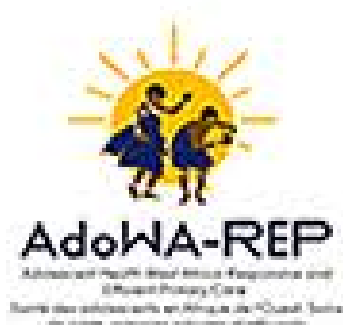


# Adolescent Mental Health (AMH) and its Intersection with Adolescent Sexual and Reproductive Health (ASRH): A Neglected Dimension of Adolescent Primary Health Care in West Africa. Burkina Faso, Ghana and Niger Case Study



## Funders

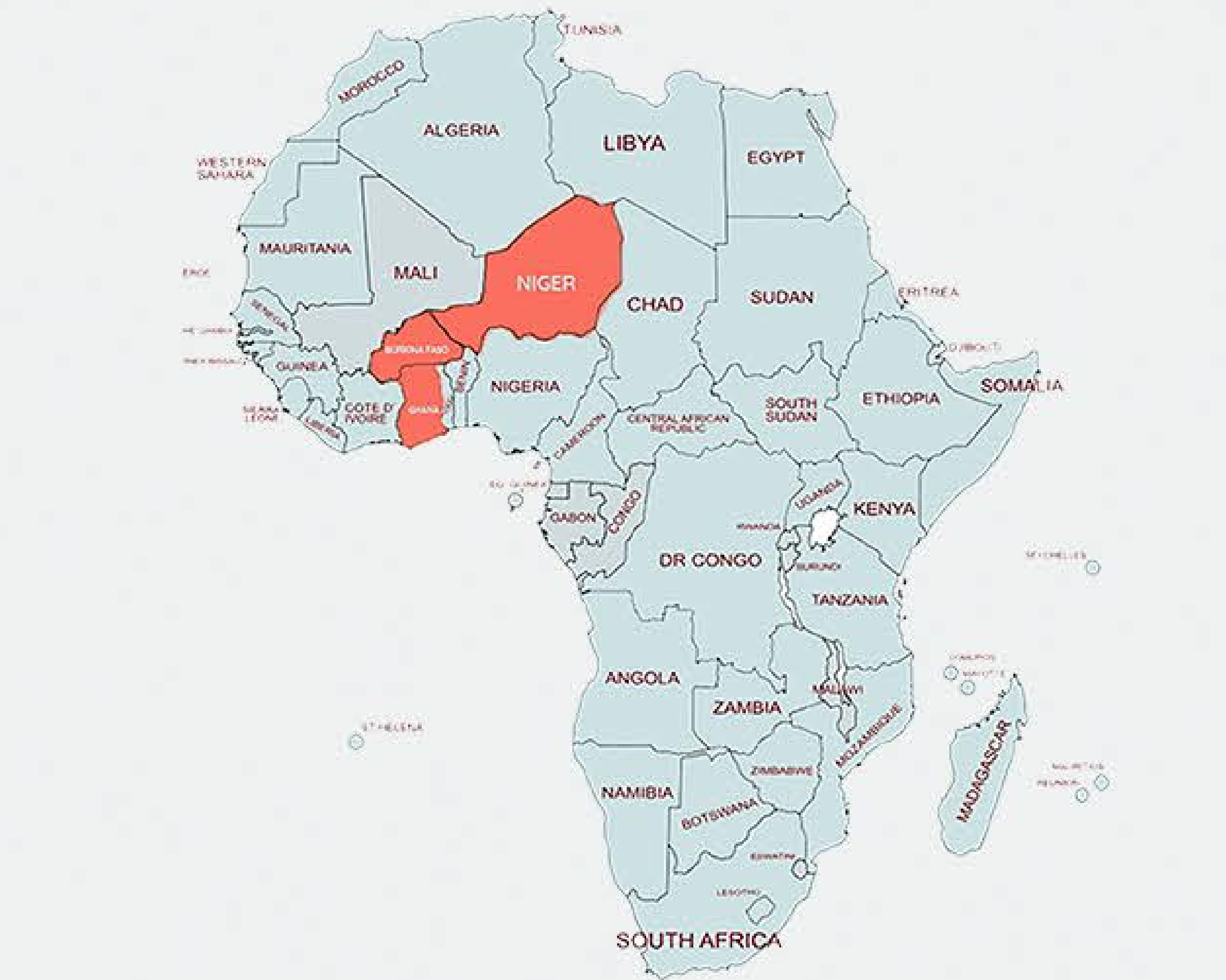


## Background

	Burkina Faso	Ghana	Niger
Ongoing Conflict / Insurgency	Yes	No	Yes
GNI /capita (US\$) (2022)	840	2,350	610
Total Population (2021)	22.1K	32.83K	25.25K
% pop 10-14 (M/F)	6.6 / 6.4	5.7 / 5.5	6.7 / 6.4
% pop 15-19 (M/F)	5.5 / 5.4	5.1 / 4.9	5.1 / 5.1
GPI for literacy rate 15-24yr	0.48	0.86	0.44
(GPI=Gender Parity Index. 0 = weak gender parity. 1 is high/complete GP)			
% girls married by age 15	10	5	28
% girls married by age 18	52	21	76
Births / 1000 women aged 15-19	110	68	204

## Methods

Method	Burkina Faso	Ghana	Niger
Primary health care Facility survey of PHC inputs and outputs for efficiency analysis	152	53	160
FGD with: Adolescents, Parents of adolescents, Health managers and district health management teams, frontline health workers and community support workers, managers of private clinics, local leaders	27	48	11
Rich pictures produced by adolescents	0	70	25
Qualitative / Key informant interviews with:Policy makers and program heads/officers in governmental institutions at national level; NGO /CSO involved in ASRH /AMH, development partners funding adolescent health; Traditional authorities, traditional practitioners, religious leaders, Mental Health Workers; Teachers	51	41	176
Observation in School clinics	0	138 hours	0
Scoping Review (Cross West Africa)			

