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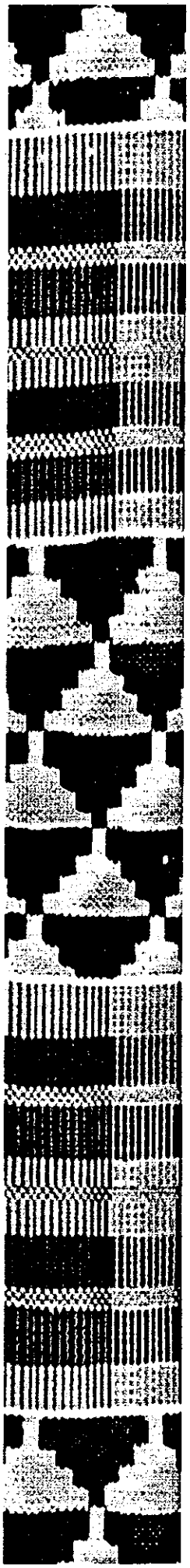

Ghana Family Planning and Health Project (FPHP)

Contract No. 624-0118-C-00-2122-00

Results of 1995 Tracking Survey

October 1996

THE FUTURES GROUP

USAID

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1. INTRODUCTION

The Ghana Family Planning and Health Project (FPHP), a US$8 million effort funded by USAID during September 1992-September 1996, was designed to lower fertility in Ghana through maternal/child health interventions and to improve awareness and prevention of HIV/AIDS. FPHP was implemented by a team comprised of The Futures Group International (FUTURES), International Science and Technology Institute (ISTI), The Johns Hopkins University (JHU) and Porter/Novelli (P/N). FPHP had its foundation in the Ghana Contraceptives Supply Project (CSP), which had already initiated multi-media campaigns motivating behavior change and increasing contraceptive prevalence in target regions. CSP collaborated with pharmaceutical manufacturers and distributors to establish a nationwide supply of contraceptives and also trained Ministry of Health (MOH) service providers in communication and counseling skills. FPHP continued these activities, utilizing both the public and private sectors, and executed an integrated program of AIDS education and prevention, family planning, and maternal and child health.

The project consisted of three distinct components: Public Sector IEC, Social Marketing and HIV/AIDS Epidemiology. Each of these components was vital in addressing priority family planning and health issues, as well as in helping the MOH confront the growing HIV/AIDS crisis in Ghana. FPHP was the first project in Ghana to specifically address HIV/AIDS.

Key objectives of FPHP were to increase contraceptive prevalence through expanded public and private services and demand-generation, foster sustainability by encouraging more well-off users to use private sector outlets, decrease the number of sexual partners among Ghanaian adults, and expand condom use through improved education and distribution. Additionally, FPHP established/upgraded laboratory facilities to improve HIV testing and supervised the training of laboratory supervisors and personnel in such areas as quality assurance and infection control. These efforts led to improvement in data collection and analysis and assured accurate and timely results of HIV screening and confirmatory testing.

The following report describes the results of two national surveys (1993 and 1995) that were undertaken to evaluate the extent to which FPHP achieved the key objectives described above. The original targets set in 1993 were based on results from the 1988 Ghana Demographic and Health Survey (GDHS). The baseline survey completed in 1993 showed that levels of contraceptive use had already exceeded these targets by the time the project started. Because no new targets were set, significant increases in target indicators between the 1993 and 1995 surveys will be considered evidence of achievement of project objectives.

2. METHODS

The baseline survey was conducted in 1993, with a total of 2,116 respondents between 15 and 49 years of age (1,069 women and 1,047 men). The respondents were chosen using a multi-stage random sampling plan, with the 10 regions of Ghana constituting the primary sampling units. The sample was designed to be representative of the Ghanaian population, and the age distribution was comparable to the 1984 census and 1993 GDHS.

The tracking survey was conducted in 1995. The total sample size was 2,000 (1,000 women and 1,000 men). The sample was selected to match the 1993 survey by choosing adjacent geographic clusters. Data analysis was conducted in SPSS/Windows Version 5.0.1. Statistical significance was determined by chi square. Results of $p < .01$ were considered significant.

3. COMPARISON OF SAMPLES

Because the two surveys followed the same sampling frame, we expected the distributions of respondents' background characteristics to also be the same. This expectation was largely confirmed, which validates the pre-test/post-test study design to measure change in the variables of programmatic interest. The rural-urban distribution of the two samples was similar, with 66 percent of respondents living in rural areas in the 1993 survey compared to 64 percent in the 1995 survey. The two samples were also similar in terms of regional distribution (see Appendix A). A slightly higher percentage of respondents were interviewed in Greater Accra during the 1995 survey.

