



# It Takes a Village: A Pilot Randomized Trial to Enhance Pregnancy Care and Support in Northern Ghana

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# Acknowledgments

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# Study Overview

## Setting

- Upper East Region of Ghana
- Very impoverished part of Ghana
  - 76% extreme poverty (<\$2USD/day)

## Aim

- Improve contact with health providers
- Bring services to women
- Strengthen support for pregnant women
- Address social norms and intra-household dynamics

## Interventions

- Community engagement (durbars)
- Provide home-based services (enhanced ANC)



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# Motivation

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# Barriers to Reaching Maternal Care

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- Lack of money, transportation problems
- Poor quality of healthcare (Kruk et al, 2018)
- Social norms
  - Women lack autonomy to make medical decisions (Gupta et al, 2015, Moyer et al, 2014)
  - Men have low opinion of need for maternal healthcare services (Aborigo et al. 2018)
  - Male involvement not current norm (Sumankuuro et al. 2019)
  - Involving men is challenging due to ethical concerns (Thoki et al. 2019)
- Lack of knowledge about antenatal care
  - Poor understanding why labs, supplements are needed

**Bottom line: Women face high burden to seek care**

# WHO Recommendations for Healthy Pregnancy



**Throughout pregnancy, all women should have 8 contacts with a health provider.**

These can happen in settings such as:



Initiate ANC in first trimester  
8 ANC contacts

## A. Nutritional interventions

Dietary changes, iron/folic acid

## B. Maternal and fetal assessment

Anemia, gestational diabetes, HIV, TB, fetal movement

## C. Preventive measures

Tetanus vaccine, IPTp for malaria, PrEP

## D. Interventions for common physiological symptoms

Nausea and vomiting, heartburn, constipation, varicose veins

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# Study Design

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# Interventions

Durbar – community meeting



## Pregnancy-themed durbar:

- midwife meets with community
- discuss key barriers to access antenatal care
- educate communities about antenatal services
- encourage men support pregnant women

Enhanced antenatal care (ANC)



## Standard antenatal care plus:

- Monthly calls to maintain contact
- Home visit in 7<sup>th</sup> month of pregnancy
  - Scheduled to include husband and mother-in-law
  - Focus on birth preparedness



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# Results

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# Community-Identified Barriers to ANC

- Poverty
- Lack of knowledge
- Lack of support
- Quality of care
- Stigma
- Traditional beliefs



