

Title - The use of potential social structures and entities for HIV prevention education: The role of Queen mothers in Ghana

Theme: Community Development

Sub-theme: Community based Learning and Outreach

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Background

The use of Queen mothers as social entities and structures has been paramount in managing the affairs of the Akan population group in Ghana. They are highly respected for their willingness and enthusiasm to protect the accepted cultural norms, regulations, laws and ideals which promote effective social cohesion. There is a socially and culturally lineage that those who qualify are chosen before they come to occupy the queen-mother stool in a community. People tend to them as reference points for adjurations and settlement of issues bordering on human rights and social coherence. In short, they are accepted and followed as shining paths for happiness and social re-adjustment for correctness. By providing space for community groups to meet, or a base for their activities, clinics can strengthen the links with their client population to their mutual benefit. Among its many benefits, such an arrangement provides opportunities for health education and training that encourage and enable people to take greater responsibility for their own health; it helps foster mutual understanding and trust between service providers and their client population; it gives focus and support to communities wanting to organize activities; and it allows for peer support among people with common concerns. (1).

Stigma, misguided beliefs in causes and effects of chronic diseases in cultural settings and other health seeking behaviours made the incorporation of HIV and AIDS control program into the health care delivery system in the Central region of Ghana very difficult. It has been indicated that in order to mobilize a community successfully, it is important to identify where people's priority lie and what it is to that motivates them. A useful point starting point is to identify community leaders in order to establish key contacts between the agency and them (1). The myth that the affected population is too shock and helpless to take responsibility for their own survival is superceded by the reality that on the contrary many find new strength during emergency.(4) One of the available resources of human capital structures in the health systems and communities is the queen-mother entity. The health directorate decided to use queen-mothers to be forces of sexual behavioral change for health action to control the spread of HIV, which was seen as a public health emergency. It became necessary to appeal to these bodies as a positive deviance measure to solve HIV prevention education problem in a health region. Having used varied modes of education to tackle the HIV problem, it was decided to appeal to the queen-mothers at their regional council and have a look on their capacity in pulling people along to pursue things of social value and effect, and use it also in promoting the health status of their people for public good and governance. The best way to promote sexual and reproductive health among young people and to raise awareness of HIV is to make information and services available as part of a wider programme that addresses their social needs and help empower them to make healthy choices (1).

Methods.

The queen mothers were motivated to accept the challenge of participating in solving the HIV problem and its effect on the population, socially, politically, culturally and morally. The process of linking sexual and reproductive health and HIV/AIDS needs to work in both directions: this means that traditional sexual and reproductive health services need to integrate HIV/AIDS interventions, and also that programmes set up to address the AIDS epidemic need to integrate more general services for sexual and reproductive health.(2)

They were more than willing to participate, after hearing and seeing video scenes on HIV and AIDS from Ghana, Africa and other parts of the world. There is 'the myth that communities are capable of anything, which all that is required is sufficient mobilization (through institutions) and the latent capacities of

communities will be unleashed in the interest of development. Evidence does little to support such claims' (3). Due to this, queen-mothers were given a two-week orientation on how to organize community for health action, and went on to organize their respective communities for engagement in HIV prevention education. There were 90 communities involved in this programme. It was meant to be evaluated after one year, and possibly extended for two years for redesign, if any. Twenty two queen-mothers led their teams (sexually active youth identified in selected communities) prepared to implement HIV and AIDS prevention education and sexual behavioral change for a two year period mothers supported by their elders, opinion leaders , the youth and at most five caretakers formed identified HIV education groups ,meeting at regular periods to learn the medical importance of HIV and AIDS, and what the individual ,community, and the social structures and entities can do to regulate the social behavior to help the individual protect himself from HIV infection and seek treatment care and support from the appropriate quarters. They mobilized the sexually active, and in and out of school youth in their communities to learn the importance of HIV and AIDS prevention to health and wealth creation. The district assembly supported the meeting of the teams by ensuring that the unit committees (the lowest governance structure in the country) encourage local people-mothers-fathers, caregivers, guidance etc, remind their wards to join the meetings regularly.

The queen mother, as a patron for a team in her community, would agree with them to schedule their meeting time, especially after evening school classes, around 7.00pm, meet at her palace, preview the topic for the day and use different modes of education to lead the learning process. The youth in the team were also empowered to listen to radio and other mass media to get challenging information on HIV and AIDS, and reproductive health for discussion at the next meeting.

