

BETTER TOGETHER

A pleasure-based approach to communicating about healthy relationships and contraception to men and women



OVERVIEW

In Ghana, deeply rooted gender norms continue to shape how couples communicate about sex, contraception and decision-making in relationships. Women often have limited agency to negotiate sexual consent or contraceptive use, while men frequently disengage from sexual and reproductive health and rights (SRHR) services, viewing them as “women’s issues”.

Better Together was a Gender Equality and Social Inclusion (GESI) pilot led by MSI Ghana (MSIG) to test whether a pleasure-based, sex-positive approach could create a more enabling space for men and women to talk about healthy relationships, contraception and consent. The pilot – which was implemented in five communities in the Ashanti Region between April and October 2025 – sought to strengthen couple communication, challenge harmful norms, and support more shared decision-making around SRH.



THE CHALLENGE

Despite progress in SRHR in Ghana, women's autonomy within intimate relationships remains constrained. National survey data show that only 20% of women feel able to refuse sex and 25% feel confident insisting on condom use with their partner (DHS, 20221). The desk review highlighted deeply gendered norms around sex and decision-making, with men associating sex with pleasure and control, women having limited agency, and both facing taboos that prevent open discussion. At the same time, men rarely engage with SRHR services, which are often perceived as being designed for women.

Previous male-engagement initiatives in Ghana had limited impact, in part because they relied on risk-based messaging and failed to resonate with men's lived experiences of sex and relationships. At the same time, approaches focused solely on men risk reinforcing unequal power dynamics if women's perspectives and agency are not equally centred.

Emerging global evidence shows that pleasure-focused SRHR programs foster more positive understanding and healthier behaviours compared to risk-focused messaging. The design challenge for the pilot was therefore clear: how might MSIG engage both men and women in meaningful, respectful conversations about sex, pleasure and contraception, while actively promoting gender equality and shared decision-making?



1 in 5 girls in Ghana
feel able to refuse
sex



WHAT WE DID

MSIG adopted a human-centred design (HCD) process to develop and test a new approach. Prototyping with communities (men and women) in the Ashanti region highlighted three key insights: men wanted to talk about sex; men in particular had many questions and wanted to learn more about sex; and that communication between couples was limited.

Drawing on emerging global evidence and the principles of the Pleasure Project, the team designed a pilot that reframed SRHR conversations around pleasure, communication, consent, respect and safety, rather than fear or risk. Community engagement combined monthly, gender separate community sessions facilitated by the Ghana Health Service. The pilot also used local media and MSIG social media platforms for complementary messaging and positioned the MSIG's call centre as a source of non-judgemental advice and referrals. Together, these activities aimed to improve knowledge, confidence and shared decision-making around healthy sexual relationships, family planning and contraception.

The Better Together curriculum comprised facilitated community-based sessions for men and women (held separately), covering topics such as:

- Sex and pleasure
- Sex and our bodies
- Consent: why checking in is important
- Healthy communication
- Safe sex is pleasurable sex
- Respect and appreciation



Government health providers from the Ghana Health Service (GHS) were trained as facilitators through a three-day training, while local “relationship champions” were trained to mobilise participants and support dialogue within their communities. Sessions used participatory tools such as scenarios, quizzes and guided discussions, creating non-judgmental spaces where difficult topics could be explored openly.

The Better Together pilot ran in five communities in Ghana's Ashanti Region from April to October 2025. Over six months, 1,126 people (723 women and 403 men) participated in the sessions, with participants attending an average of more than four sessions each. The MSIG call centre and local media channels reinforced messaging and provided pathways for further support.

WHAT WE LEARNED

The pilot was guided by two overarching learning questions: (1) how participation affected the capacity of Ghana Health Service staff and local relationship champions to facilitate positive community discussions on sex and relationships, and (2) how men and women participants experienced the pilot activities, including their engagement with and feedback on the different sessions.

Findings draw on a mixed-methods evaluation approach. This included a pre-pilot survey (84 respondents: 43 men and 41 women), a post-pilot survey (44 respondents: 14 men and 30 women), post-training questionnaires with GHS staff and relationship champions (49 respondents), routine monitoring data, and qualitative insights gathered during monitoring visits. The evidence below reflects self-reported outcomes from these evaluation respondents and should be interpreted in light of the sample sizes.



Lessons

1.

Pleasure-based framing increased openness, engagement and demand.

The pilot saw strong participation across all communities, accompanied by high levels of interest in open conversations about sex, family planning and communication. Feedback on participation was highly positive: both men and women reported strong engagement in the sessions (97%), found them relevant (93%) and informative (93%), felt comfortable participating (97%), and noted subsequent improvements in relationship quality (84%).



2.

Couples' communication and shared decision-making improved.