# Barriers to ANC: **Lack of Support**

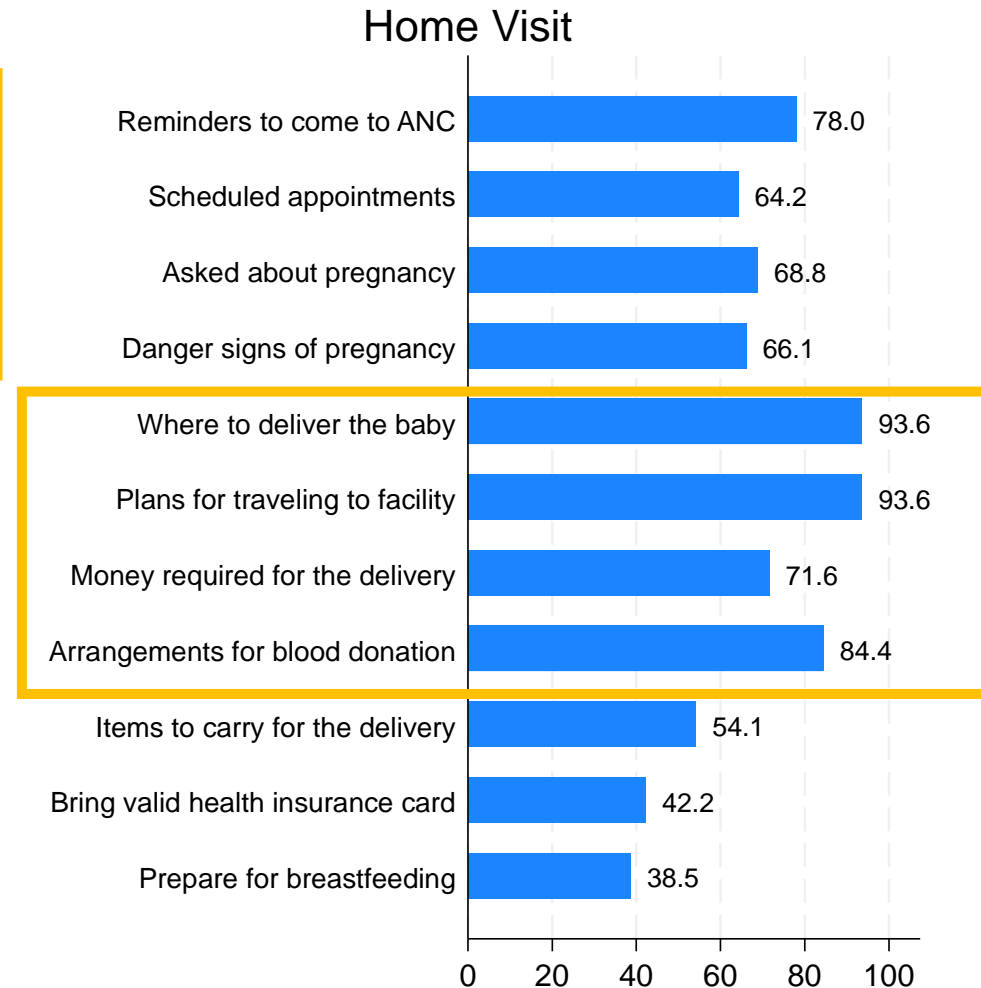
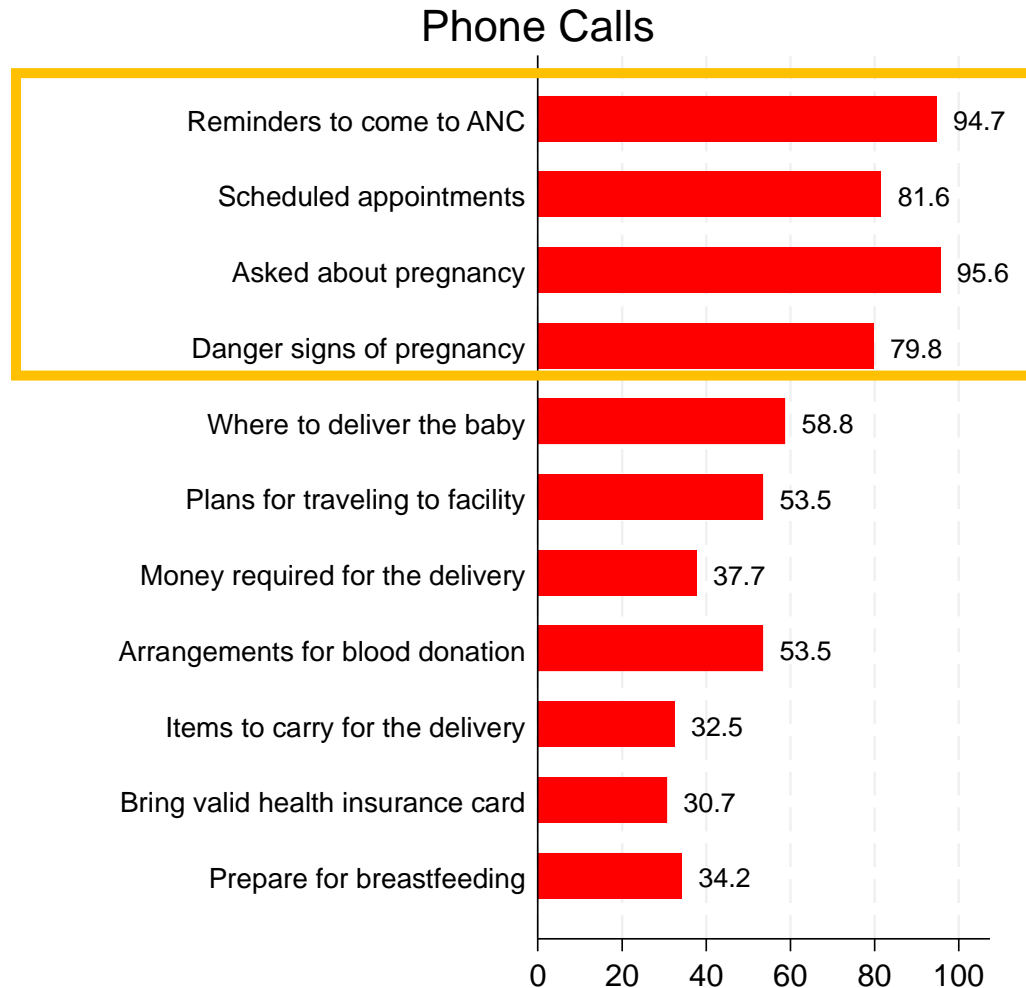
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Topic generated heated debate between women and men