The age distributions of the 1993 and 1995 samples are similar, with about a third of women in both surveys in the 18-24 age group (see Appendix B). The male sample shows more variation in age distribution (see Appendix C). Men interviewed in 1995 were less likely to be in the 18-24 age group, resulting in a higher average age.

On the whole, educational levels were similar. More than a quarter of women had no education, and women showed lower educational levels than men. Appendix D shows educational level by sex and time of survey.

In 1993, 68 percent of women respondents were in union (i.e., married or living with a man). This proportion was slightly higher in 1995 (70%). The proportion of men in union decreased significantly from 63 percent to 54 percent. Specifically, men aged 18-34 were significantly less likely to report being in union in 1995 (see Appendix E). This change may have resulted from sampling error. In order to adjust for these differences, analyses of indicators associated with sexual behavior are stratified by age and marital status.

4. RESULTS

4.a. OVERVIEW

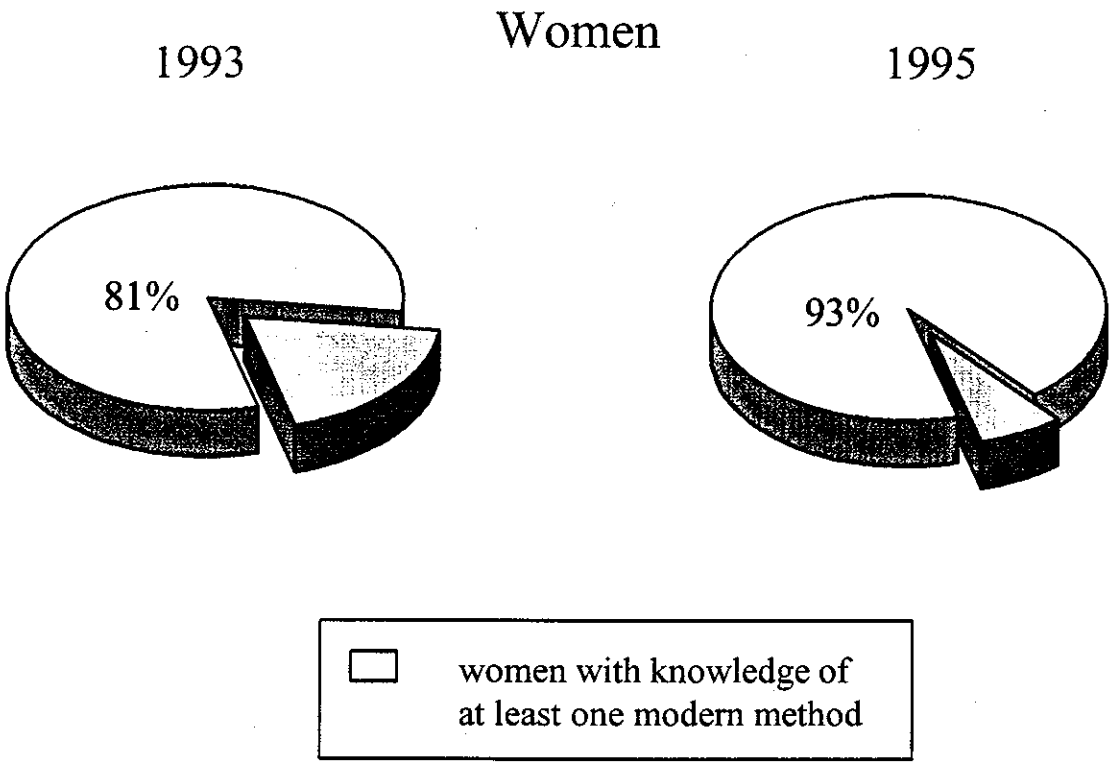
As demonstrated in the following sections, FPHP was highly successful in achieving its key objectives. For example, awareness of contraceptive methods increased dramatically under FPHP, especially among women, whose awareness of all modern methods increased significantly. Ninety-three percent of women and 94 percent of men now have awareness of at least one modern method, up from 81 percent and 89 percent, respectively (see Figure A). Moreover, 28 percent of women in union reported current use of a contraceptive method in 1995, which represents a substantial increase from 23 percent in 1993. Use of modern methods increased from 15 percent to 22 percent, with pills and injectables accounting for most of this increment (see Figure B).