Role plays were also used to make the learning process very lively and closer to understanding capabilities of the people. After every play, the members would discuss, brainstorm, and evaluate the key roles and point of critical interest in relation to disease prevention as presented in the play. The queen mother would lead her team, after arranging with the school teachers, to organize a cultural display based on values held in the community in relation to accepted cultural norm and positive sexual behaviors, abstinence, proper use of drugs, the effects of premarital sex, teenage pregnancy, peer pressure, abortion and adolescence livelihood. Platforms were created for the youth to share their sexually experiences which they were afraid might affect their later stages in life and seek counseling thereafter. The communities were also organized to witness the meetings of the team occasionally at the community durbars, festivals and other social gathering to participate in the deliberations and acquire new information on HIV prevention education and practice them. The youth were empowered to monitor the sexual behavior of their colleagues and inform the queen mother and other team members. The queen mother visited the homes of all the team members , encourage them to participate in individual learning with her on HIV infection, prevention, and treatment of AIDS in general. The community members were not excluded from involving themselves in shaping the path of the program. They were implored to be critical audience of a team's activities on regular basis to give a socio-communal color to it. The program entered areas of identifiable and at risk organizations and individuals to appeal to their conscience of the negative effects of HIV and AIDS on the population. The members of the various groups were helped by their leaders to state messages used for community durbars and socialization.

The health staff working in the communities would come and inform the teams on every new development on HIV prevention and AIDS, identification of signs and symptoms of sexually transmitted diseases, and treatment centres closer to them. The program gave chance for training the youth in performing HIV rapid testing in their communities as a form of task shifting, stakeholder participation and community support for public health action. The queen mothers and their teams were invited to district health directorates for refresher courses on how to engage communities for health issues, health advocacy, and the use of role play and management of social organizations for effective outcomes. The teams engaged in debates to test their understanding of how to express and implement the ideas taught them. The team which wins a debate is given a prize for the good work done, and the other team receives a token for participation. The jubilations which accompany such events were tremendous and infectious.

Results

302 community meetings were organized during the period under review. Ten (10) community durbars and cultural displays on responsive reproductive health practices to combat HIV infections, associated myths, stigma and misconceptions were organized. One hundred and fifty nine (159) parents joined the clubs to give social support and motivation to strengthen the youth to accept the concept of involving the

youth in decision making for their healthy sexual lifestyles. Forty-seven (47) patients and their partners were treated for sexually transmitted diseases. Teenage pregnancy reduced by 50% and 75% in the first and second years respectively. Sixty eight (68) HIV prevention clubs in schools were formed, with peer education as a major tool for fighting the scourge of HIV. The youth became more interested in playing the advocacy role for demystifying HIV infection and AIDS as a cause of witches and aggrieved gods of unknown origins, powerful others and fate which have been the health locus of control of most of the people. The community members testified that almost all the youth have had a positive change in attitude towards AIDS and other chronic diseases like Tuberculosis, Hypertension, Sickle Cell Disease, which are very endemic there. Media organizations provided free airtime for the teams and the school clubs to broadcast their programs for a greater audience reach and participation. Many talents like speech writing, public talk, and use of digital instruments, self critique, and role play analysis, script writing, time management and advocacy. Confidence and skill training became paramount to ensure the youth take control over their lives and accept behavior positive to uplifting the general population for social cohesion to control the spread of HIV and AIDS.

Other NGOs have been engaging the services of the youth led by the queen mothers to deliver other health services for them freely. The NGOs in rewarding them have been awarding scholarships for the youth to continue their education to the next level. Many of the youth have also been involved in community based disease surveillance activities, child welfare clinic services, nutrition and growth monitoring. The motivation of the queen mother position raised to a higher level in the communities affected the acceptance of their position as better rallying point for health care social support, vocal systems for population management, source of advocacy and facilitation.

Conclusion

Utilization of potential social structures for health communication and promotion is necessary to support the efforts of health organizations. It has been realized that the myth of HIV infection as a problem held in superstition has died out quickly. Greater number of people has understood the dynamics of the infection and its progression to AIDS, and has changed their sexual behavior to the positive side of safe reproductive living. The cost of using the queen mother as a powerful and a valuable tool could be better appreciated and accepted in the years of life lost to HIV and AIDS, prevented by this initiative. The benefits could be visible during evaluation and subsequent re-adjustment done or otherwise, especially in limited resourced settings in sub-Saharan Africa. There are many points of social elements waiting to be tapped for a positive action in wheeling the fortunes of public health interventions for quality living standards at a minimal cost. The community needs motivation, understanding and the political will for the public good in shaping their capabilities in health advocacy; they will rise to the occasion when given the chance and the power to overcome resistivity inertia of fear of the unknown and failure.

Reference

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