

Family Planning for Healthy Living Project in Ghana

Integrating Family Planning into HIV Programs: Stories of Peer Educators and Community Champions

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Peer Educators Take Family Planning Messages to HIV-Positive Support Groups

In Sub-Saharan Africa, HIV prevalence is highest among women of reproductive age in marital unions; 60% of people living with HIV (PLHIV) are women. In Ghana, the current HIV prevalence is 1.9%, lower than that in many other African countries. With fewer people affected by the disease, there can be greater stigma regarding sexuality and reproduction for PLHIV. Many PLHIV are told that they should abstain from sex and childbearing. Consequently, PLHIV fear the reaction of health workers if they seek family planning and/or discuss their fertility desires.



Upon receiving a positive HIV diagnosis, most people are referred to support groups. These groups, which can vary from 30 to 100 members, generally meet monthly to discuss issues common to the group. According to the World Health Organization (WHO),¹ the use of support groups in health programs is an empowerment intervention that improves individual decision making and can reduce clients' anxiety and depression. Among support group members, there is a need for information about reproductive rights and family planning to aid informed decision-making. In particular, PLHIV need

information about dual protection to prevent unintended pregnancy and reduce the risk of becoming infected with different strains of HIV (known as reinfection) or passing HIV to infants.

In partnership with Quality Health Partners and Opportunities Industrialization Centers International (OICI), the ACQUIRE Project (funded by the U.S. Agency for International Development) developed the Family Planning for Healthy Living (FPHL) project to reach PLHIV with the message that family planning can help them prevent unintended pregnancies, minimize the risk of infecting their partners, and plan their families to maximize the safety of mother and child.

In July 2007, the FPHL project conducted peer educator trainings for 75 PLHIV from support groups in four regions of Ghana. Prior to the workshop, selected family planning providers were trained in family planning for PLHIV and then were invited to participate in the peer educator trainings, in which PLHIV were trained to use job aids to deliver family planning messages at monthly support group meetings. Trained providers also attend the support groups to help answer questions and to encourage interested members to seek family planning services.

Over the past six months, champions for family planning have emerged from the project. They include peer educators, providers, and support group members. These are people who have become role models to their peers and advocates for family planning in their communities.

¹ Wallerstein, N. 2006. *What is the evidence on effectiveness of empowerment to improve health?* Copenhagen: WHO Regional Office for Europe (Health Evidence Network report). Accessed at www.euro.who.int/Document/E88086.pdf on 2/26/2008.

Champions for Family Planning for Healthy Living

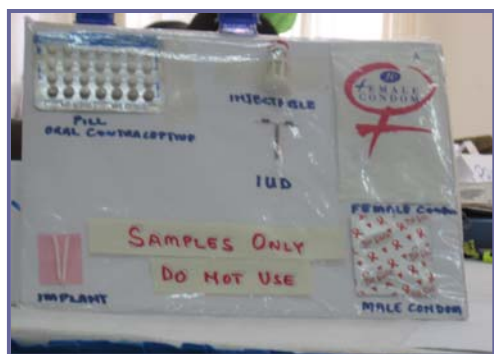
Ransford Vanderpuye

Ransford Vanderpuye has used his experience as a person living with HIV to be a role model for others. Now that he and his wife use family planning, he has become an advocate for family planning for those living with HIV. He is a role model not only for PLHIV, but for his whole community.

When Vanderpuye (who goes by his last name) was first diagnosed with HIV, he was fired from his job due to his HIV status. With three children and a wife to support, Vanderpuye was depressed and worried about his future. After a year of rarely leaving his house, he started giving private accounting lessons to young people, and his wife became a trader in cosmetics. He also became active in HIV programs, became a volunteer counselor for Models of Hope,² and started his own PLHIV support group. He has been taking ART for several years.



Prior to his involvement in the Family Planning for Healthy Living project, Vanderpuye knew little about family planning. The only method of contraception he had heard of was the male condom, which he had been taught to use to prevent reinfection but did not use consistently and correctly. However, Vanderpuye was aware that unplanned pregnancies were a critical issue for PLHIV: A woman he knew who got pregnant when her CD4 count was 290 (compared to a desired count of a 1,000 or more) died in childbirth, along with her unborn child. From this experience, he saw the need to know more about planning healthy pregnancies and preventing unintended pregnancies.



