

Evidence and Action

Special Issue

GOOD PRACTICES

Ghana Country Office 5th Country Program (CP5) 2006-2011

Kayayee/Female Porters: **Improving Sexual and Reproductive Health (SRH)** **Knowledge and Legal Literacy**



DESCRIPTION & CONTEXT

“Kayaye” (*kayayee*, plural) is the name given to a girl or woman in Ghana who works in the market places of large cities as a head porter—carrying the loads of shoppers in buckets or baskets balanced on her head for a fee.

The practice of head portering (known as the *kaya enterprise*) has been transformed in recent years, but it is not a new phenomenon. Research indicates that it dates back to the colonial era, when it was practiced mainly by elderly women. However, the influx of diaspora at Ghana's independence saw an increase in its uptake as a temporary livelihoods strategy in the face of high unemployment. In this immediate post-independence period, young men pushing carts through the market was the most visible aspect of portering. Beginning in the late 1970s, however, the men were out competed by young women willing to accept lower fees.

Today, most of the more than 7,787 kayayee in the capital, Accra, and elsewhere, are between the ages of 10 and 35. Most have migrated to southern metropolises from Ghana's northern regions. Primary research undertaken for this program with a sample of 90 kayayee in the Malata, Makola, and Agboghloshie markets indicated that 38.9% were aged 20-24, 32.2% were aged 15-19, and 28.9% were aged 10-14. Most migrated between the years of 1991 and 2008. Members of the ethnic Mamprusi group and Muslim community make up the majority of kayayee; though, a minority come from other regions, ethnic backgrounds, and religions. Few have had a full course of primary or secondary schooling. On average, a kayaye's daily earnings total between 10 and 30 Ghana cedis.

At the root of the modern kayayee phenomenon is uneven spatial development in Ghana that has left northern communities with fewer economic opportunities than those in the south, but with greater social dislocation. The result has been a wave of migration to the more developed urban south as a coping mechanism for the girls and sometimes their families. This voluntary/choice migration is only a part of the story, as some kayayee are forced migrants fleeing conflict and family violence. This independent female migration represents another break with the past, when women tended to migrate only as part of a family. Without adequate support upon arrival at their destination, kayayee often become homeless, sleeping in the streets of the markets in which they work.

Kayayee's migratory vulnerabilities leave them exposed to hygiene-/sanitation-related illnesses (e.g., diarrhoea), occupational hazards (primarily back pain and headaches), as well as sexual violence, increasing risk of HIV and other sexually transmitted infections (STIs). Other common outcomes of these vulnerabilities include



unplanned pregnancies, illegal abortions, gender-based violence, and human trafficking. Worryingly, knowledge of sexually reproductive health—including family planning and transmission routes for HIV and AIDS—is significantly low among kayayee. Unplanned pregnancies among married kayayee can result in their abandonment by their husbands back at home.

To address these vulnerabilities, the UNFPA has been working in partnership with the Ghanaian Ministry of Women and Children's Affairs, Ghana Health Service (GHS), Joint UN Commission on HIV and AIDS, Society of Women and AIDS in Africa (SWAA), and Kayayo Youth Association (a kayayee group) since 2008. Together, these partners have implemented programs designed to empower kayayee, improve their livelihoods conditions, and reduce their risk of contracting HIV. Most of the kayayee participating in the program were from Northern Ghana (Tamale, Walewale, Navrongo, Kumbugu, Sandema, Winyima, and Soo) and worked mainly in Accra's Mallam Atta, and Agboghloshie markets.

THEMATIC AREA

Reproductive Health, Gender Equality, Human Rights, Adolescents and Youth, HIV and AIDS Prevention.

PRIMARY KEYWORDS

Sexual and reproductive health, kayayee, female porters, HIV and AIDS, peer education, non-traditional condoms, empowerment, confidence-building, income generation, migration gender-based violence.

OBJECTIVES

Overall Objective

To ensure that kayayee have universal access to SRH care and knowledge through peer-to-peer education and integrated rights-based programming.

Additional supporting objectives are to:

1. Better understand the social systems and underlying factors influencing kayayee vulnerability to STIs and human rights abuses.
2. Improve kayayee knowledge of their SRH rights.
3. Increase kayayee utilization of high-quality HIV counselling and care services.
4. Instill a sense of confidence and self-worth in kayayee beneficiaries.

