

# IGNIT3

Increase Gains in Nutrition  
by Integration, Education,  
Evaluation & Empowerment



## SUMMARY REPORT | GHANA

# Gender and human rights analysis

**SickKids** | Centre for  
Global Child Health

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**GHANA COLLEGE OF  
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(GCNM)



  
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## BACKGROUND AND RATIONALE

The Global Gender Gap Report 2023 by the World Economic Forum paints a concerning picture for Ghana, which ranks at 100th place.<sup>1</sup> In Ghana, almost half of all deaths among children under five are attributable to malnutrition, and almost 7 percent of children under five are still affected by wasting.<sup>2</sup> Ghana reports 5% of girls are married by age 15 and 19% by age 18, while sexual violence affects over a third of adolescent girls.<sup>3</sup>

Nutrition and gender are closely linked, with women and girls disproportionately affected by poor nutrition due to social and cultural norms that dictate food access and consumption. Gender inequality limits women's access to resources like nutritious food, education and healthcare, leading to higher rates of malnutrition among women and children. Poor maternal nutrition perpetuates a cycle of malnutrition and poverty, emphasizing the need for targeted interventions and policies that enhance access to nutritious foods and healthcare services.<sup>4</sup>

Increase Gains in Nutrition by Integration, Education, Evaluation and Empowerment (IGNIT3) — a 5-year project funded by the Government of Canada — aims to impact over 30,000 people in Ghana, including health workers, women, children and adolescent girls, through national capacity-building activities and targeted interventions in the Upper West, Greater Accra, Oti and Northern regions.

To inform IGNIT3's gender strategy, a Gender and Human Rights Analysis (GHRA) was undertaken. This analysis assessed the capacity of the healthcare system and health workers to address gender-related barriers affecting the uptake of positive nutrition, health, and water, sanitation and hygiene (WASH) practices, as well as access to healthcare for women, adolescent girls and child caregivers. It seeks to deepen stakeholders' understanding of gender dynamics, barriers and root causes impacting equitable access to essential services in Ghana. The GHRA evaluates gender equality and the rights of women and girls. Its recommendations will guide IGNIT3's gender empowerment strategies in Ghana.

The analysis was undertaken in the Greater Accra and Upper West Regions of Ghana. Eight key informant interviews (KII) were conducted with male and female government officials and community leaders. Four focus group discussions (FGD) were conducted with male and female health professionals as well as NGO staff. Data collection occurred between December 2023 and February 2024.

Based on the challenges and enabling factors highlighted by various key informants and FGD participants, some of the recommendations derived from the GHRA can be generalized to the wider Ghana context while others are specifically tailored for IGNIT3. These recommendations not only seek to guide the IGNIT3 project efforts but also to serve as a blueprint for other interventions, highlighting strategies to empower marginalized communities, challenge discriminatory practices and ensure equitable access to essential health, nutrition and WASH services.

1 WEF [Global Gender Gap Report 2023](#)

2 USAID 16 Feb 2023: [Fighting Malnutrition in Ghana](#)

3 UNFPA Press Release Nov 2022 Ghana: [We must all speak with one voice](#)

4 [Background on nutrition and gender - NIPN - National Information Platforms for Nutrition \(nipn-nutrition-platforms.org\)](#)

## KEY FINDINGS

### Gender roles and inequities in healthcare access

#### Barriers

In Ghana, traditional gender roles are deeply ingrained, with men typically seen as breadwinners and women as caretakers. These roles, often reinforced by religious and cultural norms, limit women's economic empowerment and household decision-making where male permission is needed to access health and nutrition services. In households where women earn an income, they are expected to manage household chores while also contributing financially. Systemic gender discrimination, poverty and educational shortcomings create barriers for women and girls and impact their ability to access essential health, nutrition and WASH services.



Women still face challenges when it comes to health, as they stay back till they get permission from their husbands or the head of the family before they access healthcare.

– Male health professional, Accra

Men and boys, while facing less exclusion than women and girls, still encounter barriers rooted in social constructs of masculinity, economic challenges and the way health services are structured. Cultural expectations of strength and self-reliance discourage them from seeking help, especially sexual and reproductive health (SRH) services, with societal beliefs and economic conditions impacting their access to care. This underscores the need for a gender inclusive approach in health and welfare programs.

#### Enablers

Stakeholder responses highlighted varying levels of autonomy in decisions about marriage, childbirth and contraceptive use in Ghana, indicating a gradual shift towards female autonomy for some formally educated women, mainly in urban areas. The responses from health workers indicated that engagement of husbands and mothers-in-law is a relatively well-established practice. While discussing male engagement practices, health workers identified a strategy often used to incentivize male participation in antenatal visits — giving preferential treatment to women who came with their husbands. However, a nutrition officer noted that while this practice may aim to enable positive behaviour changes among men, it may also be reinforcing male privilege.

