

Improving Adolescent Mental, Sexual Reproductive Health and Wellbeing Service Delivery in Ghana

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WHY ARE WE DOING THIS RESEARCH?

Adolescence, the period between childhood and adulthood (ages 10-19 years) is a very turbulent period marked by various physiological, psychological, physical, social changes.

Globally, there are 1.3 billion adolescents comprising 16% of the world's population. According to the World Health Organization (WHO), 1.1 million adolescents die each year and the leading causes of death among adolescents are road injuries, suicide, and interpersonal violence.

In terms of years lost to disability (YLD), top causes are unipolar depressive disorders, iron deficiency anaemia, asthma, back and neck pain, alcohol use disorders and anxiety disorders. In West Africa, statistics for teenage pregnancy remain unacceptably high.

In Ghana, adolescents (10 – 19) years, comprise approximately 22% of the population yet health care for this group remains limited.

In 2020, the Ghana District Health Information Management System (DHIMS) data recorded a total of 109,888 teenage pregnancies. Thus in addition to mental health, sexual and reproductive health is an area of concern for adolescent health in Ghana.

Despite the existence of a comprehensive policy for adolescent health in Ghana, observation suggests that many of the adolescent health challenges the policy aimed to address continue to persist.

This brief presents information on services found to be available to in and out of school adolescents with regard to their mental and reproductive health. It is also presents information on effectiveness and responsiveness of the services and recommendations from adolescents on how to improve these services. This is to inform interventions on how adolescent health services can be made more effective and responsive to the health needs of adolescents

HOW DID WE ARRIVE AT THE INFORMATION?

4 districts in the
Greater Accra Region

20 Focus Group Discussions with
Adolescents In and Out of School

27 Rich Pictures with Adolescents In and
Out of School

64 hours of observation at School Clinics

4 FGDs with District Health Management
Teams

18 in-depth national and sub-national
stakeholders in ASRH and AMH

To inform the recommendations in this brief, data was collected qualitatively. Information is drawn from seventeen (18) in-depth interviews with purposefully identified key stakeholders in adolescent mental, sexual and reproductive health at the national and subnational levels; four (4) focus group discussions (FGDs) with district health management teams and twenty (20) FGDs with in and out of school adolescents in four selected districts in the Greater Accra region of Ghana.



Source: Emelia Afi Agblevor, Fieldwork 2023

WHAT DID WE FIND?

What type of sexual reproductive and mental health services and programmes are available to adolescents

Sexual and Reproductive Health Services

- Antenatal Care (ANC) & Postnatal Care Services (PNC)
- Family Planning Services
- Comprehensive Abortion Care Services
- School-Based Health Services

Sexual and Reproductive Health Programmes

- Adolescent Health Clubs
- Safety Net
- Girls in Iron Folate Supplementation Programme (GIFTS)

Mental Health Services

- Basic Counselling Services at primary care facilities/Digital App
- Basic Counselling Services through Guidance and Counselling Units in Schools

Are these services meeting the needs of adolescents?

- **Confidentiality** : Little confidentiality with school counselors

"Sometimes, you tell the counselor about your problems but maybe the counselor will be thinking, if she tells the house mistress ... because she's the mother of the house, she will help you in your situation: maybe advice you, counsel you. But she telling the house mistress, can also end up telling another person. Then your secret will rather spread and even your friends will hear about it. So we don't really go there." (FGD In-School Adolescent, Girls)

- **Prompt Attention**

"...The reason why I don't like going to the hospital is because, you go there six in the morning and come six in the evening. It's the life over there. Maybe I came first, someone would come late and still bypass me and enter the folder room". (FGD with out of school adolescents, Boys)

- **Quality of Basic Amenities**

"... facilities don't always have designated places for adolescent services. You know, when you go, they use all the offices for other services. But they don't factor in adolescent services. So, you get there, even where to sit with the adolescent to talk, privacy. It's a challenge" (FGD with DHMT)

Where are these services available?

- CHPS Zones/Compounds
- Health Centres/Clinics
- Adolescent Corners
- School Clinics
- Online (You Must Know App)

How accessible are these services?

- **Cost**

"I was suffering from malaria. They were pushing me to go to the sick bay. Because I didn't have money, I said I will not go. So, I did not go till now". (FGD In-School Adolescent, Girls)

- Time of operation inconvenient for in-school adolescents (9am to 3pm)
- Access to Location: Mostly accessible with school clinics on school compounds and primary care facilities with a about 15 kilometres from adolescents out of school



Rich picture depicting cost as a barrier to services.
Source: Fieldwork, 2022

WHAT ELSE DID WE FIND?