STRATEGY, KEY CHALLENGES, AND IMPLEMENTATION

Strategy

The UNFPA and partners have approached the kayayee phenomenon by tackling the group's short- and long-term vulnerabilities. Short-term interventions included the provision of immediate SRH care and knowledge. Longer-term activities support efforts to avoid the initial migration of young girls and build the capacities of the girls to improve their own lives within their native communities.

To be successful in this strategy, implementing partners needed a stronger body of knowledge than is offered by the current literature on kayayee. The foundations of the strategy, then, rested upon:

- Identifying the key “pull or push” factors of kayayee migration.

- Investigating the type(s) of relationships kayayee cultivate with their places of origin and destination.
- Determining the factors influencing kayayee vulnerability and disempowerment.
- Assessing kayayee perceptions of their own risks and identifying factors underlying their access to information on SRH.

Key Challenges

The fundamental challenge encountered with this program and approach was the lack of documentation, literature, and participant data on kayayee in general. Existing studies tend not to disaggregate kayayee from other street children, presenting a considerable research gap at the onset of the program. To remedy this gap, the UNFPA spearheaded a mixed-method study consisting of key informant interviews, focus groups, and surveys with kayayee and their gatekeepers. This research yielded important information for partners to use in designing their interventions.

A few additional key challenges were encountered:

- Kayayee's gatekeepers' are all men. These gatekeepers self-identify as coordinators, advocates, and protectors for kayayee working in metropolitan markets. It was impossible to implement the kayayee program until the UNFPA and implementing partners had established a positive/financial relationship with the gatekeepers, who had hitherto instructed kayayee not to participate.
- Kayayee expressed dissatisfaction with having to participate in SRH training and empowerment sessions due to time and income lost during their usual work hours.

Implementation

Activities implemented under this program fall into five broad components:

- 1) The first component of program implementation was the provision of access to HIV and AIDS prevention and reproductive health information and services, including voluntary HIV counseling and testing in markets and lorry parks, prevention of mother-to-child-transmission care, and management of sexually transmitted infections. It was largely SWAA and the Government of Ghana-GHS that undertook these activities.
- 2) The second component consisted of behavioural change communication through kayayee peer-to-peer networks. Key activities were as follows:

- Sensitizing kayayee and gatekeepers on SRH issues.
- Training kayayee to disseminate information on SRH issues to their peers, as well as selling and demonstrating the correct use of male and female condoms.
- Interactive theatre performances to sensitize communities on STIs, family planning, correct condom/contraception use, and HIV and AIDS stigma reduction.

3) The third component was human rights promotion and empowerment. Under this umbrella, efforts were made to build the confidence and self-worth of kayayee to ensure the fulfillment and respect of their human and reproductive rights. Activities undertaken in this regard included:

- Educational sessions on the prevention of domestic violence provided by the Ghana Police Service's Domestic Violence and Victim Support Unit (DOVVSU).
- Support to the Kayayo Youth Association through visits to their monthly meetings and provision of services related to SRH and gender.

