

The Influence of Gender Norms on Adolescent Sexual, Reproductive and Mental Health in Ghana: Perspectives of adolescents, communities and frontline providers.

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Key Message

- **Adolescent (teenage) pregnancy caused by transactional sex perceived to be the most critical Sexual and Reproductive Health issue affecting girls**
- **For boys, stakeholders perceived their role in transactional sex to be one of the most critical Sexual and Reproductive Health Issues**
- **The major mental health issues identified are substance abuse (boys); and stress and depression caused by early pregnancy (girls)**
- **Parents and peers were identified as the most influential agents in adolescents' decision making about their wellbeing**
- **Barriers to adolescents' access to and utilisation of services include stigma, cost of services, and inadequate confidentiality**
- **Facilitators to community engagement in Sexual and Reproductive Health and Mental Health Issues include trust and acceptance of interventions and opinion leaders as supportive spokespersons**

Introduction

Adolescent Sexual and Reproductive Health (ASRH) remains a particular area of concern. Rates of adolescent pregnancy remain unacceptably high, given the medical and social risks and complications of early pregnancy and childbirth.

Mental health is also a well-documented problem among adolescents that can affect sexual and reproductive health and vice versa. Despite the listing of mental health among the priority problems of adolescents in the ECOWAS subregion, Adolescent Mental Health (AMH) policies and programmes appear to be an overlooked priority area of work across sub-Saharan Africa.

In designing Adolescent Sexual and Reproductive Health and Mental Health policies, programmes and interventions, it is important to ensure that

they are acceptable to adolescents and other stakeholders, and feasible and practical within the settings in which they are implemented.

The perspectives, practices, interests and values of different stakeholders (including adolescents, community leaders, parents, health workers) and their engagements with ASRH and MH and with one another need to be understood and responded to. The different SRH and MH practices, perspectives and needs of boys and girls also need to be considered.

Methods

14 Adolescent Focus
Group Discussions

17 Stakeholder Interviews

44 Adolescent Rich Pictures

9 Health Worker Focus
Group Discussions

138 Hours of School
Observations

9 Interviews with Mental
Health Professionals

Findings

Masculine and Feminine Norms and Values

In the study communities, adolescents are often seen by parents or guardians as already matured and capable of taking care of themselves. In addition, poverty rates are high. Parental care and guidance is lacking, and adolescents also often stay with other guardians who are not their parents. These contexts lead boys to drop out of school or to work and school at the same time and lead girls to engage in transactional sex.

Girls are considered to become women when they undergo physical changes such as development of breasts and menstruation and when they bear children. While some groups of stakeholders perceive early childbearing to be stigmatised, others suggest that it is highly valued. Among young men there is a high importance placed on being financially responsible for one's own upkeep and that of one's family.

Agents of Influence

Due to the lack of parental care, peers are perceived to have as much or more influence than parents on adolescent wellbeing. Social media was also perceived to be an important influence on adolescent wellbeing. Adolescents also perceive their siblings to have important roles in upholding or damaging their wellbeing.

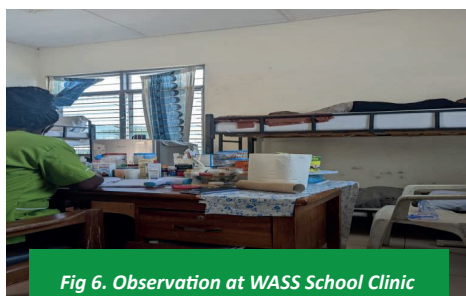


Fig 6. Observation at WASS School Clinic



Fig 1. Rich picture depicting a young girl doing chores, while her brother watches TV