1. Adolescents have a lot of mental health needs as evidenced in rich pictures



Rich picture depicting mental health challenges.
Source: Fieldwork, 2022

2. Adolescents linked issues in sexual and reproductive health to mental wellbeing

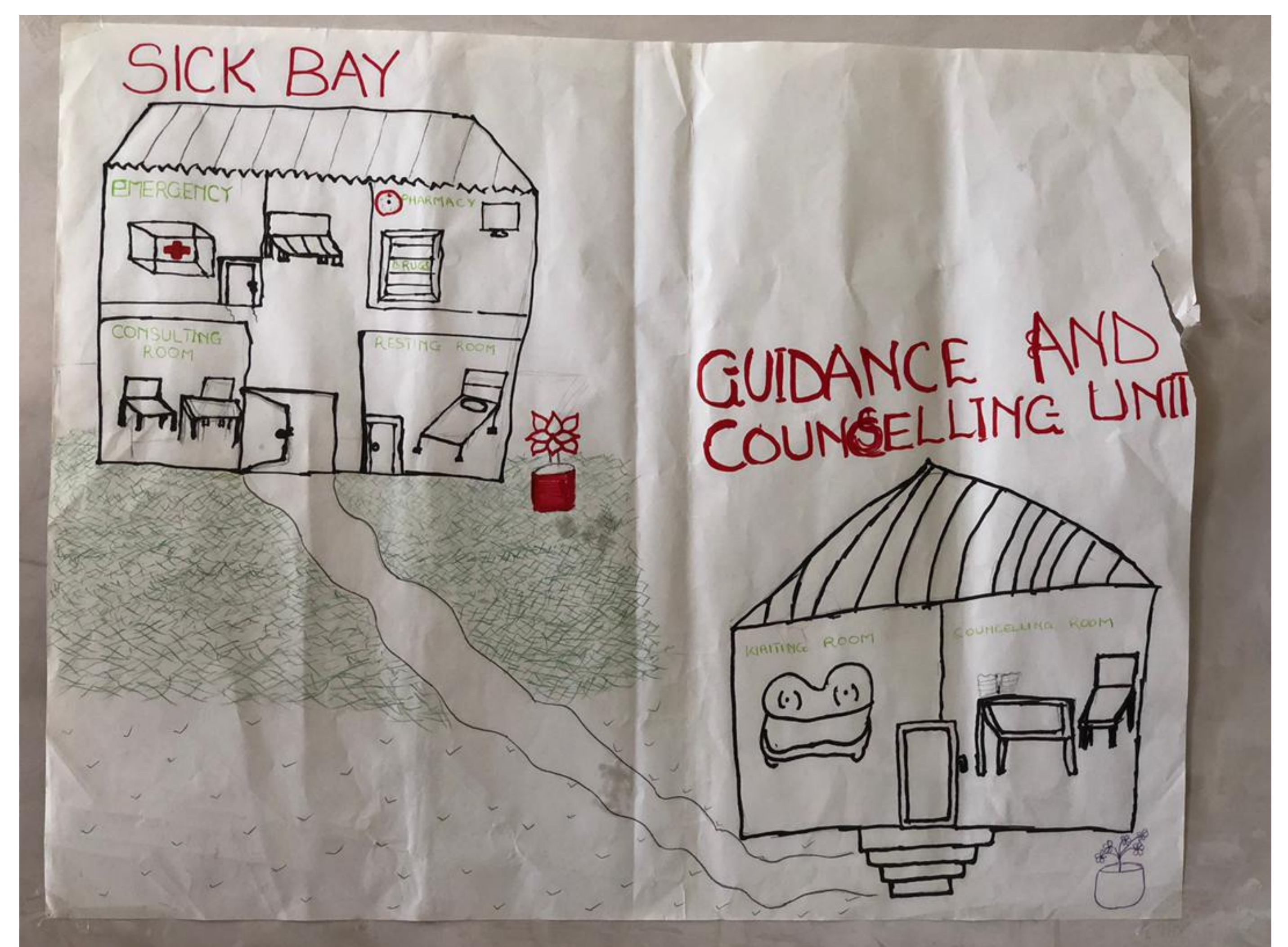


Rich picture linking issues in reproductive health to mental health
Source: Fieldwork, 2022

RECOMMENDATIONS

MENTAL HEALTH SERVICES

1. Professional Counselling Services: Counselling services should be offered by professional psychologists/counsellors and not teachers as is now the case in schools. The counsellor should be approachable and friendly. There must be convenient times to see the counsellor after school in a conducive environment.