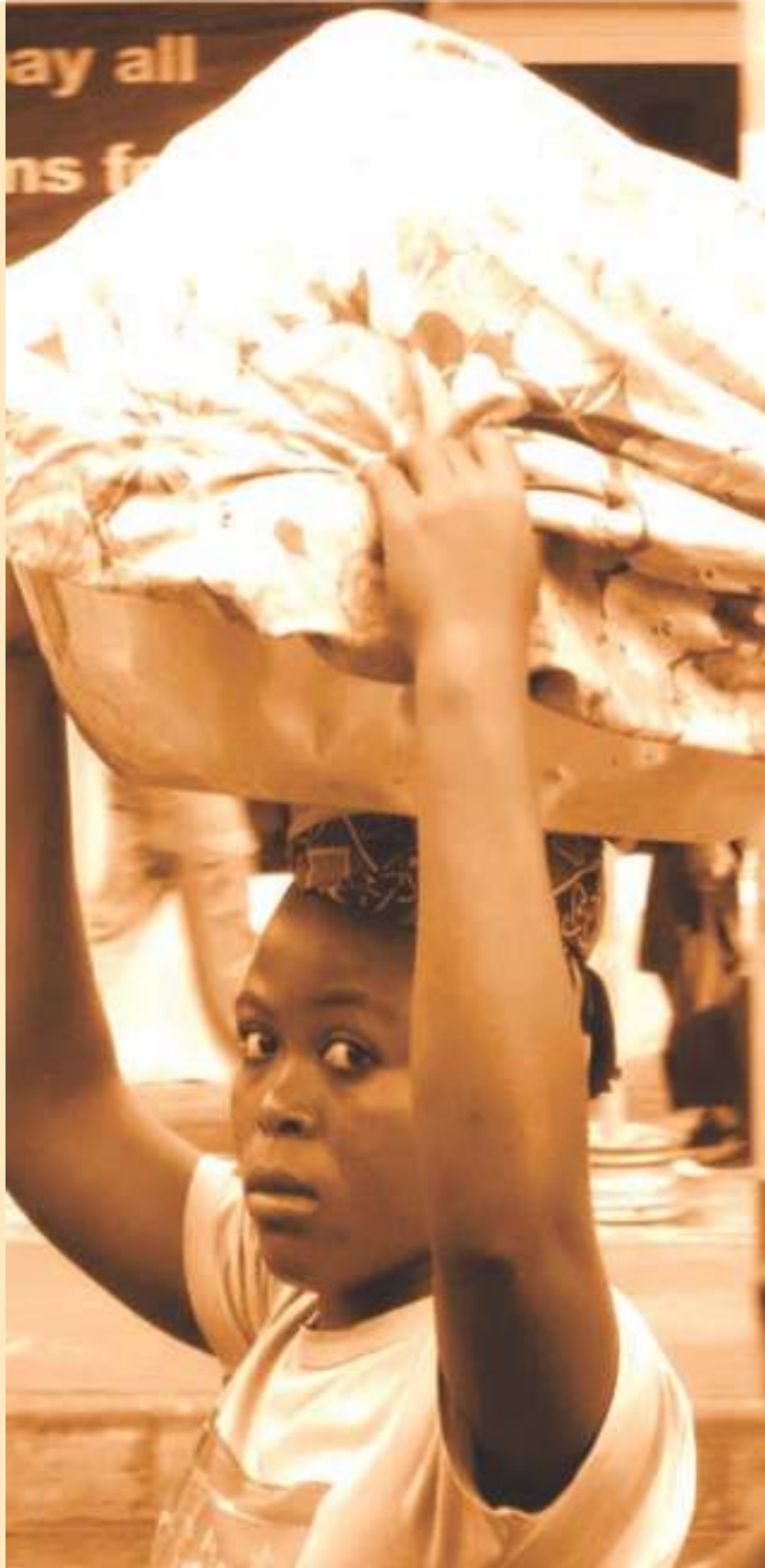
4) The fourth programming component addresses the need to provide kayayee with alternative livelihood or income-generating strategies. Activities included both vocational training and facilitating access to secondary schooling.

5) The fifth component was monitoring and evaluation, including both regular monitoring baseline and end-of-project studies. Baseline and investigative studies to gather data on the current state of female portage were carried out by the UNFPA. Quarterly monitoring was carried out by SWAA, as was the end-of project evaluation.

PROGRESS AND RESULTS

The program's robust strategy and ability of key partners to overcome implementation barriers led to a highly successful series of SRH interventions. Many key positive outcomes were achieved:

- Original research efforts provided highly salient data that helped partners develop more effective interventions. This research also helped build positive relationships with the Kayayo Youth Association and gatekeepers, thereby facilitating the necessary access to target beneficiaries.



- More than 5,800 kayayee were reached with SRH and HIV and AIDS prevention information and related activities.
- 500 kayayee and their partners underwent voluntary HIV testing and counseling with few positive results. This allowed certain myths surrounding the presumed high HIV infection rate among kayayee to be debunked (though, the level of vulnerability remains high since both condom use and knowledge of STI prevention is low).