Additionally, there was a substantial shift in women's sources of supply for pills, condoms and vaginal foaming tablets (VFT). In 1995, 72 percent of women using these methods obtained them from social marketing outlets such as pharmacies and chemical shops, nearly a 50 percent increase over 1993 levels (see Figure C). This was largely due to the efforts of the Ghana Social Marketing Foundation, established by FPHP to increase marketing and distribution of quality reproductive health products and services and to sustain FPHP activities beyond the period of USAID funding. Increases of this magnitude will enhance the sustainability of national reproductive health efforts, given that the public sector will be better able to target its limited resources to those women and men most in need.

HIV/AIDS awareness -- particularly among women -- was another area of improvement. Now, due in large measure to educational efforts conducted under FPHP, awareness of HIV/AIDS is virtually universal among both sexes. Exposure to messages about AIDS was high, with half of those surveyed reporting having seen advertisements developed under the project. Significantly, there were large increases in the number of people with knowledge of condoms as a means to prevent AIDS, with 33 percent of women and 50 percent of men mentioning this method spontaneously (see Figure D).

Reported sexual behavior and condom use showed different patterns of change among women and men. No consistent time trends emerged in prevalence of multiple partners, nor did condom use for contraceptive purposes increase. In 1995, 8 percent of sexually active women and 24 percent of sexually active men reported condom use in the last three months. Thirty-eight percent of men with multiple partners reported condom use, up from 32 percent in 1993. Additionally, 30 percent of women who had more than one partner in the 12 months preceding the 1995 survey reported condom use in the last three months, as opposed to 7 percent of women who reported only one partner. Between 1993 and 1995, condom use increased from 28 percent to 45 percent among young unmarried men with more than one partner, but remained stable or decreased among men in other categories.

Figure A. Awareness of contraceptives is now nearly universal.



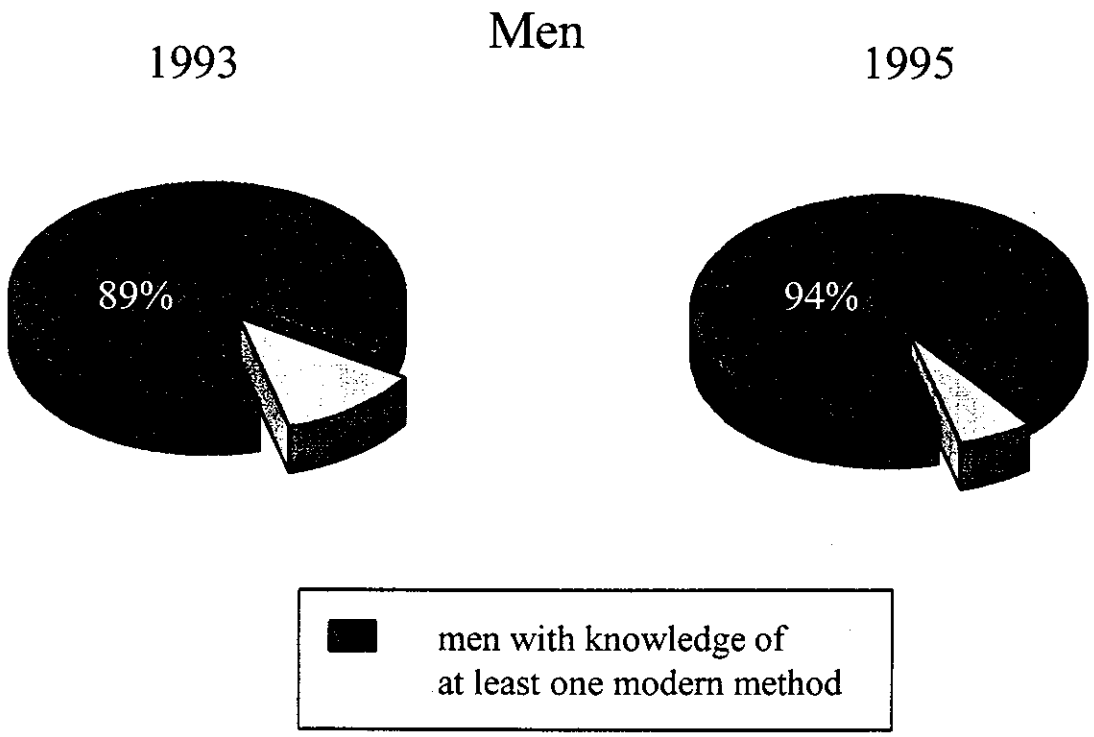
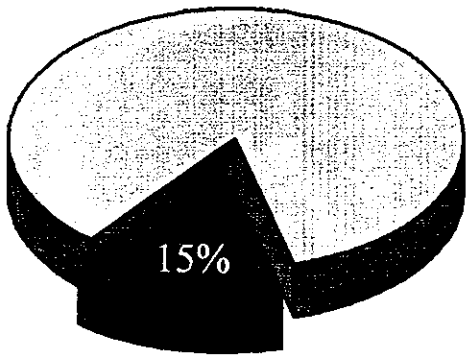