Health workers in Jirapa asserted that their standard approach to health education sought to engage the entire family. They indicated that community durbars\* were consistently supported with house visits. The latter being particularly important because it provides an opportunity for interactions with males (especially husbands) who may usually avoid participation in such discussions publicly. However, nurses and midwives in Accra highlighted the need for a cautious approach when working with the partners or family members of a pregnant adolescent, and using empathy and cultural sensitivity.



Photo credit: SickKids/Vessel Media, Kobby Blay

\* A durbar is a traditional Ghanaian ceremony that involves the meeting of rulers and their people.



## Gender-based violence and uptake of health, WASH and nutrition services

### Barriers

In Ghana, gender-based violence (GBV) is often tacitly condoned, and victims face ostracization for seeking help. The prevalence of GBV and intimate partner violence (IPV) serve as deterrents that discourage women and girls from challenging their husbands or in-laws, as well as discouraging them from accessing health, nutrition and WASH services. Even when some women manage to utilize services such as family planning, they often do so secretly, concealing their actions. Accessing GBV referral services is hampered by the stigmatization associated with GBV and IPV. Further, normalization and underreporting of violence exists due to fear of societal backlash, and systemic challenges, including inadequate response mechanisms, lack of trained personnel, remote location and transportation issues. Many victims cannot afford to travel to the police station due to transportation costs, and they are also required to cover the costs of necessary forms and bringing witnesses to court. One of the stakeholders mentioned that men and boys who report being survivors of GBV are likely to be ridiculed.

Mediators often require women to bring their abusive partners before services can be provided. This requirement for a husband's presence reinforces the idea that women cannot be autonomous in seeking justice or medical aid, and further complicates their ability to leave abusive situations.

The practice of child marriage in Ghana is driven by poverty, lack of education and cultural norms. While legal restrictions are in place, with weak enforcement and socio-economic factors tend to prevail. Cultural norms dictate that pregnant adolescents must marry to preserve family honour and avoid the stigma associated with premarital childbirth. Given the prevailing socio-economic conditions, families often condone, if not actively push, these “marriages” as a strategy to alleviate financial stress. However, it was noted that in some cases girls “choose” to marry early as they view it as a way to ensure economic security.



Nowadays, it is observed that girls are increasingly choosing to leave school and enter into marriage of their own accord.

– Woman NGO worker in Jirapa municipality

This persistence is attributed to limited access to comprehensive reproductive health services for adolescent girls, including family planning and abortion care, as well as a cultural landscape that still often values early marriage over educational and personal development for girls.



Photo credit: WaterAid/Dennis Lupenga

### Enablers

Traditional leaders' responses vary, with some acknowledging the occurrence of GBV and others perceiving it as negligible in their community. This suggests a nuanced understanding of GBV and IPV, with some indicating that the issue is not as prevalent due to widespread education and awareness of the rule of law, highlighting regional variations within the country. However, it is important to engage with all traditional leaders to sensitize them about GBV and IPV so that they can be engaged as key influencers in promoting non-violent behaviour among men and influencing behaviour and mindset change.

Ghana's universal health coverage (UHC) system could be leveraged to subsidize transportation costs for victims traveling to police stations and court appearances. In this regard, the UHC roadmap seeks to improve coverage of National Health Insurance Scheme (NHIS) for primary health care for marginalized/vulnerable individuals. Civil society organizations can continue to advocate that the NHIS absorb the costs of securing a police report and obtaining a medical report from the health facility.

Another enabling factor and entry point is the promotion of men's participation in parenting. Established educational efforts are providing alternatives to early marriage. The public and non-profit sectors have an opportunity to build on these educational efforts to combat child marriage. For example, parent engagement sessions involving all caregivers could be explored. That way, both mothers and fathers could be engaged in a systematic manner to challenge harmful cultural practices and build capacity to support their children in resisting peer pressure and addressing economic motives to opt for marriage at a young age.

## Intersectionality and its impact on health, WASH and provision of nutrition services

### Barriers

Ethnic diversity and gender norms significantly impact the accessibility of health, nutrition and WASH services in marginalized communities. In Jirapa municipality there is a mix of ethnic groups, with financial constraints and traditional practices limiting service accessibility.

Policymakers, service providers and health workers recognize the unique needs and challenges of vulnerable groups, including children, senior citizens and people living with disabilities. Poverty, illiteracy and remote location coupled with cultural practices further limit women's mobility and independence. Some traditional and religious leaders resist health practices like vaccination, leading to reduced care-seeking behaviours and increased health complications.