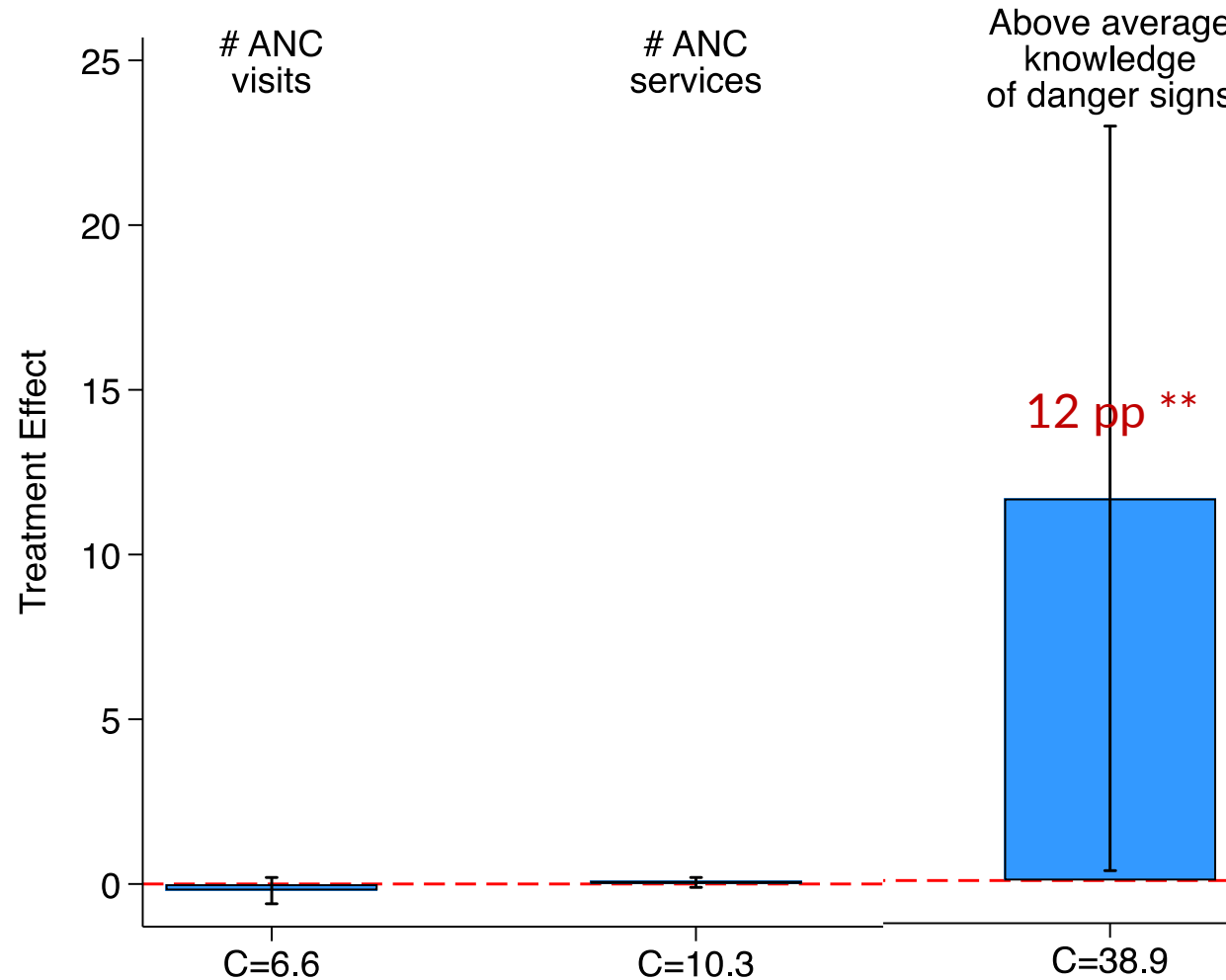
- **Men:** said that they supported women throughout the pregnancy
  - Mentioned **financial support** and help **arranging transportation**, especially during labour
- **Women:** said support was not enough
  - **Not enough money** to cover tests and men misunderstand **when** pregnant women need help

