

# Family planning practice among Christian health service providers in Ghana: a case study

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# Outline

- Introduction
- Profile of CHAG
- Challenges
- Results
- Discussion & Lessons Learnt
- Prospects & Potential for CHAG's FP Programme
- Conclusion



# Introduction

- There is evidence to show that family planning improves health, reduces poverty, and empowers women
- Impediments to FP service include limited access to service, lack of spousal consent and issues of faith and religion
- The interface between faith and professional practice/demands often presents a challenge
- So how does CHAG overcome this challenge to achieve national health outcome?

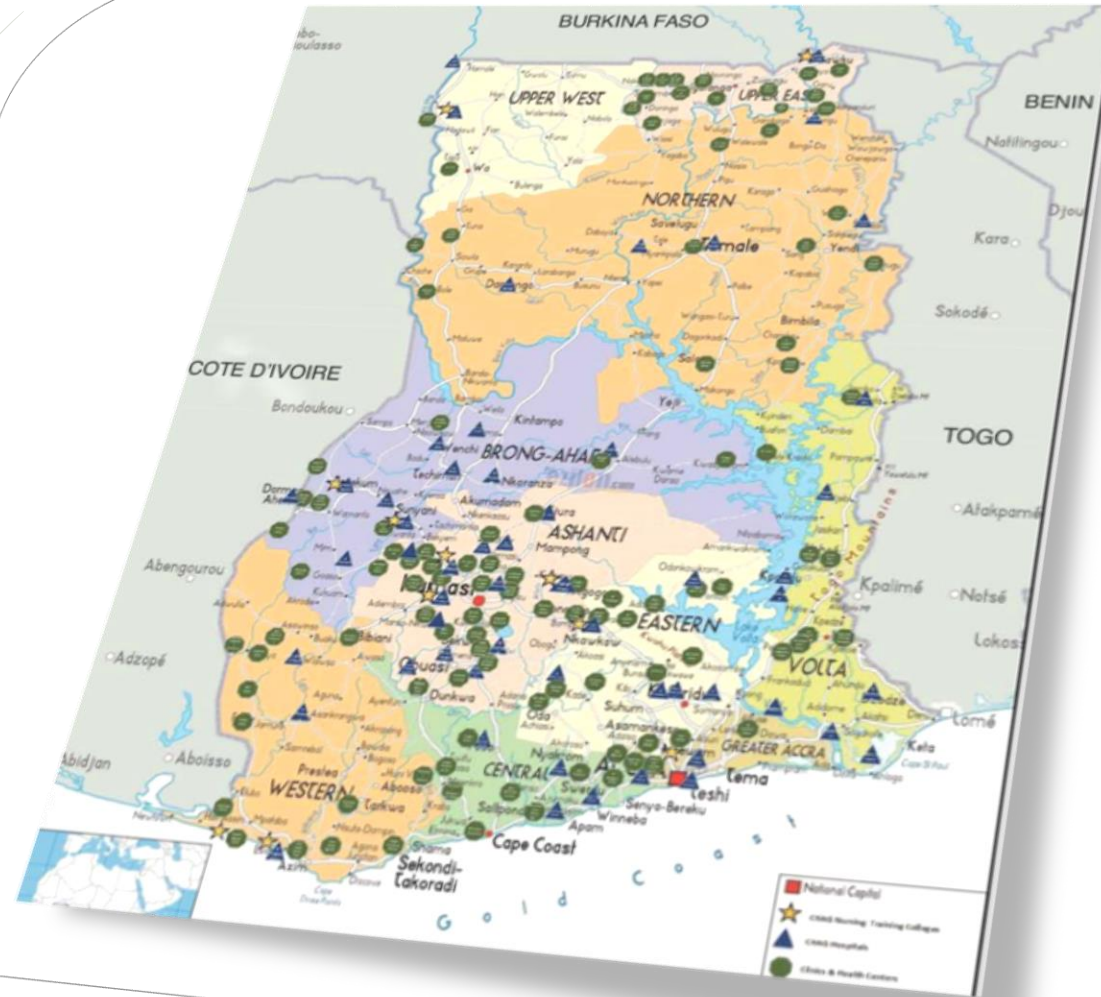


# Background

- CHAG is a network of 300 health facilities and health training institutions, formed in 1967.
- Facilities owned by 25 church denominations
- Catholics 44%, Presbyterians 18%, Adventists 11%, Methodists (8), Anglicans, and the other minor groups 19%
- CHAG provides services to the poor, neglected and deprived population
- Christian Faith-based, reliable partner in health
- Approximately 20,000 workers
- An implementing partner and an agency of MOH
- CHAG aligns its priorities to national health sector objectives



# Background - Distribution of CHAG Facilities



10 regions

177 districts



# Background cont'd

- CHAG contributes 29% of national in-patient services
- Provides 20% of OPD care
- As an implementing partner of the MOH, CHAG is mandated to implement key policies to achieve national health outcomes e.g. FP, MCH
- **Unity in diversity is a core value**