Rich picture depicting an ideal sick bay and guidance and counselling unit.
Source: Fieldwork, 2022

2. Peer Counselling Services: Students should be trained to counsel their peers.

"Sometimes they find it difficult to understand our situations but our peers find it easier to understand it because they're in their adolescent stage. So they understand us faster." (FGD In-School Adolescent, Girls)

REPRODUCTIVE HEALTH SERVICES

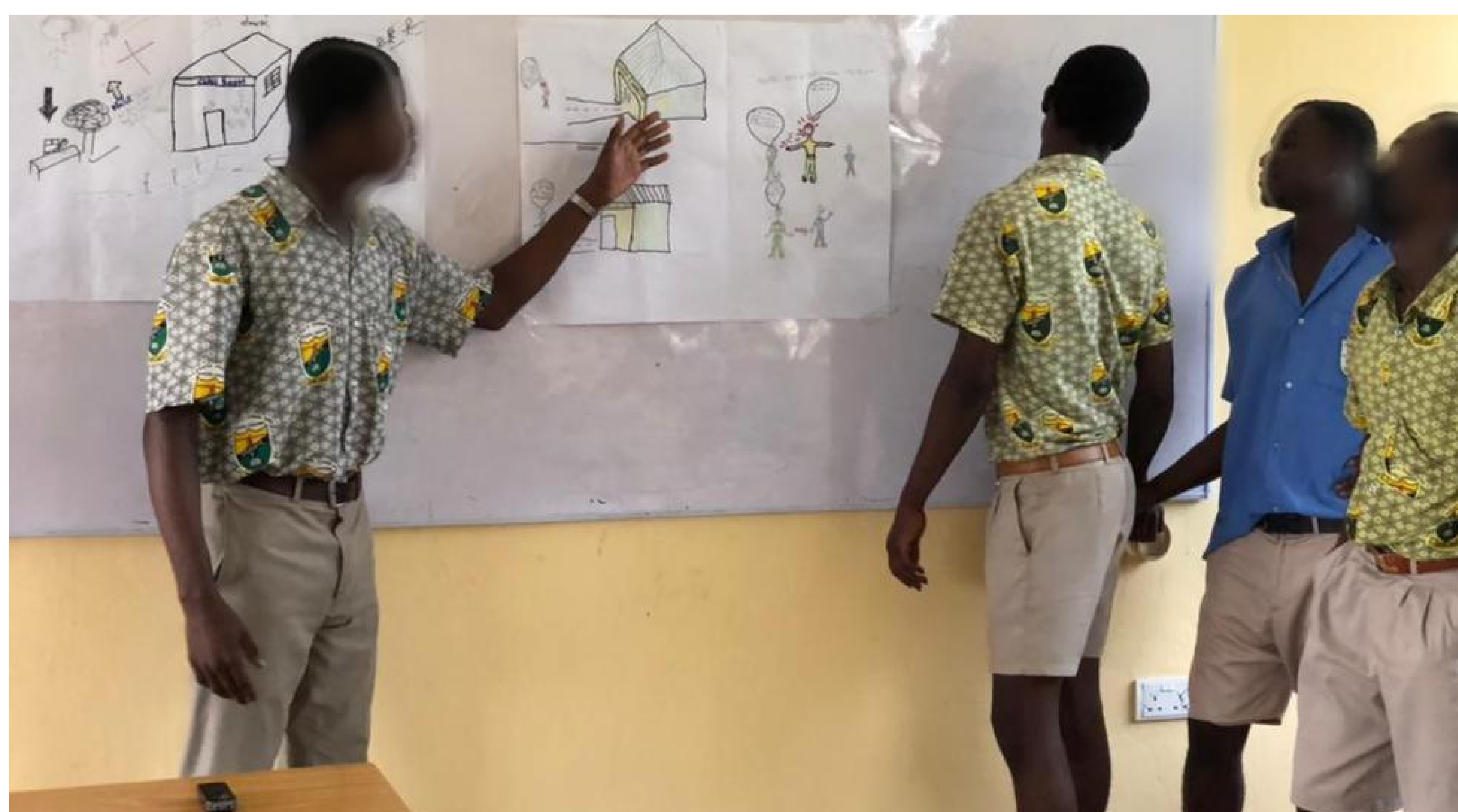
1. Sex Education

"I think they have to educate us on sex education because some of us don't know. So, they have to educate us for us to know what sex education is and how it is. When you get into it, it would be difficult for you to come out from it. Yeah, we have to be educated." FGD with in school adolescents

RECOMMENDATIONS ACROSS MENTAL, SEXUAL AND REPRODUCTIVE HEALTH AND WELLBEING

Adolescents also advocated for:

1. Friendly staff at all service points for adolescents
2. The use of the national health insurance scheme (NHIS) card to access services at the school sickbays and health centres
3. Short waiting times to access services
4. Well equipped sickbays/adolescent corners
5. Increased awareness creation of the adolescent mobile digital health application(You Must Know App)
6. Education of parents/guardians on adolescent mental, sexual and reproductive health and wellbeing



Focus group discussions with out of school and in adolescent boys and girls.
Source: Fieldwork, 2022- 2023. Photos by Jean Eliel- Aye.

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