



# What works? What fails?

FINDINGS FROM THE NAVRONGO COMMUNITY  
HEALTH AND FAMILY PLANNING PROJECT



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Navrongo Health Research Centre

## FAMILY PLANNING: GOOD FOR SOME; A WORRY FOR OTHERS<sup>1</sup>

Since the inception of *The Navrongo Experiment* in Ghana in 1994, the prevalence of contraceptive use has increased in areas of the district where nurses live and work in villages and where *Zurugelu* activities are also launched. The success of this strategy demonstrates that appropriately formulated family planning programmes can succeed, even in a rural and traditional social environment. But, the status of women in this setting is constrained by customs that define their roles at the time of marriage. Owing to the custom of bridewealth, many men view wives in the manner of property, extended families involved in marriage arrangements assign great value to childbearing. In this context of social support for childbearing and constrained women's autonomy, community-based family planning program can generate tensions between men and women. The CHFP launched an investigation of the potential for tensions and developed program interventions to prevent them from arising.

**What sustains women's interest in contraceptives?** Survey results suggested that women were more willing than men to discuss family planning, which may indicate stronger female interest. Contraceptives allow women to reconcile a tension with which they are faced. To sustain their health, women must space childbearing. Traditional beliefs ensure that this will happen. For example, women report that semen and mother's milk are incompatible. Nonetheless, women are expected to fulfill their husbands' desires. Caught between sexual obligation to husbands and personal need to care for children and the need to space childbearing, family planning provides a woman with means to reconcile these seemingly incompatible goals.

Even when you tell your husband that you would not like to have another child (yet), he will tell you that he paid the bridewealth, so that he can have children with you and that you have no right to tell him not to have sex with you. He may get physical. In order to avoid any confrontation, you will go and use a method, so that he can have sex with you while you plan your family.

Old woman, Naga

If my husband marries a second woman and he does not want us to do [family planning] and *she* doesn't do it, he will love her; he will not love me again. If he has something small, he will give it to her and leave me...In the night I will be sleeping alone with all my family planning...

Young woman, Naga

**Women's fears.** In spite of, and in part because of, its uses, family planning has strained gender relations, with significant repercussions for women:

- **Domestic violence.** Women often adopt family planning in secret. And yet, more women than men felt that wife beating was a justified response if a husband discovers this.
- **Losing favor.** Women expressed concern that men would lose affection for their wives or even favor other wives if they disapproved of contraceptive use—an especially potent threat in this polygynous society. Indeed, contraceptive use without spousal approval may be grounds for divorce.
- **Monetary cost.** Within this context of extreme poverty, even minimal fees incurred for family planning can represent a significant burden. As men control primary household funds, their disapproval further limits women's access to family planning.
- **Disapproval of extended family.** Though members of the extended household are less influential than in the past, conflicting views about contraceptives extend beyond the immediate family.
- **The sanctions of traditional religion.** Some women state that they fear that family planning will provoke the ill will among ancestors.

**What's at stake for men?** In a patriarchal society, gender stratification is deep-seated; a conduit for independent female action is consequently threatening:

- **Women's obligations.** Bearing children is part of a woman's wifely duties to her husband and to his lineage, as required by the payment of bridewealth. In discussions, men emphasized the security of having many children, a security threatened by enabling a woman to limit childbearing.

<sup>1</sup> This *What works? What fails?* note draws on Bawah, Ayaga et al. 1999. "Women's fears and men's anxieties: The impact of family planning on gender relations in northern Ghana," *Studies in Family Planning*, 30(1).

- **The question of fidelity.** A woman's use of family planning may allow for or encourage infidelity to her husband, which embodies an affront to the image of the husband and the household. Further, contraceptive use is tantamount to abandonment of the tenets of, or a lack of investment in, the marriage.
- **Who's in charge?** Insofar as the Navrongo programme vests women with the possibility of asserting their reproductive preferences, it engenders anxiety among men. Women who make independent family planning decisions run the risk of harming the name of the household if problems arise; men, meanwhile, are precluded from a clear assertion of their reproductive choices.

Some women...may not feel free to do so [practise family planning] because there is a belief among many women that the ancestors are against such practices, and that one may die or may not get any blessings from the ancestors if she practices those things.

Young woman, Paga

**Ways to cope and programmatic responses.** Given this environment of gender stratification and imbalanced authority and autonomy, the possibility that women may regulate their fertility is undoubtedly menacing. The Navrongo project has devised three areas of programmatic response:

- **Supporting women.** Kassem and Nankam women have, in their own right, protected themselves amidst social tensions. Focus groups discussed women's attempts to explain uses of contraception to their husbands, women earning their own income (for instance, by gathering firewood), wives publicly shaming husbands who did not support their choices, and women clandestinely using family planning. In addition, the Navrongo project has assembled teams of male supervisors who attend to family planning-related conflicts by visiting identified households and drawing community attention to the husband in question. Furthermore, the involvement of community leaders has effected more subtle changes in relations between the genders.
- **Involving men.** Through specially organized sessions, through meetings of male village associations, or through the personal involvement of fieldworkers, the project's family planning and health messages were addressed to men, and as the programme has become increasingly known, these efforts have begun to converge with outreach to women. Community visits by programme volunteers are intended to legitimize contraceptive use.
- **Mobilising community support systems.** By involving the cooperation of chiefs, elders, and lineage heads, the Navrongo project made use of *durbars*—community meetings convened to discuss specific issues—to present its health research programmes. Paramount Chiefs voiced their support for family planning during these discussions, which have, since the Navrongo project's involvement, been held more frequently, and focused more on health and contraceptive themes.

The contraceptives really help, and we are not against the use of these methods, but if a woman comes to the clinic without the husband, [you should] insist that she bring her husband.

Young man, Naga

Further, the traditional *durbar* custom has been expanded to include women in an effort to foster more open exchanges about family planning.

### Conclusion

Developing family planning services on the Navrongo model requires strategies for putting men at ease, involving male leaders, and supporting women in their desire to implement reproductive preferences. The CHFP demonstrates simple-to-replicate means of mobilising cultural resources for supporting couples who adopt family planning.



**Family planning enables women to assert their reproductive choices**

*Send questions or comments to: What works? What fails?*

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