Ignoring the health requirements of marginalized and vulnerable populations, including physically challenged individuals and ethnic minorities, compromises our collective health outcomes. Without inclusive planning and engagement, these groups remain underserved, exacerbating their challenges and adversely affecting overall health indicators.

– Nutrition Officer, Jirapa municipality

A variety of respondents expressed how stereotypes can lead to severe consequences, including death and complications from diseases. Health workers noted that stereotypes affect their productivity, undermine UHC efforts and can lead to nutritional problems if people reduce their care-seeking behaviours due to perceived biases.

### Enablers

From the discussions, it is evident that policymakers, non-governmental organizations and health workers in Ghana recognize the significance of considering diverse identity factors in health, nutrition and WASH services. The creation of dedicated groups for adolescent girls and “sickbays” in schools as safe spaces for adolescents to seek care and advice highlights the commitment to accommodating the unique needs of this demographic.

Furthermore, local leadership was frequently highlighted as a key factor in ensuring that health initiatives effectively include marginalized groups.

### Serving hard-to-reach populations



I believe the community leader is the best option to disseminate health messages, as each leader is highly respected by community members. If community leaders are educated on the benefits of upcoming policies, they can effectively spread the message.

– Male traditional leader, Jirapa municipality

### Barriers

Despite the availability of established models in Ghana and existing multisector collaborations, more coordinated and sustainable efforts are required for the effective delivery of health services to hard-to-reach populations. The provision of essential services is hindered by inadequate infrastructure, lack of sustainable government support, and insufficient training and resources for community health workers. Additionally, access to essential health, nutrition and WASH services is limited by societal norms in hard-to-reach populations as described above.

Stakeholders call for robust policy implementation and support from government officials to cover hard-to-reach populations. This shows that there is a gap between policy formulation and its implementation on the ground that requires more collaborative efforts.



Photo credit: SickKids/Vessel Media, Kobby Blay



Photo credit: SickKids/Vessel Media, Kobby Blay

### Enablers

Engaging with existing community structures and collaborating with a wide variety of stakeholders were identified as critical components in ensuring service uptake among hard-to-reach populations. These structures can be leveraged by service providers to ensure that services are tailored to meet the specific needs of the population.

Utilizing drones for the delivery of medicines in rural areas of Ghana represents an innovative approach that is already being implemented to overcome geographical barriers. This innovation highlights the government's buy-in to adopt advanced solutions to address physical and logistical challenges in service accessibility.

Aligning with the Ghanaian government's ongoing efforts to incentivize health workers in marginalized areas, providing incentives such as financial benefits, professional development opportunities, transportation and improved working conditions can motivate health workers to serve in hard-to-reach areas, thereby improving service delivery and accessibility.

### Meaningful participation of women

#### Barriers

Stakeholders report a mix of progress and ongoing challenges in promoting women's leadership. Cultural barriers and male resistance remain significant challenges, with each region adopting strategies that consider their unique socio-cultural context. The insights suggest that while some areas have seen notable successes, the journey towards gender equality in leadership is complex and requires a multifaceted, culturally sensitive approach that includes both men and women in the process of change.

### Enablers

There is the potential to support and actively involve queen mothers in the planning and implementation of community development projects, particularly related to WASH, nutrition and healthcare. Their rich experience and influence can be utilized to enhance sustainable community planning and development.



Queen mothers are often retired teachers and nurses, and they do have influence over children, adolescents and mothers and they also act as a mediator between the community members and the chief.

– Traditional Authority (Female) from Wa, Upper West, Ghana

The use of traditional community forums has been effective in breaking down gender barriers.

In addition, the role of Community Health Management Committees (CHMCs) has been highlighted during the discussions. These CHMCs provide hospitals with feedback on the overall care experiences and satisfaction of community members. In alignment with the Community-based Health Planning and Services (CHPS) policy and guidelines — as well as the Ministry of Health's gender policy — these committees could be further strengthened with balanced representation, ensuring that women's voices are heard and considered.



## Capacity assessment of healthcare workers and health training systems

### Barriers

Stakeholders from Ghana emphasize the need for health professional educational curriculums to integrate gender responsiveness, adolescent-friendly approaches and understanding of diverse needs. While efforts are made, a significant gap exists between current practices and the ideal inclusion of these critical issues to ensure health professional training aligns with societal changes and health service requirements. The need for broader curriculum reform is evident, with a call for training on current pedagogical approaches that address gender sensitivity and GBV.

Similarly, it was also highlighted that guest lecturers are often brought in to cover gender-related topics, as there may be few in-house faculty with the necessary expertise. This highlights an opportunity to build the capacity of health professional faculties to integrate gender perspectives across various courses, such as anatomy, physiology and nursing. Strengthening this capacity would ensure that gender considerations are incorporated into everyday teaching, reducing stereotyping and enhancing the overall understanding of gender issues in healthcare.