When Vanderpuye learned of the opportunity to become a peer educator in family planning for PLHIV, he volunteered to attend the FPHL workshop in July 2007. At the workshop, he learned about the family planning methods available in Ghana and the importance of dual protection from unintended pregnancy and infection. After constructing a family planning job aid at the workshop (*left*), Vanderpuye took it home to discuss it with his wife. He said that the method card made it easy to talk to her, as she is not educated but she could see and touch the methods.

Together, Vanderpuye and his wife decided to use the pill to prevent pregnancy and either the female or male condom to prevent reinfection every time they have sex. Now, Vanderpuye feels secure that he and his wife will not have an unplanned pregnancy, and credits their recently improved CD4 counts to the consistent use of condoms in preventing reinfection.

²Models of Hope are positive role models, counselors, and advocates for women and men who are HIV-positive. They are trained through the Strengthening HIV/AIDS Response Partnership (SHARP).

Vanderpuye runs his PLHIV support group out of his home once a month. There are 38 members of the support group and, like other support groups in Ghana, Vanderpuye's group is composed mostly of women. Vanderpuye often speaks with husbands or partners to ensure that they understand the importance of dual protection. Some women are hesitant to disclose their status to their partners, and the support group discusses this issue to help them find solutions.

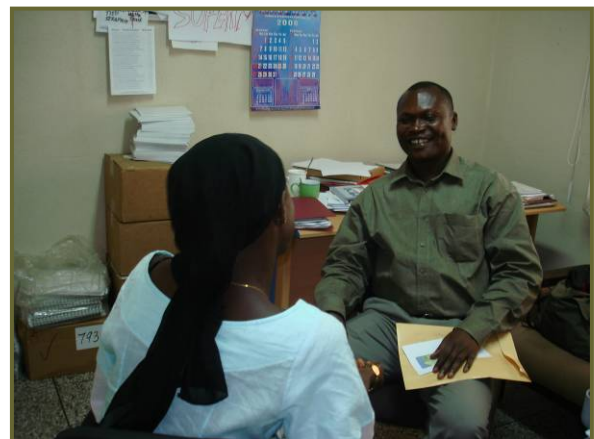


Gertrude, a trained family planning provider from nearby Ridge Hospital, also attends the support group meetings. She talks with group members about family planning and has helped Vanderpuye to refer people to Ridge Hospital for family planning counseling. Clients take a referral card with them to the facility and ask for Gertrude, allowing them to go to the head of the line. Five of the support group members now use the pill along with either the female or the male condom.

Although some PLHIV remain reluctant to use family planning methods, Vanderpuye says that introducing the topic of family planning has led to more open discussion of sexuality. He has also noticed an increased awareness of the need for consistent use of condoms to prevent reinfection. In recent months, Vanderpuye has expanded his peer educator work to conduct family planning discussions with local market groups.

Ajara

Ajara was a client at the ART clinic where Vanderpuye is a volunteer counselor. She is HIV-positive and had recently suffered a miscarriage. Her husband is HIV-negative, but with Vanderpuye's help, he was convinced to attend a support group meeting with Ajara. Like most support group members, they had never seen actual family planning methods before.



At the support group, Vanderpuye displayed the method card with samples of short- and long-acting methods, information about permanent methods, and considerations of family planning for PLHIV. "The method card helps to explain the types of family planning methods very well so people can make decisions easily when they meet with a provider," comments Gertrude. Ajara and her husband made an appointment with Gertrude and decided to use either the male or female condom along with the injectable.

Gladys Lomotey

Gladys Lomotey started the Foundation for Women and Children (FOWAC) in 2005, after she lost her 2-year-old son to AIDS and tested HIV-positive herself. After sharing her story at antenatal clinics, she decided to form a support group that focused on the prevention of mother-to-child transmission of HIV (PMTCT).

Gladys was asked to participate in the family planning and HIV workshop in July 2007. “I never heard of dual method use before the workshop. I thought it was enough to use condoms.” Now she uses her job aid to lead discussions on a variety of topics related to family planning and HIV and AIDS. Gladys says that most women are reluctant to disclose their status to their partners. They therefore run the risk of getting reinfected or of infecting their partners.



Most women in Gladys’s support group report being told that they should not have more children and should either use condoms or abstain from sex. Having a provider at the support group meetings is important to Gladys to help to counter false messages and myths. She feels fortunate that Gertrude comes from Ridge Hospital every month to support discussions on family planning. Often people are reluctant to ask questions during the meetings, but there is always a line to see Gertrude privately following the meetings.