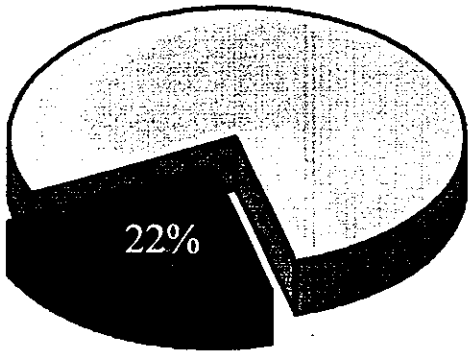
Figure B. Modern contraceptive use has increased by nearly 50 percent.

Women in Union

1993



1995

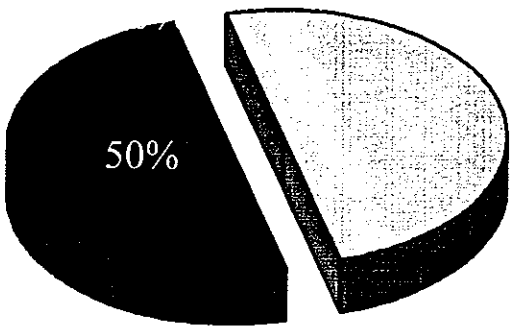


women reporting use of a modern method

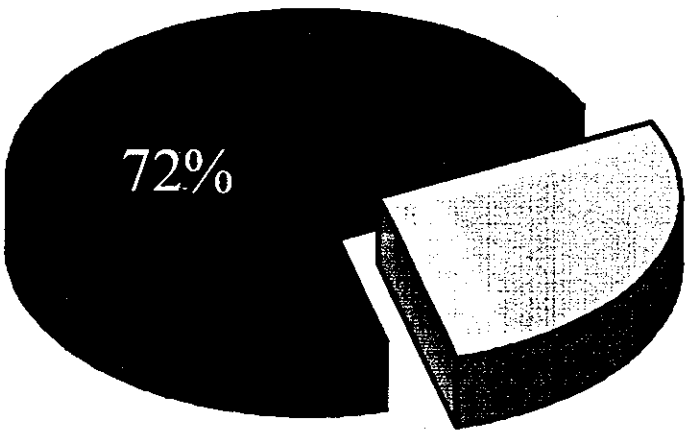
Figure C. Use of commercial sources has grown by 50 percent.

Consumers using condoms, pills or vaginal foaming tablets (VFT)