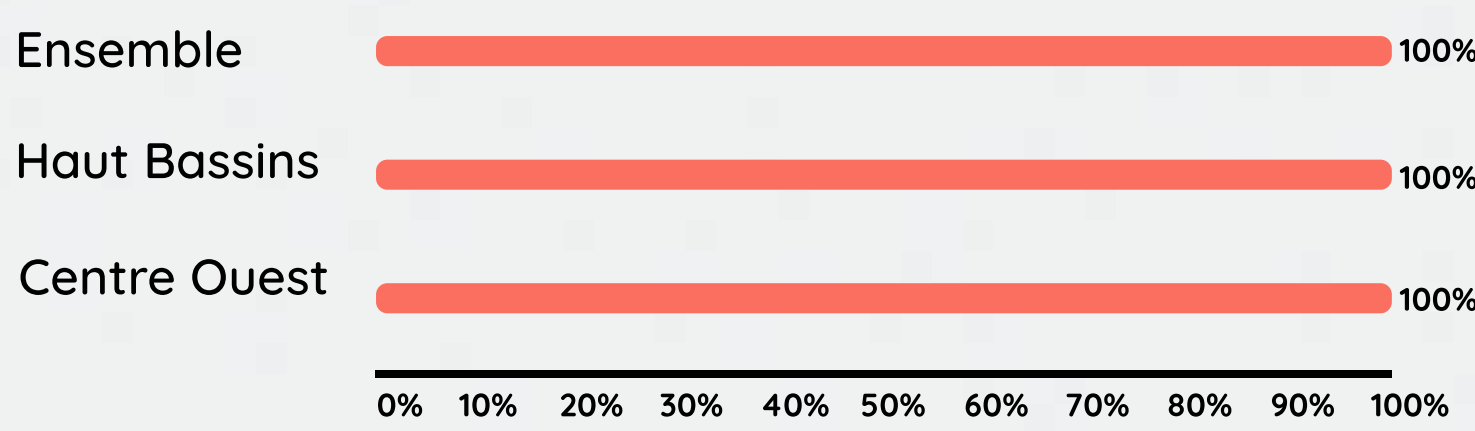


## Findings

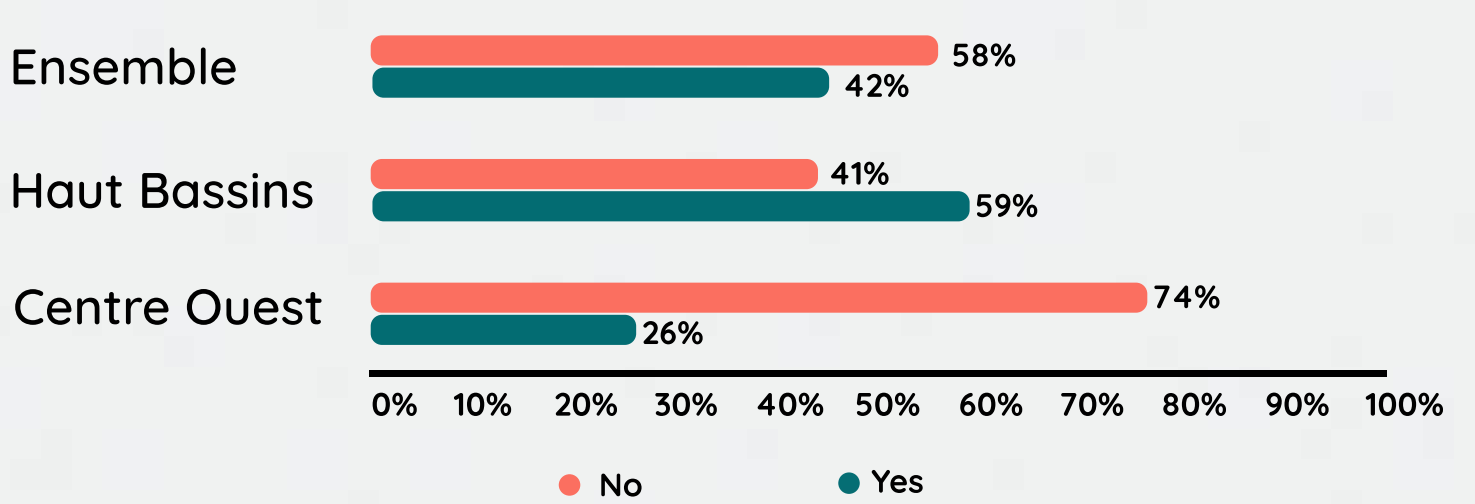
Wide gap between ASRH & AMH Service Availability in all 3 countries

- 83% of PHC surveyed in Ghana offer ASRH
- Only 23% provide AMH services
- Burkina Faso and Niger in graphs below