Although Gertrude is reimbursed for her transportation, it can take more than an hour for her to reach the support groups, and she often returns home late. However, Gertrude recognizes that her presence makes people feel valued. She tells people, “I am your friend. How can I help?” Gladys and Gertrude have formed a partnership.



With Gladys and Gertrude’s support, awareness among support group members about family planning has increased. One woman said, “Before, we did not know we could use family planning. We did not think we could come for services.” Now, support group members readily report that they have the right to seek family planning and have children, and they recognize that pregnancies will be safer if women are healthy and meet with a medical professional. Six women have reported using the female condom or male condoms along with the IUD or the injectable.

Three Community Champions

Fauzia Abubakari, Vivian Ofori, and Grace Aboagye are all members of the FOWAC support group. Each has a different story to tell about how they have become advocates for family planning for PLHIV. However, they share a common enthusiasm for ensuring that all people living with HIV know that family planning is important for their health. They also are all satisfied users of dual methods, including the female condom.



Fauzia

Vivian

Grace

Fauzia Abubakari

“I am taking care of my health.”

Fauzia Abubakari has been married for 10 years and has one child. In 2004, she got very sick and, thinking she was possessed by demons, her family admitted her to a mental hospital. Finally, after suffering with pain for several weeks, she was referred to Ridge Hospital, where she was diagnosed with HIV. She now lives with her child, who is also HIV-positive, and her mother. Fauzia’s husband, who is HIV-negative, visits periodically.



Now that Fauzia is on ART and is healthy, her husband does not believe that she has HIV. He wants a second child and insists on having unprotected sex during the times she is fertile. However, Fauzia does not feel ready to have a second child, and through Gertrude’s counseling, she chose to have an IUD inserted. After she saw the family planning methods on the card Gladys showed her, she felt comfortable making her choice. “When I met the nurse, I knew the information, and it made the decision lovely. I am taking care of my health.”

Vivian Ofori

Vivian Ofori got married 12 years ago. There was little information about HIV and AIDS at that time, and when her husband became ill, she had no idea that he was HIV-positive. They had a child who is not HIV-positive, and her husband died two years ago. After Vivian learned that she was HIV-positive, she joined the FOWAC support group. Her current partner is HIV-positive, and they decided to use the pill and the female condom (as her partner does not like male condoms). When she is unable to find female condoms, she does not have sex. She and her partner have both agreed that they want to be healthy before they have a child. Vivian was very shy and embarrassed about her situation before, but now she feels free to talk openly about contraception and HIV with her peers.



Grace Aboagye



“I feel confident that I can prevent pregnancy until I am ready to have another child.”

Seven years ago, Grace Aboagye was pregnant and her husband was very ill. After the child was born, her husband’s health improved, and she got pregnant again. However, his illness returned, and just before he died, he said he would come to her in a dream. When Grace was eight months pregnant, she dreamed that her husband told her to get tested for HIV before she delivered the baby. She tested positive and, through PMTCT, was able to avoid passing HIV on to her baby.

Grace has been coming to the support group for four years and relies on it to build her confidence as she struggles to find work to support her children. Her new partner is also HIV-positive. Grace learned about dual protection from Gladys at FOWAC. She was impressed by the importance of preventing reinfection and by the need to get healthy and raise her CD4 count before getting pregnant. When her partner resisted using condoms, she took him to the clinic with her to reinforce the importance of consistent condom use. She also chose to take oral contraceptives to protect herself from an unplanned pregnancy.



Now an advocate for family planning and dual protection for PLHIV, Grace often talks to people about the positive qualities of female condoms. She tells people that if you wear it properly, it does not hurt, and it allows women to be in control of their protection. “When people say I am looking good, I say it is because I am now protecting myself with condoms... and I feel confident that I can prevent pregnancy until I am ready to have another child.”

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c/o EngenderHealth
440 Ninth Avenue
New York, NY 10001 U.S.A.
Telephone: 212-561-8000
Fax: 212-561-8067
e-mail: info@acquireproject.org
www.acquireproject.org

Writers: Nancy Russell
Photo credits: Nancy Russell
Editor: Michael Klitsch
Design/Layout: Elkin Konuk

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