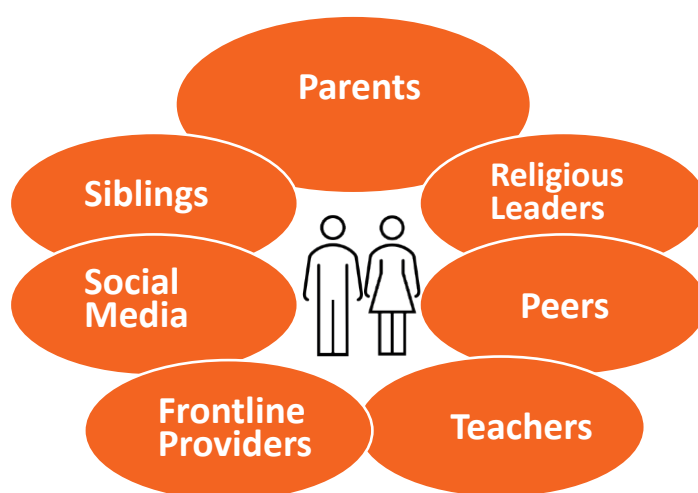


Fig 2. Agents of influence



Fig. 3 Researchers with staff of the Ghana Education Service at FGD



Fig 4. Stakeholder meeting at the Municipal Assembly in Ningo Prampram

Findings

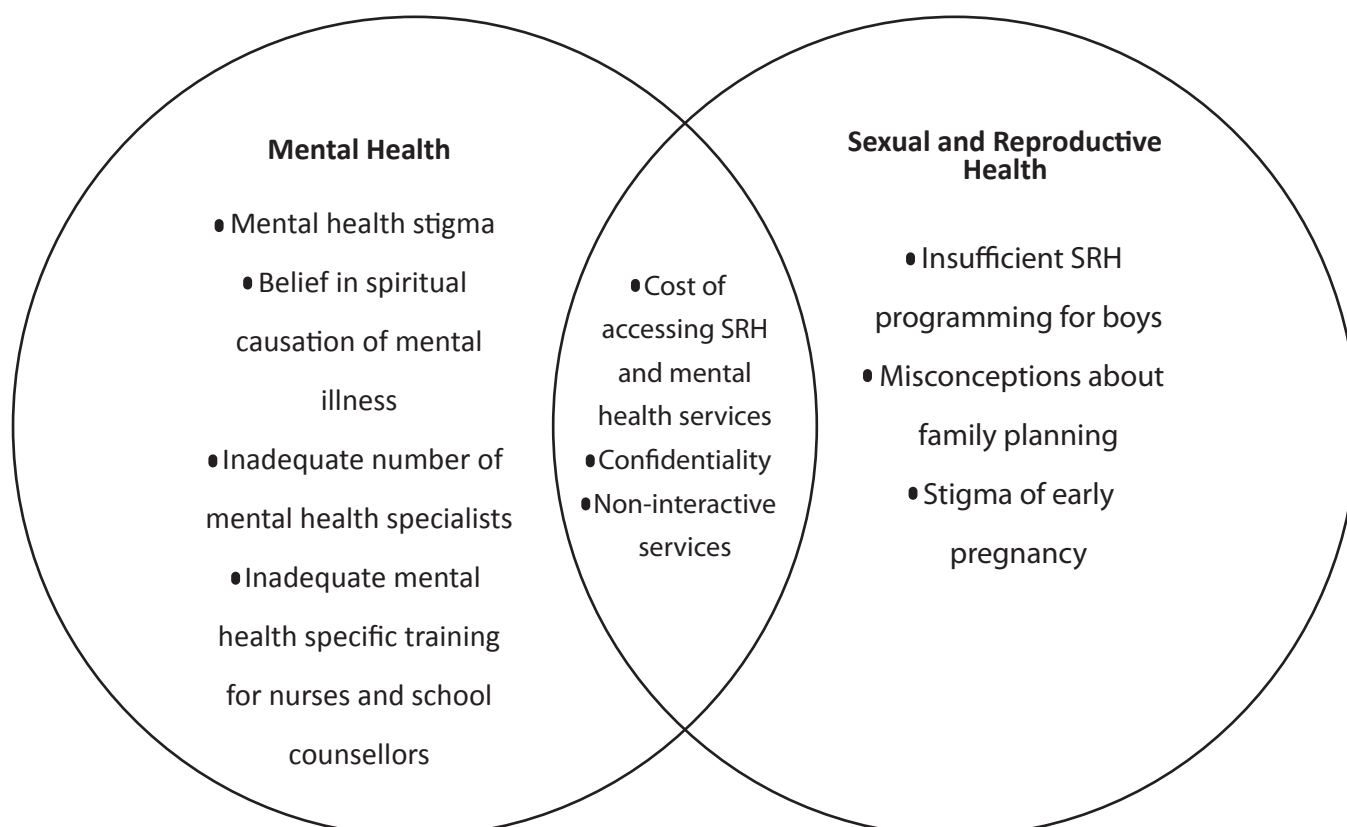
Sexual and Reproductive Health Issues

- For girls, pregnancy/teenage pregnancy caused by transactional sex
- Menstruation related mood and physical changes, the inability to afford sanitary pads, and sexual abuse.
- Unsafe abortion, late ANC attendance and anaemia
- For boys, their negative role in transactional sex, multiple sexual partners and sexually transmitted infections

Mental Health Issues

- For girls, stress and depression from early and unplanned pregnancy
- Negative mental effects of engaging in transactional sex (girls).
- For boys, abuse of drugs including alcohol, marijuana and cigarettes
- Stress of working and schooling at the same time.
- Drugs used by boys and men to enhance their work performance and in some cases, sexual performance.

Barriers To Adolescent Access to Sexual Reproductive Health and Mental Health Services



Recommendations

Cross-cutting

- Equipping adolescent education programmes (such as health workers at adolescent corners, school health education programme, social welfare officers) with interactive materials and activities (such as games, ipads).
- Offer skills-based training programmes such as sewing and entrepreneurship workshops at adolescent corners.
- Programming and interventions that adequately address gender norms and cultural contexts. For example, health education that is tailored to address specific cultural beliefs and gender norms.
- Adequately resource frontline providers (including those in health, education, social welfare) with the transportation and other logistics needed to carry out their mandates related to adolescent wellbeing.
- Educate and engage parents about AMH and ASRH to better carry out their roles and duties.
- Involve all stakeholders when doing education on AMH and ASRH (including opinion leaders, traditional leaders, faith-based leaders, local government, communities, etc) to share information about services available and destigmatise AMH and ASRH issues.
- Provide infrastructural modifications to health facilities (including school sick bays, health centres, adolescent corners etc) to ensure that privacy and confidentiality is ensured when offering services to adolescents.

Sexual and Reproductive Health Specific

- More comprehensive education about sexual and reproductive health especially in schools.
- Free menstrual pads or teach adolescents about safe alternatives to pads.
- Improve the attitudes of frontline providers including health workers and teachers towards ASRH to encourage adolescents to seek care.
- Engage both boys and girls in SRH programming so that boys also feel involved and understand their responsibilities and roles.

Mental Health Specific

- More mental health education in all settings (such as on the school syllabus, in school clubs, in home visits, in communities).
- Provide mental health specific training to school counsellors and school nurses.

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Acknowledgements. This work is funded by IDRC grant no 109808. The team would like to thank all of the participants who generously spent their time with the researchers.