1993

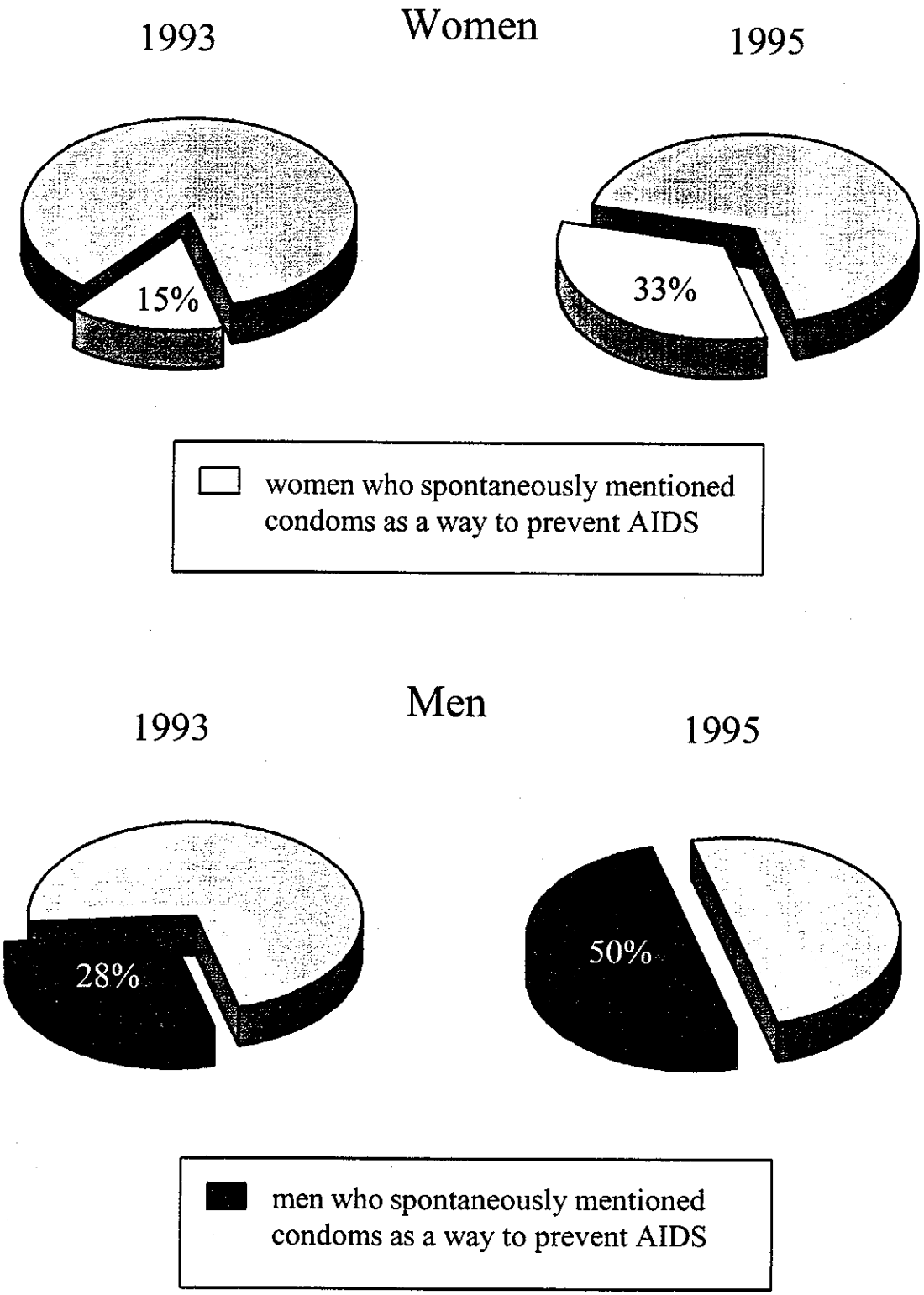


1995



users obtaining methods from commercial outlets

Figure D. Knowledge of condom use as a means to prevent AIDS has doubled.



4.b. EXPOSURE TO FPHP CAMPAIGNS

FPHP developed a series of brand-specific advertisements, which were aired on radio and television and through the print media. More than half of those surveyed reported hearing FPHP radio advertisements about pills, condoms and AIDS (see Table 1). More than a third heard spots on VFT and injectables. Similar proportions recognized project visuals associated with these campaigns and were familiar with the contraceptive brands (see Appendix F).

Table 1. Percent of Respondents Aware of Campaign (1995 survey)

	Heard radio advertisements		Recognize project visuals	
	Women	Men	Women	Men
Secure (pills)	55	59	59	61
Protector (condoms)	53	63	51	61
Panther (condoms)	53	73	58	69
Kamal (VFT)	35	49	48	53
Famplan (injectables)	33	29	35	34
AIDS We are all at risk	57	62	49	55

The principal AIDS-related promotion consisted of a billboard and poster portraying a physician and a group of people from all walks of life. The picture carried the caption "We are all at risk" across the top and listed the messages "Stay faithful," "Condoms" and "Talk about AIDS." The image and text appeared on billboards and posters primarily in urban areas of the country. To measure exposure and recall of that billboard, respondents were shown the picture stripped of all text. They were asked if they had seen the picture. Those who responded that they had seen the picture were asked what it was about and if they could recall any of the messages. Over half of the respondents indicated that they had seen the picture (see Table 2). Over three quarters of respondents who had seen the billboard knew that it was about AIDS. Thirty-eight percent of women and 37 percent of men could spontaneously recall at least one of the messages. Interestingly, women were more likely than men to interpret the message as "Stay faithful." Overall, recognition was significantly higher in urban areas.

Table 2. Recognition of Billboard Message -- 1995 (percent)		
	Women	Men
Recognize the picture -- urban	76	74
Recognize the picture -- rural	32	38
Total	47	51
Of those who saw it, percent who:		
Say advertisement is about AIDS	79	78
Recall message (see below)		
"We are all at risk."	30	23
"Stay faithful."	32	17
"Condoms."	28	28
"Talk about AIDS."	34	36

4.c. CONTRACEPTIVES

Awareness of Methods. Awareness of modern family planning methods was high in 1993, but showed significant increases in 1995, especially among women (see Table 3). In 1993, 81 percent of women and 89 percent of men knew of at least one modern method. In 1995, this increased to 93 percent of women and 94 percent of men.