*“It is rather during the early stage of pregnancy when there is nausea, vomiting and loss of appetite that we need support from our men most. That is the time we are feeling weak and need transportation to attend ANC, not when the pregnancy is getting to term”*  
(A middle-aged woman in Werichingo)

# Topics Discussed During Interventions



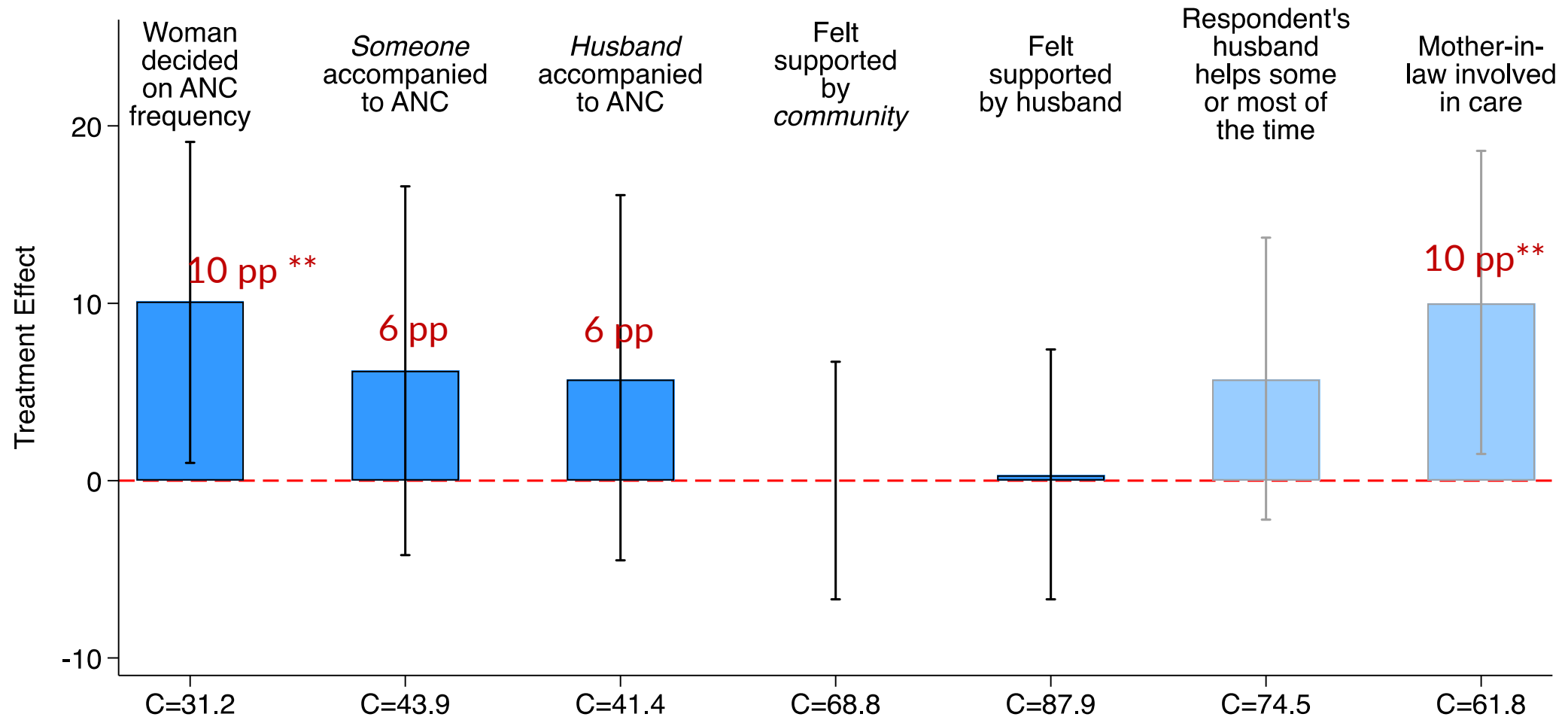
# Enhanced ANC Improved Knowledge of Danger Signs



Intervention women were **12pp** more likely to have above average knowledge of danger signs