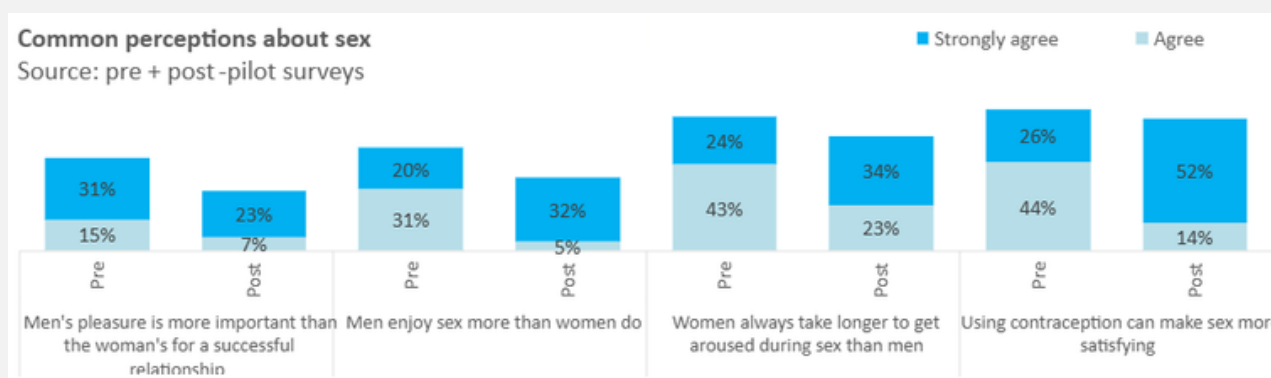
There were marked differences in participants' experiences of the last time they had sex – with a 52% increase amongst those reporting feeling very safe and comfortable between baseline and endline (25% to 77%), enjoying the physical feeling (from 26% to 75%), feeling emotionally closer to the partner (from 26% to 73%), and enjoying giving pleasure (from 21% to 68%) – suggesting participants felt more positive about their own sexual relationships following the pilot. The pilot was associated with increases in joint decision-making, particularly around family planning (from 20% to 30%) and medical care (from 25% to 39%).



3.

Attitudes shifted towards greater gender equity.

Post-pilot data suggest reduced acceptance of beliefs that prioritise men's pleasure over women's, alongside stronger agreement that contraception can contribute to a satisfying sexual relationship. Participants reported clear shifts in attitudes towards sex and pleasure – for example, participants' agreement that men's pleasure is more important than women's fell from 46% pre-pilot to 30% post-pilot – suggesting a shift in perception that men enjoy sex more than women. At the same time, participants were more likely to report that contraception can make sex more satisfying, with the percentage of participants strongly agreeing doubling from 26% pre-pilot to 52% post-pilot, pointing to growing acceptance of more equitable and sex-positive norms.



4.

The capacity of facilitators and relationship champions was strengthened.

Participation in the pilot strengthened the capacity of GHS staff and local relationship champions, introducing new topics for community engagement. Facilitators reported boosted confidence to lead open, positive discussions on sex and relationships, improved communication skills to discuss healthy, respectful and pleasurable sexual relationships, and felt that the sessions were highly relevant and effective.



5.

Facilitation quality mattered.

Well-prepared facilitators were critical to creating safe, respectful environments. Scenario-based discussions and guided conversations were more effective than role-play, while mixed-sex groups were less successful at enabling open discussion.



6.

Shifts in attitudes did not translate to changes in service uptake.

While communication and attitudes shifted, there was limited evidence of increased care-seeking outside the sessions, suggesting that dialogue alone is not sufficient to drive service uptake without stronger and more explicit linkages. There were minimal shifts in participants' comfort speaking to health professionals about their sex life and decline in the percentage of participants seeking advice on their sex life.

WHAT THIS MEANS

The Better Together pilot demonstrates that pleasure-based SRHR programming can be a powerful entry point for addressing gender norms, improving couple communication and engaging men without centring their needs at the expense of women's rights.

The experience highlights several implications for future programming:

- Pleasure-based approaches can complement rights-based SRHR frameworks, supporting both gender equality and positive behaviour change.
- Separate spaces for men and women remain essential, particularly when addressing sensitive topics such as consent and pleasure.
- High-quality facilitation is critical, especially where social norms are deeply entrenched.
- Shifts in communication and attitudes are an important first step, but must be deliberately linked to services and longer-term systems change.
- Demand from communities and strong ownership by the Ghana Health Service point to promising opportunities for adaptation and scale.

What now?

The trained facilitators are using the approach in community engagement activities, while District Public Health Nurses have adapted it for implementation in additional locations, helping to expand and sustain male engagement efforts.

The **Better Together toolkit** is now being scaled through integration into SBCC training on male involvement across some project sites.