Among women, the largest increase in awareness was seen for awareness of female sterilization, which increased from 35 percent to 58 percent. Awareness of injectables showed the second largest increment, increasing from 50 percent to 70 percent. All methods except male sterilization and Norplant showed increases of more than 10 percent. Both sexes showed increases in awareness of condoms, which remains the most common method known.

Table 3. Awareness of Contraceptive Methods

	Women		Men	
	1993	1995	1993	1995
Any modern method	81	93*	89	94*
Condom	70	86*	83	93*
Pill	65	81*	70	73
Injection	50	70*	52	56
VFT	39	59*	51	60*
Female sterilization	35	57*	37	35
IUD	34	48*	36	35
Male sterilization	10	17*	18	21
Norplant	4	10*	3	8*
Traditional methods				
Periodic abstinence	43	59*	48	59*
Withdrawal	26	38*	41	60*

*$p < .01$

Current Use of Methods. The FPHP workplan set a target of 15 percent prevalence of contraceptive methods among all women of reproductive age, regardless of marital status. That target was exceeded, as shown below in Table 4.1.

Table 4.1. Use of Contraceptive Methods among Women of Reproductive Age (percent)

	1993	1995	Target
Total modern method use	13	19*	15
Condom	6	6	2
Oral contraceptives	4	6	5
Injection	1	4*	1
VFT	2	2	3
IUD	0	1	1
Sterilization	0	1	3

*p<.01

The sample size is too small to permit fine-grained analyses among methods. Nevertheless, it is interesting to note that the method showing the largest increase was injectables. While the social marketing brand, FamPlan, was launched only late in the project and predominantly in urban areas, the MOH vigorously promoted the method in rural areas. Consequently, in almost every region of the country, use of injectables was higher in rural areas than in urban areas (results not shown). The only method to lag appreciably behind the FPHP targets was female sterilization, which was not a social marketing alternative and also was not promoted heavily by the MOH.

Table 4.2. presents total and method-specific prevalence among women in union. Use of modern methods among women in union increased from 15 percent in 1993 to 22 percent in 1995.

Table 4.2. Use of Contraceptive Methods among Women in Union (percent)		
	1993	1995
Any method	23	28
Any modern method	15	22*
Condom	6	5
Oral Contraceptives	5	7
Injection	2	5*
VFT	2	2
IUD	1	1
Sterilization	0	2
Traditional methods		
Periodic abstinence	7	6
Withdrawal	1	0
Breastfeeding	1	0
*p<.01		

There was a smaller change in men's reported modern contraceptive use, which went from 26 percent to 28 percent (see Table 5). There was an increase in the proportion of men who reported using any contraceptive method (33 percent to 39 percent). Among men, condoms remained the most common method currently used. However, there was no increase in condom use. The increment in male contraceptive use occurred as small increases in several methods.

Table 5. Percent of Men Reporting Current Use of Contraceptive Methods

	1993	1995
Any method	33	39*
Any modern method	26	28
Condom	20	19
Oral contraceptives	3	4
Injection	1	1
Vaginal tablets	4	3
IUD	0	0
Female sterilization	0	1
Traditional methods		
Periodic abstinence	5	7
Withdrawal	2	2
Breastfeeding	0	0
Prolonged abstinence	2	1

*$p < .01$

Source of Supply for Contraceptives. Table 6 shows the source of supply for condoms, pills and VFT among women. In 1993, 50 percent of women using these methods obtained them from retail outlets such as pharmacies and chemical shops, and 30 percent obtained them from MOH clinics and hospitals. In 1995, more users (72%) obtained condoms, pills and VFT directly from pharmacies and chemical shops. Fewer obtained them from MOH clinics and hospitals. As mentioned previously, much of this shift can be attributed to the efforts of the Ghana Social Marketing Foundation, which dramatically expanded marketing and distribution of reproductive health products and services.

Table 6. Source of Supply for Pills, Condoms or VFT among Women (percent)

	1993	1995
Pharmacy/chemical shop	50	72
Market woman	2	0
PPAG clinic	2	1
MOH clinic/hospital	30	15*
Mission clinic/hospital	0	1
Community worker/CBD	1	1
Private doctor	1	0
Midwife	1	2
Other/don't know	13	9

* $p < .01$

4.d. HIV/AIDS

Awareness and Attitudes. Awareness of AIDS was high among both sexes during the baseline survey of 1993 (see Table 7). Still, there was a significant increase in the proportion of women who had heard of AIDS (93 percent to 98 percent).