At gender-based training, somebody from outside the country taught that course. And the content sometimes was not relatable... there's a lot of work to be done on gender.

– Health professional in Accra

### Enablers

Efforts are being made to integrate gender-responsiveness, adolescent-friendly practices and diversity education into the health professional training curriculum and stakeholders recognize the significance of aligning educational practices with the changing needs of healthcare services. This is an opportune time to work with health workers and the government to enhance training programs that emphasize non-discriminatory care and the importance of being sensitive to gender and age-specific needs.

Ghanaian stakeholders point towards the critical role of confidentiality and privacy in service provision, emphasizing the creation of safe spaces for adolescents. The strategies they shared include stakeholder engagement, ensuring clean and welcoming facilities, and making logistics available to support health access.



In all our service areas, we typically have private spaces where we can meet clients one-on-one to offer confidential advice. For family planning matters, we don't serve everyone in a group setting; clients are seen individually. Our role is more about listening than talking. We listen attentively to the client as she presents her situation, and then we guide her towards making her own decisions.

– Health worker in Jirapa municipality

Female health workers in Jirapa municipality, emphasized the significance of confidential advice for adolescent girls.



In nearly all our catchment areas, we have adolescent health groups where information is shared very confidentially. This approach ensures privacy and allows for open discussion. Through counselling, adolescent girls are empowered to express themselves freely.

– Health worker in Jirapa municipality

Thus, the shared commitment and understanding among health workers to provide non-judgmental and confidential SRH services to adolescents is an encouraging step toward building upon the existing multifaceted approach that combines training, counselling and the creation of safe spaces.



Photo credit: WaterAid/George Osei

## IGNIT3 RELATED RECOMMENDATIONS

- Develop training modules for health professionals on intersectionality and ensure existing training modules apply an intersectional lens. These modules should address gender equality, human rights and culturally competent care, while emphasizing their roles as educators, advocates and community liaisons.
- Integrate gender, trauma response and non-clinical nutrition in Ghana's health worker professional programs, emphasizing mitigating GBV and adolescent health rights.
- Develop institutional-specific gender plans and advocate for the continuous evaluation and adaptation of training programs. The involvement of curriculum champions and community leaders is crucial to bridge existing gaps and ensure training remains relevant.
- Encourage and build upon multisector collaboration to support policy implementation, ensuring that health, nutrition and WASH services are inclusive and responsive to all genders and ages, particularly adolescent girls and boys.
- Foster partnerships with traditional and religious leaders to champion the uptake of health, nutrition and WASH services, leveraging their influential positions to advocate for behaviour change and service utilization.
- Foster partnerships with local NGOs and women's rights organizations to ensure that programs are tailored to address the specific needs and barriers within each community.
- Ensure that women and adolescent girls have platforms to amplify their voices in community decision-making processes, particularly in health, nutrition and WASH sectors.
- Adopt collaborative efforts to bridge the implementation gap, ensuring that policies and guidelines are not only present but actively inform day-to-day healthcare practices, thereby making services more equitable and accessible to marginalized groups.
- Promote the use of evidence-based practices and regular monitoring and evaluation to adapt programs to the changing dynamics of gender and human rights issues. Promote positive changes in gender roles, particularly by showcasing and celebrating changes depicting women's agency and empowerment.

## GENERIC RECOMMENDATIONS FOR OTHER STAKEHOLDERS:

- Develop and implement targeted training programs and comprehensive education and awareness campaigns for men, women, boys and girls that focus on gender equality, the benefits of women's empowerment, how gender equality benefits everyone and the critical roles men play in advocating for and sustaining these changes within WASH, nutrition and health programs.
- Support the formation of men's clubs and boys' clubs to meaningfully engage them in gender equality efforts that promote non-violent norms and practices.
- Consider the needs of men and boys in initiatives related to health, nutrition and WASH so they are not left behind due to cultural stereotypes.
- Apply lessons from established male engagement strategies by integrating culturally sensitive and empathetic communication techniques into training programs and service delivery. This approach should particularly address the needs of adolescent girls and unmarried pregnant women.
- Incorporate and build on innovative solutions, such as the use of drones for medicine delivery, along with supportive policies for health workers to promote a comprehensive approach to health service delivery.
- Strengthen the government's school feeding programs to ensure access to nutrition for children with limited access to nutritious food.
- Prioritize funds for GBV prevention and response programming to ensure programs have sufficient resources for staff training, operations and victim support; establish safe, accessible channels for reporting GBV, offering necessary resources and support for survivors.