

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

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WHY ARE WE DOING THIS RESEARCH?

Gender transformative approaches and integrated services for ASRH and AMH remains a crucial focus in Ghana's adolescent health agenda. Adolescent Sexual and Reproductive Health (ASRH) is a significant area of concern, and mental health challenges are well-documented issues affecting adolescents often influencing ASRH outcomes and vice versa.

In Ghana, adolescents (10 – 19) years, comprise approximately 22% of the population yet health care for this group remains limited. Teenage pregnancy rates are notably high, with Ghana's District Health Information Management System (DHIMS) recording 109,888 teenage pregnancies in 2020. However, a nationally representative data on adolescent-specific mental health is unavailable.

Although mental health is recognized as a priority for adolescents within the ECOWAS region, policies and programmes targeting Adolescent Mental Health (AMH) are still underdeveloped across much of the Sub-Saharan Africa.

While Ghana has a comprehensive adolescent health policy, several persistent challenges hinder the effectiveness and delivery of ASRH and AMH services. Examples include funding limitations, gender norms and stigmatization, underrepresentation of intersectional gender issues, gaps in service accessibility and insufficient health provider training.

Effective ASRH and AMH policies, programmes, and interventions require responsive, gender-sensitive, and gender-transformative approaches. Such policies should address the unique, intersectional challenges faced by adolescents, such as gender-based violence, social stigma, and systemic barriers, particularly for marginalized groups.

By emphasizing equity and inclusivity, these interventions can better support adolescents in overcoming stigma and ensure practical, accessible implementation that resonates within the context of their communities.

HOW DID WE ARRIVE AT THE INFORMATION?

4 Districts in the
Greater Accra Region

36 Focus Group Discussions with
Adolescents in and out-of-school

64 Rich Pictures with
Adolescents In and out-of-School

4 FGDs with District Health Management Teams

9 Health Worker Focus Group Discussions

9 K.I Interviews with Mental Health Workers

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



FGD with in- school adolescent boys
Source: Fieldwork, 2023

WHAT DID WE FIND?

Gender and Social Norms influencing Decisions Regarding Mental, Sexual and Reproductive Health and Wellbeing

In the study communities:

1. Chastity and Modesty for Girls: Community norms stress chastity and modesty in girls, with high expectations to avoid sexual engagement before marriage. This pressure often restricts their access to SRH information and services due to stigma around perceived promiscuity.

2. Financial Responsibility Expectations: Boys often face expectation to provide financially which can disrupt their education and lead them to work early. This disruption can limit boys' SRH knowledge and may lead some to risky behaviours (e.g., transactional sex) increasing the likelihood of unsafe sexual practices and exposure to STIs.

3. Maturity Expectations: Adolescents are often viewed as self-sufficient, particularly in cases where they stay with non-parental guardians. This perception can reduce adults' involvement in guiding or supporting them in SRH matters. Lack of guidance can lead to poor SRH decisions, as adolescents may lack knowledge on safe practices, contraception, or consent, increasing their vulnerability to health risks.

4. Community Norms on Early Childbearing: Some communities view early childbearing positively, while others stigmatize it. These mixed attitudes can create confusion for adolescents, where girls may feel pressured to have children early without understanding the health risks, while others may face social isolation due to early pregnancy.

5. Domestic Roles for Girls: Girls are socialized to prioritize domestic responsibilities and caregiving, impacting their opportunities for education and personal development and limiting autonomy over SRH decisions.

6. Norms on Early Puberty for Girls: Physical changes like menstruation mark the transition to womanhood. These changes can push girls toward premature sexual initiation or marriage. The emphasis on childbearing can also discourage SRH education or access to contraceptives, leaving young girls at risk of early pregnancy and STIs.

SRH Issues Highlighted by Adolescents

- Menstrual symptoms such as mood swings, irritability, and fatigue interfering with daily functioning.
- Limited access to sanitary products increasing the risk of transactional relationship.
- Social pressures that often result in early pregnancies.
- Gender-based violence, including sexual violence.

Mental Health Issues Highlighted by Adolescents

- Academic Anxiety
“... anytime I send my exam papers home and my brother also sends his, my father would be like “your brother is intelligent more than you”, he is always comparing us”(FGD In-School Adolescent)
- Depression and social isolation from early and unplanned pregnancy.
- Poverty related pressure and stress to engage in transactional sex.
- For boys, abuse of drugs including alcohol, marijuana and cigarettes.



Rich Picture depicting gender norms in the home
Source: Fieldwork, 2023

Agents of Influence

- | | | |
|-----------------|------------|------------------------|
| 1. Peers | 2. Parents | 5. Teachers |
| 3. Social Media | | 6. Religious Leaders |
| 4. Siblings | | 7. Frontline Providers |

WHAT DID WE FIND?

Services and programmes are available to in school adolescents (JHS)

Sexual and Reproductive Health Programmes

- Adolescent Health Clubs
- Life skills club
- Girls Club

Mental Health Services

- Basic Counselling Services through Guidance and Counselling Coordinator in Schools

Other services are available to adolescents

- Online Mobile App (You Must Know App)

Barriers to Available Services

Mental Health Services

- Lack of knowledge of available services
- Mental health stigma
- Belief that mental illness is caused by spiritual reasons
- Inadequate number of mental health specialists
- Inadequate mental health specific training for nurses and school counsellors

Sexual and Reproductive Health Programmes

- Confidentiality
- Non-interactive services
- Insufficient SRH programming for boys
- Stigma of early pregnancy
- Lack of knowledge of available services



Rich picture depicting adolescent boy having a conversation with the mother.