The AIDS-prevention messages emphasized condom use and staying with a faithful partner. There were significant increases in awareness of condoms as a way to prevent AIDS. In 1995, half of all men and a third of all women spontaneously mentioned condoms as a means to prevent AIDS. However, there was a decrease in the proportion of men who mentioned remaining faithful or not changing partners. This was consistent with the finding that men were less likely to say that remaining faithful was a message of the billboard (see Table 2).

Table 7. Awareness of AIDS by Sex and Time of Survey (percent)

	Women		Men	
	1993	1995	1993	1995
Aware of AIDS	93	98*	97	97
Spontaneous mention of ways to prevent AIDS (percent of all respondents)				
Stay with faithful partner/stop changing partners	71	70	70	62*
Use condoms	15	33*	28	51*

* $p < .01$

Among those who were aware of AIDS, changes in attitudes and misconceptions showed different patterns among women and men (see Table 8). Among men, there was a significant decrease in the belief that one could catch AIDS by working next to someone, and a significant decrease in the belief that people with AIDS should be quarantined. Among women, awareness that a person with AIDS could look healthy increased significantly. Negative attitudes toward persons with AIDS remains high among both sexes, with considerably more than half agreeing that people with AIDS should be quarantined.

Table 8. Attitudes toward AIDS by Sex and Time of Survey among Those Who Are Aware of AIDS (percent)

	Women		Men	
	1993	1995	1993	1995
A person with the AIDS virus can look healthy	48	57*	66	61
A person can catch AIDS by working next to someone	35	32	35	21*
People with AIDS should be quarantined	68	73	78	61*

* $p < .01$

Talking about AIDS. There was no change in reports of talking to someone about AIDS (see Table 9). In 1995, men continued to report talking to someone about AIDS in the last three months at much higher rates than women. Twenty percent of men reported talking to their partners. However, only 8 percent of women reported talking to their partners. Both sexes are more likely to talk to friends than to partners, suggesting that there are still barriers to communication between partners on this topic.

Table 9. Talking to Someone about AIDS in the Last Three Months by Sex and Time of Survey (percent)

	Women		Men	
	1993	1995	1993	1995
Anyone	23	21	47	47
Who talked to:[1]				
Partner	7	8	16	20
Friends	18	15	42	41
Relatives	6	7	13	20*
Children	2	2	3	4

[1]selected categories only

* $p < .01$

Number of Partners in the Last Year. The baseline and tracking surveys asked men and women for the number of partners they had had during the previous year. In 1993, only women who were not in union were asked this question, while in 1995 all women were included. The proportion of women not in union who reported not having any partner remained essentially the same (20 percent at baseline vs. 23 percent at tracking). However, the proportions reporting exactly one, two or more, and not answering the question all changed radically, calling into question the reliability of this indicator. There are also problems interpreting men's responses, which are compounded by differences in age and marital status between the two survey samples. Young men (under age 30) who were not in union were less likely to report not having any partners in the last year at tracking than at baseline (40 percent vs. 49 percent, respectively), but these proportions are twice as high as among women not in union.

Given the high awareness of the socially "correct" response (stay with one partner who is faithful) and the sensitive nature of questions, no conclusion can be drawn about real levels and changes in proportion of Ghanaian men and women who have multiple partners. The most conservative conclusion would be that -- whatever the levels were at baseline -- there has been no change.

Condom Use. Condom use for contraceptive purposes was assessed by the questions, "Are you or your partner using any method to prevent pregnancy?" and "What method are you or your partner currently using?" In 1995, 6 percent of all women and 19 percent of all men reported using condoms for family planning.

To investigate condom use for prevention of HIV/AIDS, additional probes were added to the tracking survey. All men and women were asked if they had used a condom in the last three months, and if so, with what kind of partner. Among men and women who reported only one partner, condom use for family planning was quite similar to any condom use in the last three months. However, men and women who reported multiple partners also reported significantly higher levels of condom use in the last three months, as shown in Table 10. Given the consistency between condom use for family planning and any condom use among monogamous men and women, we conclude that many men and women with multiple partners know they are at risk of contracting HIV/AIDS and are using condoms to reduce that risk. This conclusion is supported by the high proportions who spontaneously recall the AIDS-prevention messages of monogamy and condom use.