# Unity in Diversity: Enabler or Obstacle?



# The Challenge

- How does CHAG provide services required by the MOH (as an implementing partner) and at the same time protect the interest of its members some of whose doctrines abhor them from utilizing certain forms of family planning?
- Specifically, the Catholic Group who form about 44% of the network (70% about 3 years ago) do not accept artificial FP.
- How do you protect stakeholders' interest –
  - Doctrine (held strongly by Catholic Bishops)
  - Professional development (for workers) and
  - Need to provide FP service (MOH) and people in need





# The Challenge

- Doctrinal inhibitions/barriers to demand
- Socio-cultural myths & misconceptions: *e.g. use of FP promotes marital infidelity*
- No data capture/reporting space for FP in the past



# How CHAG overcomes the challenge

- CHAG tailors its services to become socio-culturally and religiously acceptable by both the denomination and the community.
- E.g. Artificial FP supplies – implants, condoms, oral contraceptives etc. given to denominations that accept these methods whereas Catholics are given cycle beads (used to plan or prevent pregnancy by tracking the start dates of a woman's period based on the Standard Days Method (SDM))



# How CHAG overcomes the challenge cont'd

- ▶ Training in FP is specific to denominations based on doctrinal acceptance
- ▶ Referring clients to the nearest government facility which provides such services
- ▶ Leveraging CHAG's diversity by enlisting Protestant Group
- ▶ Addressing gender concerns: enlisting male support through sustained campaign
- ▶ Promoting customized/tailor-made FP services by hybrid: Natural & Artificial



# Results

- CHAG implements both artificial and natural family planning methods within our network despite doctrinal differences
- Thus CHAG satisfies requirements for the sector for which it is mandated as well as its stewardship mandate for its constituents
- In 2015, a total of 15,101 people accepted natural family planning, which formed 20.5% of total family planning acceptors representing about 46% more than that of 2014.
- Of the acceptors of natural family planning for 2015, a total of 13,881 (91.9 percent) used LAM whilst 1,220 (8.1 percent) used SDM.
- Proportion of adolescents (10-19 years) accepting FP increased from 13.7% to 17.0%.
- Total FP acceptor increased from 67,312 to 73,648 (9.4% increase) over 3 years

# Fig. 1: Trend of Family Planning by type: 2013 - 2015

Description	2013	2014	2015
Natural family planning	10,821	10,344	15,101
Male sterilization (vasectomy) acceptors	0	4	14
Female sterilization acceptors	463	455	807
Condom (male) acceptors	3,748	4,591	8,192
Condom (female) acceptors	81	162	108
Oral contraceptives acceptors (the pill)	10,542	11,592	10,810
Implant acceptors	2,956	3,308	4,336
Short term injectables (Depot Medroxyprogesterone acetate)	36,870	32,799	33,947
Intra-uterine Contraceptive device (IUCD)	119	134	202
All other artificial methods acceptors	64	93	131



**Fig 2. Family Planning Acceptors and Couple Years of Protection, 2013-2015**

<b>Description</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Percentage postnatal registrants accepting family planning	16.7	14.6	14.8
Proportion of family planning acceptors who were adolescents (10-19)	13.7	15.0	17.0
Proportion of family planning acceptors who were adolescents (15-19)	12.3	14.2	16.0
Total Family Planning Continuing Acceptors	44,668	45,526	50,293
Total Family Planning New Acceptors	22,644	21,969	23,355
Total drop-outs	-	21,786	17,202
Total family planning acceptors	67,312	67,495	73,648
Total couple year protection	71,295.5	69,701.4	92,851.5

# Discussion & Lessons Learnt

- At the national level, only 2% women use LAM whereas within the CHAG network 18.9% do.
- Sustained outreach campaigns, durbars and radio education programs contributed to the achievement
- There's association between CHAG's intervention & increasing FP uptake
- Doctrinal inhibitions/barriers to FP utilization could be managed by referring Clients' to willing & able Providers



# Discussion & Lessons Learnt

- Faith, socio-cultural and religious acceptability are important determinants for increased FP uptake
- FP uptake is a shared responsibility. Gov't and FBOs could complement FP service delivery
- FBOs could protect clients' needs, meet policy requirements for service provision whilst upholding doctrinal beliefs



# The Male component in FP



Adopted from: UNFPA Ghana

# Prospects & Potentials for FP in CHAG

- FP is now on CHAG's service delivery space
- The growing diversity: growth of Protestant & Penteco-Charismatic wing is a leveraging window for FP
- Innovative dialogue with Religious Leaders: *Safe-motherhood vs Family Planning*
- Emerging trust in "CHAG's FP competency"
- Framework for Collaboration with credible Partners for FP
- Gatekeeping role and unexplored assets for FP uptake



# Conclusion

- The interests of Christian health facilities and those of the government may conflict at some point.
- Being tactful and allowing work within the confines of faith and obligations helps in achieving desired outcomes
- Unity in diversity is an indispensable tool for CHAG's FP programme



**THANK YOU**