Source: Fieldwork, 2023

RECOMMENDATIONS

Mental Health Services

1. Provide mental health specific training to school counsellors and school nurses.
2. More mental health education in all settings (such as in the school syllabus, in school clubs, in home visits, in communities).
3. Recreational activities/centres to deal with mental health challenges.



Rich picture depiction depicting adolescent girls playing the paino and singing when sad.

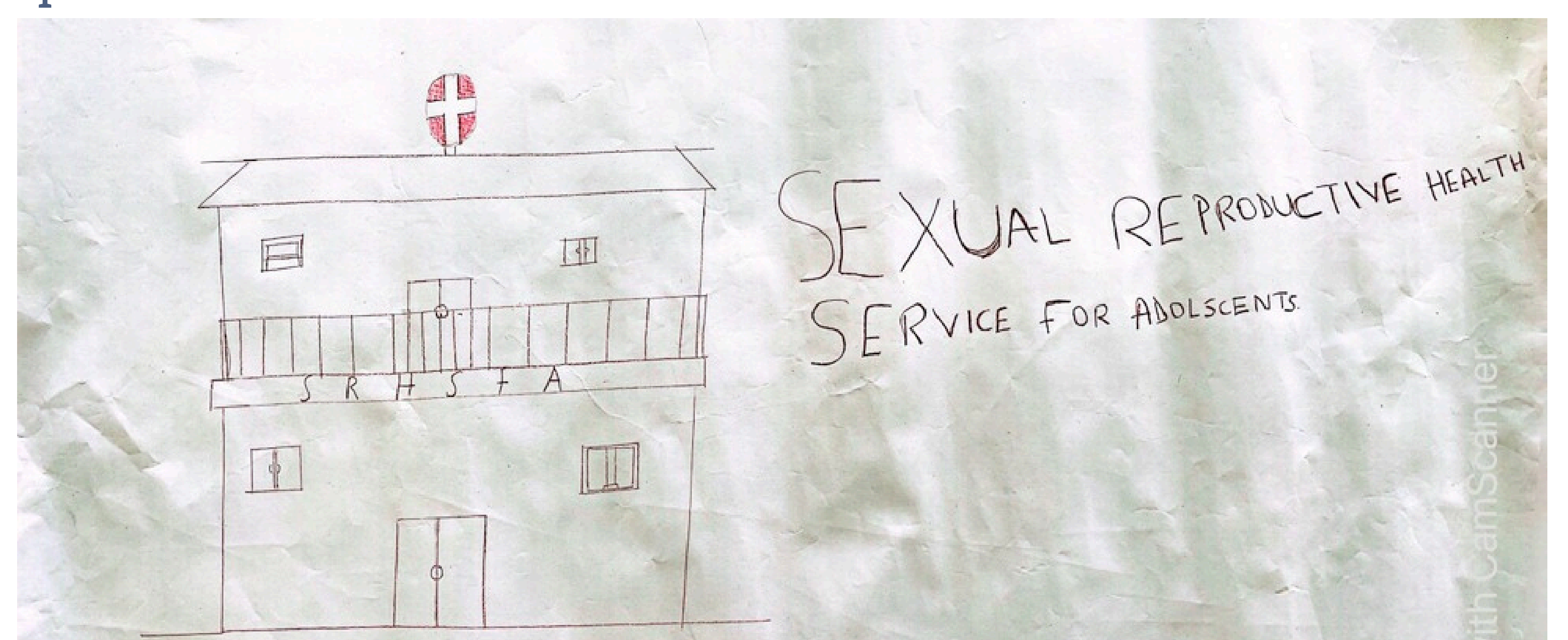
Source: Fieldwork, 2023

Reproductive Health Services

1. Sex Education: Adolescents highlighted the importance of parental guidance with regard to sexual and reproductive health

"...some of us our parents don't like talking to us about those things{sex}, like my mum for instance, she would tell you "don't have sex", if I ask her what is sex, she won't mind me."
FGD with in school adolescents

2. Facilities should be made available for sexual reproductive health services at the JHS level.



Rich picture depicting an ideal guidance and counselling unit.

Source: Fieldwork, 2023

RECOMMENDATIONS ACROSS ASRH AND MH

Adolescents also advocated for:

1. Confidentiality to be ensured during service delivery.
"I am the shy type, I would be suggesting something like maybe you would be talking to someone, you can't see the person but the person can see you so that way you would know that you are safe, your information won't go out for people to hear, that one you would be free to express yourself very well [FGD with in school adolescents, JHS]"
2. Boys should be engaged in programmes for girls including topics such as menstruation.
3. Increased awareness creation of the adolescent mobile digital health application(You Must Know App) and services in general.
4. Education of parents/guardians on adolescent mental, sexual and reproductive health and wellbeing.
5. 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).



Rich picture depicting adolescent accessing service in a confidential manner

Source: Fieldwork, 2023.

KEY MESSAGES

- Adolescent (teenage) pregnancy caused by transactional sex is 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 academic anxiety, 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 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.



Focus group discussion with in school adolescent girls.

Source: Fieldwork, 2023. Photo by Jean-Eliel Aye.

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