Table 10. Condom Use for Contraception and in the Last Three Months: 1995 (percent)

	Currently using for contraception	Used in last three months	
		One partner	Multiple partners
Women	6	7	30*
Men	19	14	38*

* $p < .01$

5. RECOMMENDATIONS

5.a. EMPHASIZE BEHAVIOR CHANGE

The Ghana Family Planning and Health Project (FPHP) clearly succeeded in achieving all of its cognitive objectives but has had less success in engendering behavior change. The three primary indicators measured were a reduction in sexual partners, increased discussion among partners and the increased use of condoms. There is no discernible change in condom use between the two surveys despite major project investments to this end. The Ghana Social Marketing Foundation and the MOH invested in training, marketing and communication initiatives designed to motivate frequent, consistent and correct use of condoms for both family planning and prevention of sexually transmitted diseases (STDs). The expected outcomes were an increase in the number of condom users, an increase in the number of condoms used and an increase in the consistency of condom use. There was some indication of behavior change among sub- groups of the population, specifically that women and young unmarried men who have had multiple sexual partners are more likely to have used condoms. There is no evidence that there has been an overall reduction in multiple-partner behavior. Despite the higher levels of condom use, unprotected sex with multiple partners is still the norm in this high-risk group. *Given the absolute need to impact sexual behavior, the emphasis needs to be switched from communication as a change agent to more interactive and direct change motivators.*

5.b. INCREASE CONTRACEPTIVE USER BASE

There has been a significant increase in contraceptive prevalence, especially among women in union. Contraceptive prevalence among women in union increased from 15 percent to 22 percent, compared to the target of 25 percent set for GHANAPA, the successor project to FPHP. Activities to motivate contraceptive use can and should accelerate the rate of increase in prevalence particularly when targeted to consumers in greatest "need" (i.e., married couples).

5.c. METHOD MIX

The only contraceptive method showing a significant increase in use is the injectable. This could be indicative of intrinsic product attributes, the novelty (newness), convenience, increased accessibility, confidentiality and/or efficacy of the method, or extrinsic factors, specifically changes in (or a greater awareness of) life cycle. Marketing of a mix of contraceptive methods should no longer be a matter of only increasing method choice. Method choice itself needs to be related to the consumer's place on the continuum of contraceptive need. This should result in greater attention to niche marketing, and a greater emphasis on life cycle as a richer and more emotive approach than the one-dimensional approach to women in union as an undifferentiated group.

5.d. PRIVATE SECTOR MARKET GROWTH

During FPHP, the private sector share of the supply-method market grew significantly, primarily because users were shifted from the public sector. The real benefits of this shift are a reduction of the dependency on the public sector, a reduction in public sector costs of providing family planning services, and greater sustainability and consistency of contraceptive supplies. There is, however, less of an indication that the private sector is contributing to the growth of the contraceptive market, and new strategies and initiatives should be developed to attract new contractors to and through the private sector.

APPENDICES

Appendix A. Regional Distribution of Sample (percent)				
	Women		Men	
Region	1993	1995	1993	1995
Greater Accra	8	12	7	12
Ahsanti	19	17	19	17
Brong Ahafo	11	10	11	10
Central	7	9	7	9
Eastern	15	14	15	14
Northern	10	9	9	9
Upper East	6	6	7	6
Upper West	4	4	4	4
Volta	10	10	11	10
Western	10	9	10	9
Total	100	100	100	100

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Appendix B. Female Age Distribution by Time of Survey (percent)		
	1993	1995
Under 18 years	10	9
18-24	34	31
25-29	19	21
30-34	16	17
35-39	11	13
40-44	8	6
45-49	3	4

Appendix C. Male Age Distribution by Time of Survey (percent)		
	1993	1995
Under 18	8	7
18-24	38	30
25-29	16	20
30-34	18	15
35-39	9	12
40-44	9	9
45-49	3	8
50-55		0[1]
[1]One man's age was reported as 52		

Appendix D. Educational Level by Sex and Time of Survey (percent)				
	Women		Men	
	1993	1995	1993	1995
None	29	27	19	15
Some primary/completed primary	44	46	45	42
Some secondary/completed secondary	22	24	26	33
Higher	5	3	10	10

Appendix E. Men in Union by Age and Time of Survey (percent)		
	1993	1995
Under 18	7	6
18-24	46	20
25-29	76	52
30-34	92	80
35-39	76	88
40-44	92	92
45-49	93	88
50-55		100[1]
Total	63	54
[1]One man's age was reported as 52.		

Appendix F. Percent of Respondents Aware of Contraceptive Brands (1995)			
		Women	Men
Condoms	Panther	62	79
	Protector	44	51
	Protector Plus	18	16
Pills	Secure	57	N/A
Injectables	Famplan	25	N/A
VFT	Kamal	37	N/A