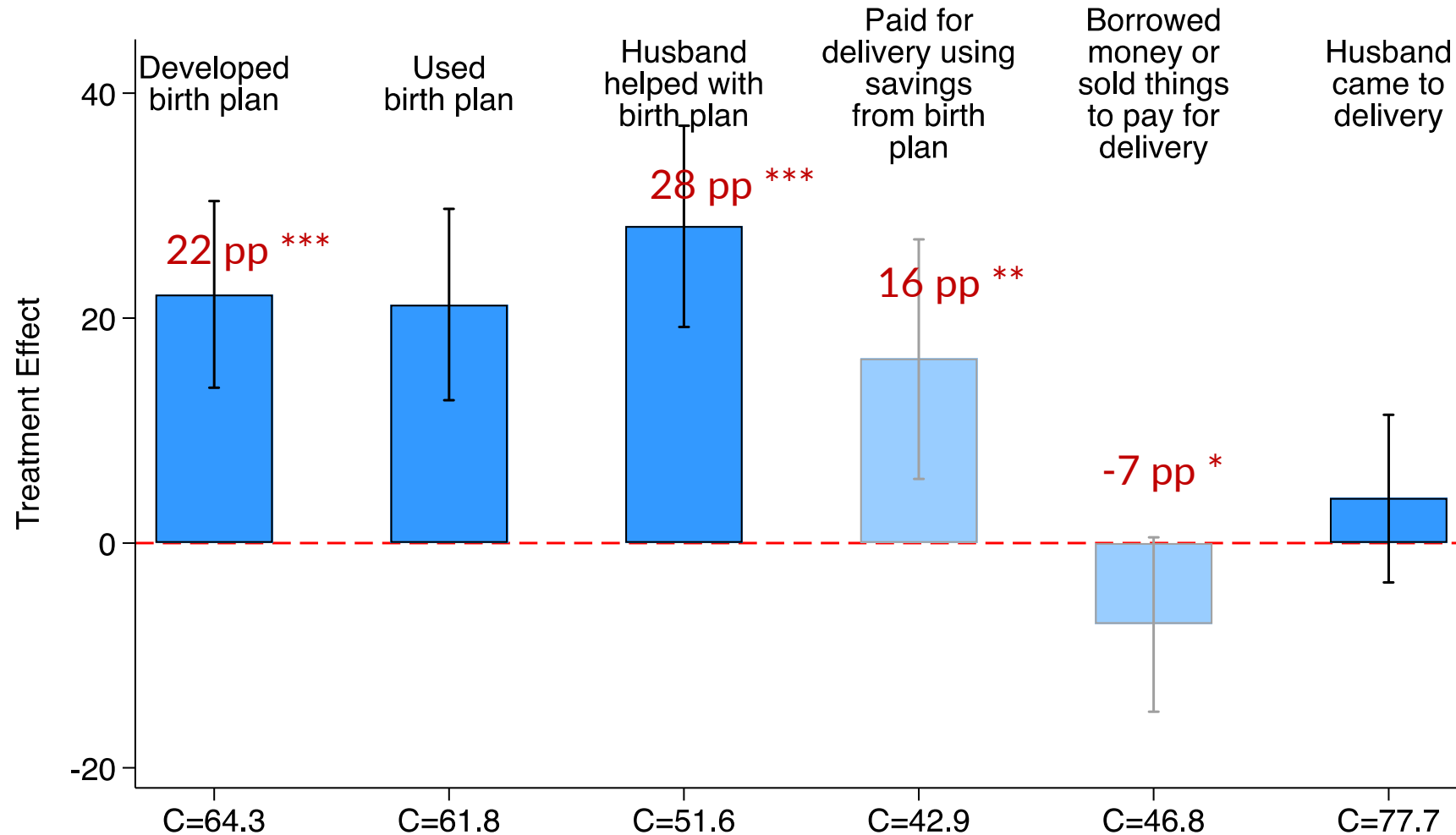
\*  $p < 0.1$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$ .

