrated to their present community in the past two years from a rural village had a 32 percent lower self-perceived risk of HIV, compared with women who had migrated from a city. Controlling for several socioeconomic characteristics, however, living in a CHPS zone has been found to increase the likelihood of condom use among women who perceive themselves to be at risk.

This research has examined the complexities of the local understanding of HIV in Nkwanta District, demonstrating that a mixture of traditional and modern sociocultural factors is contributing to an increase in HIV risk perception in rural areas. In light of the finding that HIV risk perception has risen dramatically, from less than 50 percent to more than 75 percent, further research into the cultural factors behind this increase is highly recommended. ■

*The full version of this study is available online at: <http://uaps2007.princeton.edu/download.aspx?submissionId=70593>. It was presented in December 2007 by Maya Vaughan-Smith in Arusha, Tanzania, for the Union for African Population Studies Conference.*

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