

ADOLESCENT MENTAL HEALTH AND THE INTERSECTION BETWEEN ADOLESCENT MENTAL HEALTH AND SEXUAL AND REPRODUCTIVE HEALTH: A NEGLECTED DIMENSION OF ADOLESCENT PRIMARY HEALTH CARE IN GHANA

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BACKGROUND

Adolescent Sexual and Reproductive Health (ASRH) remains a particular area of concern in West Africa. Rates of adolescent pregnancy remain unacceptably high, given the medical and social risks 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. However, despite the recognition of mental health among the priority problems of adolescents in the ECOWAS sub region, Adolescent Mental Health (AMH) policies and programmes and their links with ASRH appear to be an overlooked priority area of work in the region.

The intersection between ASRH and AMH is complex, dynamic and multifaceted and also influenced by various cultural, biological and social norms. Thus, a more comprehensive approach to adolescent health should be reflected in policies, programs and interventions.

STUDY SITES

1. Ga East Municipality
2. La-Nkwantanang Madina Municipality
3. Ningo Prampram District
4. Shai Osudoku District

METHODS

Quantitative Methods

- Efficiency Analysis (53 Facilities)
- Stochastic Frontier Analysis
- Service Availability & Readiness Assessment

Qualitative Methods

- 27 Focus Group Discussions (FGD) with in school adolescents
- 8 FGDs with out of school adolescents
- 70 Rich Pictures with in school adolescents
- 4 Focus Groups with District Health Management Teams
- 9 FGDs with frontline health workers
- 9 Interviews with Mental Health Workers
- 138 Hours of Observations in School Clinics
- 32 Stakeholder Interviews (National and Subnational)

FINDINGS

POLICY CONTEXT

While there are nine comprehensive national policies addressing sexual and reproductive health covering the period 1995 to 2023, within the same time period, only two policies have had an explicit focus on mental health. This highlights a gap in the prioritization of mental health within Ghana's policy landscape.

ADOLESCENT HEALTH SERVICES

Based on an analysis of outpatient attendance and service availability at primary health care facilities from 2018 to 2021, **83% of facilities** offer Adolescent Sexual and Reproductive Health services, including HIV and family planning.

Only 23% provide Adolescent Mental Health Services, covering treatments from substance abuse to depression. Outpatient attendance for these services is low, ranging from 0 to 13. There is **scope to increase ASRH services by 40%** on average, using available resources, if efficiency is improved.

ADOLESCENT PERSPECTIVES



Fig 2. Girls' Perspectives on SRH and MH issues

Adolescent girls and other stakeholders linked girls' sexual and reproductive health outcomes such as early and unintended pregnancy and low menstrual hygiene with poor mental health. This picture depicts a young girl who engages in transactional sex to afford a sanitary pad. As a result, she gets pregnant, subsequently suffers from depression, and dies by suicide.

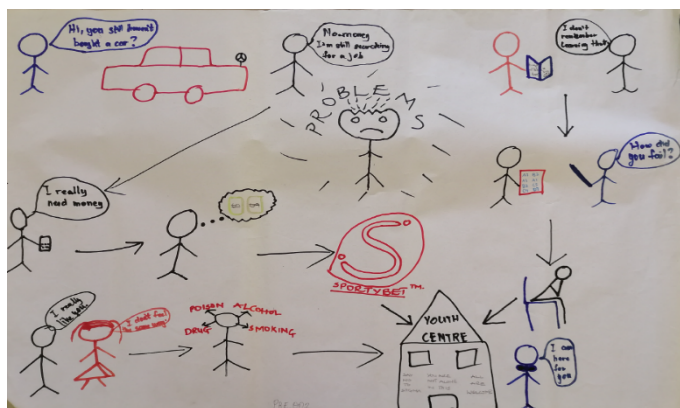
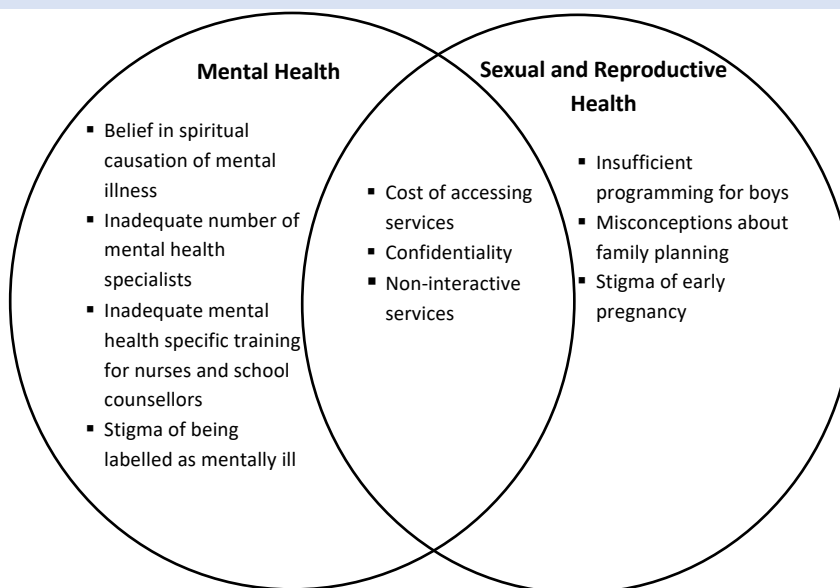


Fig 3. Boys Perspectives on MH issues

Boys were less likely to see links between their sexual and reproductive health and mental health and were more concerned with issues such as drug use and stress from work and school. In this rich picture, an adolescent boy is faced with psychological issues including low self-esteem, academic anxiety and stress due to poverty. He contemplates using drugs and sports betting as a way to deal with his emotions and considers suicide.

BARRIERS TO ADOLESCENT ACCESS TO SEXUAL REPRODUCTIVE HEALTH AND MENTAL HEALTH SERVICES



WHAT CAN BE DONE?



Bottom-up approaches that engage closely with adolescent perspectives and pay attention to structural and cultural contexts



Synergistic and integrated approaches to policies, programs and their implementation that avoid fragmenting services and interventions



Restructure health care infrastructure to ensure alignment with need. E.g. the provision of exclusive areas for adolescents to ensure privacy.



Reallocate more resources to areas of need to avoid redundancy and improve efficiency.



Use evidence to inform implementation and de-implementation of adolescent health programmes and policies.



Increase advocacy to improve the provision of AMH as well as ASRH.

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