# Potential Benefit to Women's Support and Autonomy



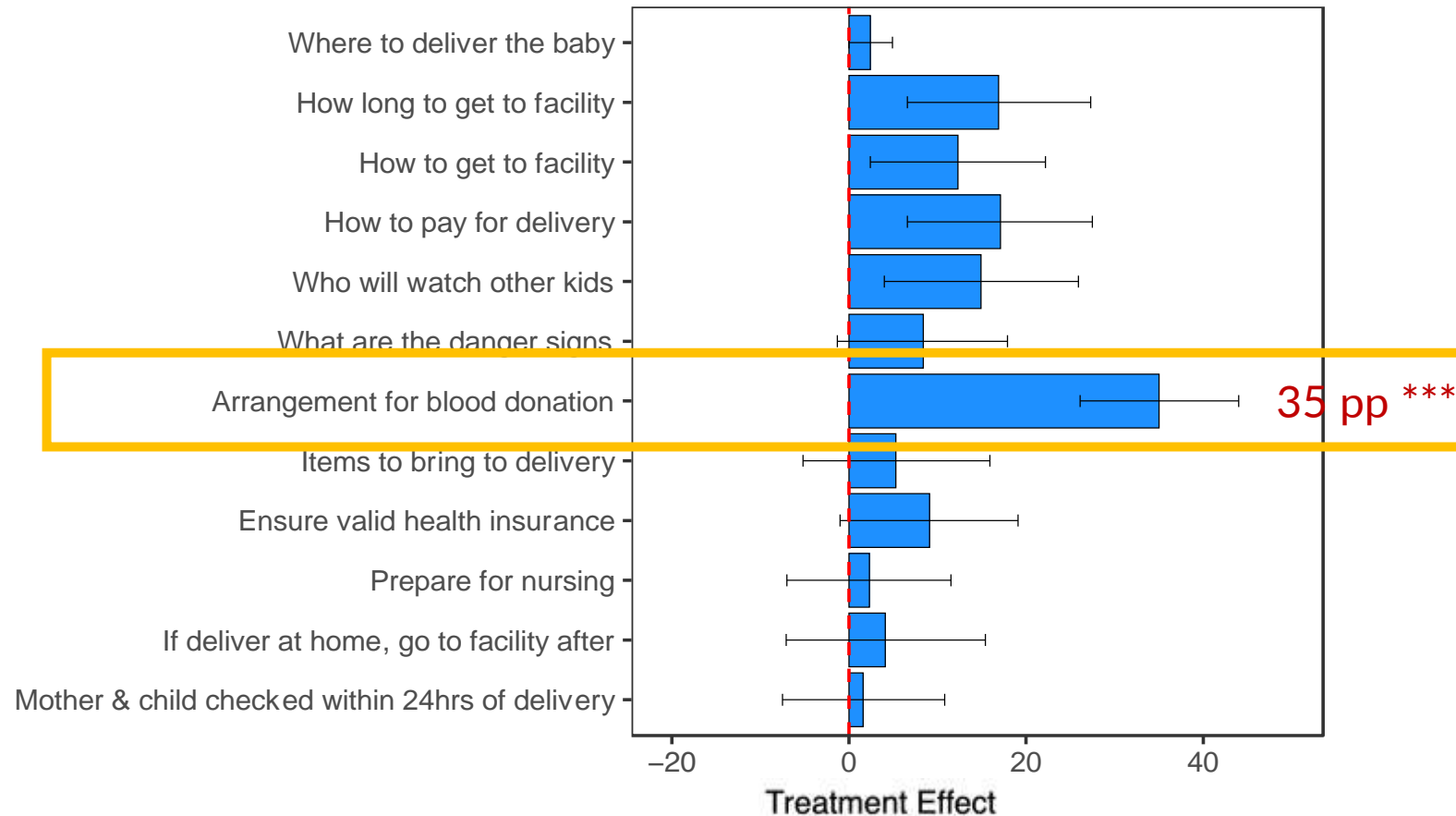
\*  $p < 0.1$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$ .

# Enhanced ANC Improved Birth Preparedness



\*  $p < 0.1$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$ .