- 25 kayayee were registered in the National Health Insurance Scheme, enabling their access to free medical care.
- 6 mobilization and sensitization meetings were carried out with target groups in the Agbogbloshie and Malata markets, resulting in the training of 48 kayayee and gatekeepers (aged 12-25) in HIV and AIDS prevention, SRH and human rights.
- 20 trained kayayee peer educators from the Agbogbloshie and Malata markets were trained as non-traditional condom vendors, selling condoms and oral contraception to facilitate wider, stigma-free access to contraceptives. An estimated 700 female condoms were distributed amongst the target group during the campaigns.
- Through SWAA, 5 kayayee received education and entrepreneurship support. Selected beneficiaries received vocational training in hair dressing and sewing as an alternative livelihood to portering; others were assisted to pass the Senior High School Certificate Examination - one went on to attend university.
- Anecdotal feedback from beneficiaries indicates that confidence-building and SRH training has made a meaningful impact on kayayee lives.

LESSONS LEARNED

A number of significant lessons for providing programs benefitting kayayee were learned in the context of this program:

- Feedback from participants showed that activities to promote female condoms must involve males in order to truly empower women and couples to use them without any hindrance.
- Cultural norms combined with low levels of education among kayayee have made human rights abuse and disempowerment rampant. Essential to remedying this issue is improving the girls' sense of self-worth, which will empower them to demand their rights.
- Working with an organized group of people—in this case, the Kayayo Youth Association—can facilitate monitoring activities. Group leaders can leverage their organizational capacity to assist in the coordination and mobilization of members to participate in the program and evaluation activities efficiently and effectively.
- Genuine efforts to understand the kayayee way of life, such as meeting with them in their own



environment and speaking their language, was crucial to establishing the trust that led to service uptake and participation in program activities.

- Sample survey research indicated that most kayayee enjoy their work despite the risks but would like to stop working in portering and learn a trade, go to school, or find “anything better.” Finding alternative livelihoods is an essential part of the long-term strategy to improve kayayee well being.

CONCLUSIONS AND RECOMMENDATIONS

Efforts to expand access to SRH care and knowledge among kayayee were largely successful, though initially constrained by the challenges of developing a working relationship with their association and 'gatekeepers'. Gender dynamics regarding kayayee and their male gatekeepers remains an issue that has yet to be addressed. Confidence-building and human rights awareness activities have been a particular success and foundation to achievements in other program areas. Noticeable changes in kayayee level of empowerment and self-worth have been observed. However, in terms of the implementation process, time away from work was a major concern expressed by kayayee. As such, future participatory projects must be conscious of the burden of active engagement on beneficiaries.

In light of these successes and challenges, the following way forward recommended.

- Interventions for kayayee that are scaled up should provide support in the form of income-generating



activities or compensation for certain forms of participation (e.g., time to attend meetings or expenses incurred in vending condoms).

- In the long term, isolated efforts targeting kayayee should be harmonized with efforts to ameliorate geographical inequalities between Ghana's northern and southern regions.
- Communication on SRH with kayayee and gatekeepers at quarterly meetings should be continued. Refresher training on peer education as well as monitoring activities should also be implemented.
- Mobile voluntary counseling and testing activities in markets and lorry parks should also be maintained with the continued support of the GHS. Referral points where kayayee can access HIV and SRH services should be identified.
- Since kayayee maintain strong connections to traditions and norms from their place of origin, future interventions must be developed within the context of cultural norms and beliefs from the origin areas of the target group.
- Future interventions in support of female porters must also involve men. As mentioned, kayayee are managed by their male counterparts (gatekeepers). While the power relations of this dynamics must be better understood, sensitizing men to kayayee SRH issues can create an enabling environment to engender ownership and ensure the successful implementation.

- Future efforts should strengthen inclusivity and skills among kayayee associations and continue to build their leadership skills.
- Greater engagement from religious leaders would further assist in efforts to prevent the transmission of HIV among kayayee and the general population.

PARTNERS

Society for Women and Aids in Africa-Ghana, Kayayo Youth Association, Ghana Police Service-Domestic Violence And Victim Support Unit, Ghana Health Service, Ministry of Women and Children's Affairs, Joint UN Commission on HIV and AIDS

SOURCES AND LINKS

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