# Enhanced ANC Increased Important Components of Birth Plans



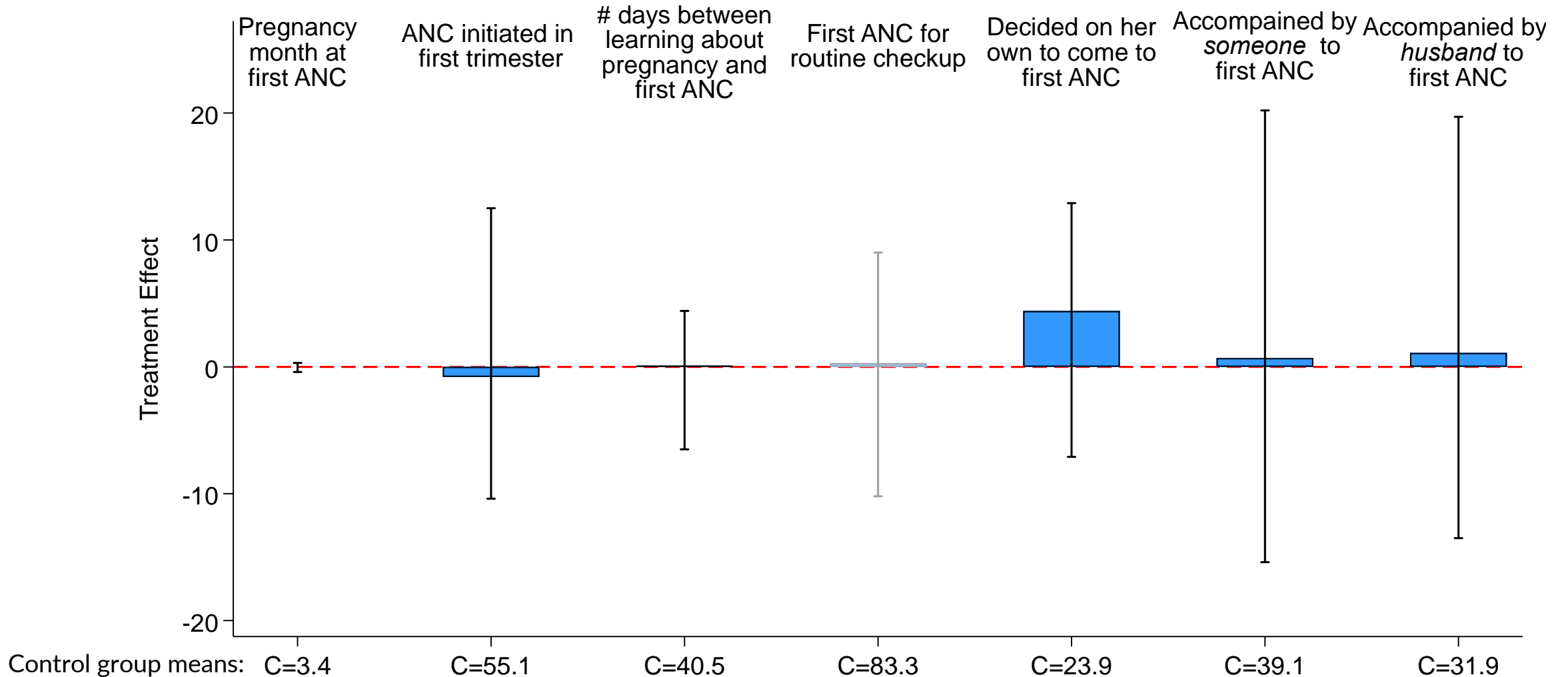
Enhanced ANC increased likelihood of making blood donor arrangements by 125%  
base mean of 28% control group -> 63% in intervention group (35 pp increase)

\*  $p < 0.1$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$ .

Reference: control women who made a birth plan



# No Evidence Durbars Affected Study Outcomes



# Participants' Views About Durbars

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- Women liked that men were at durbars

*“It was good especially when our husbands were there and listened to us. They now know that anytime we returned from weighing and tell them that the nurses said this and that we are not telling lies.”*

*(Woman from Tanzug, Garu)*

- Men who participated in durbars recalled the discussions

*“They told us that men need to help their women when they are pregnant. There are some men when their women are pregnant, they will sit down and allow the women to do what they are not supposed to do. If the time for weighing come, the woman is not supposed to foot or ride a bicycle to go for weighing. She is not supposed to be going weighing and feeling hungry. You need to get her some money and when she gets there, she will be able to get food and eat and the medicine they have given to her at the health facility to take will work fine. You need not be shouting at the woman when she is pregnant and she will be feeling some unhappiness every day. She needs to feel some comfort all the time. All these things, they advised us at the gathering.”*

*(Man from Bengur, Garu)*

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## Conclusion and Next Steps

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# Conclusion

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- No impact of the Durbars
- Enhanced ANC significantly improved women's pregnancy experience
  - Increased **knowledge** about danger signs
  - Improved **birth preparedness** among women and partners
  - Possibly improved **support** and **autonomy** around medical decisions

# Next Steps

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- Writing scale-up proposal to support similar intervention
  - Test the intervention in public health facilities (CHPS and health centers)
  - Possibly add nutrition and anemia interventions
    - Household-level intervention that would include pregnant women, husbands, and MIL
- **Tailor interventions to existing policy in Ghana**
  - Policies exist for durbars, phone calls, home visits.
  - Uncertain whether these policies are implemented

# Thank You

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