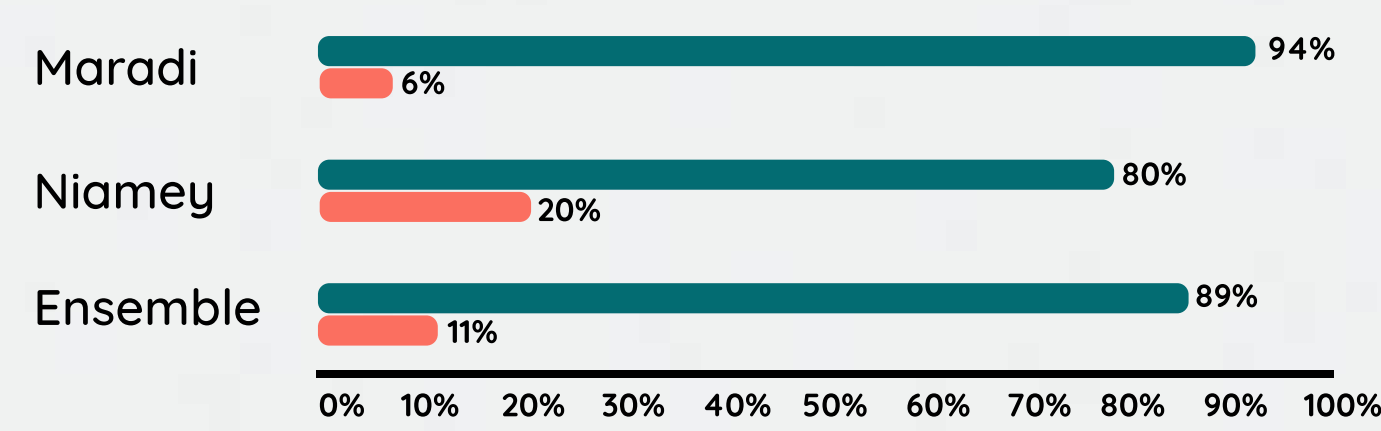
### • AVAILITY OF ASRH -BURKINA FASO



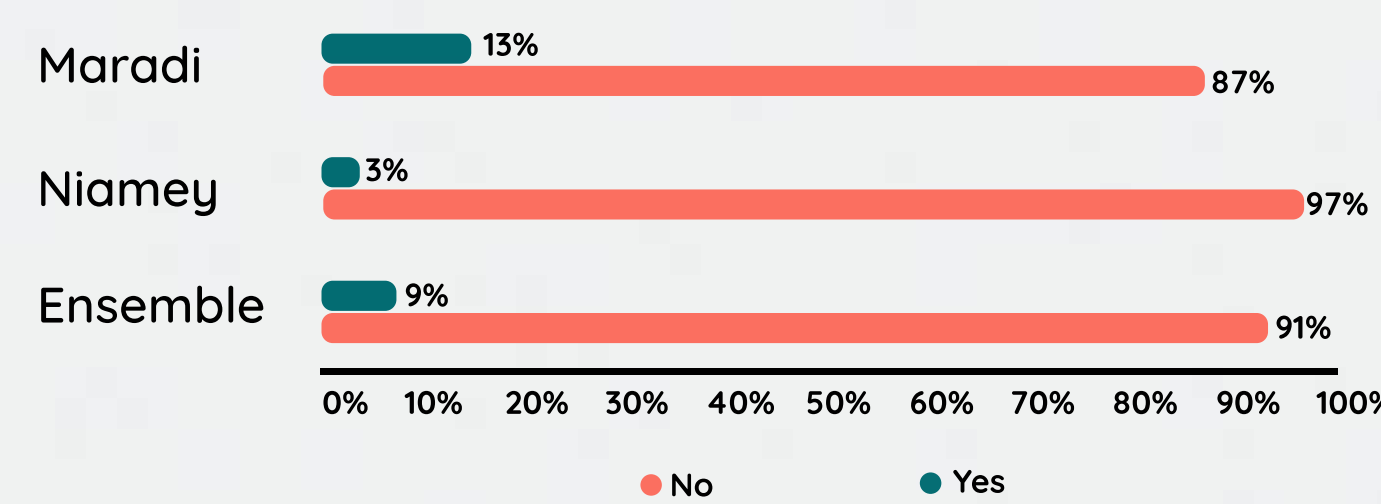
### • AVAILITY OF AMH - BURKINA FASO



### • PROVISION OF ASRH AT PHC - NIGER



### • PROVISION OF AMH AT PHC - NIGER



## Burkina Faso

Exposure to unwanted pregnancies and Sexually Transmitted Infections (STIs) due to insufficient information on sexuality.

The influence of culture, which makes sexuality a taboo. For some parents, talking to teenagers about sex is tantamount to encouraging them to have sex. This increases the risk of unwanted pregnancies and STIs.

Inaccessibility to contraceptive methods due to financial problems.

The causes of mental disorders remain the use of narcotics (adulterated drinks, drugs). According to the adolescents, the existing laws in this area are not rigorous, and adulterated drinks are manufactured and sold in Burkina Faso. This increases consumption.

High vulnerability of adolescents to risky practices, accentuated by certain local characteristics (e.g. mining sites, markets migratory flows).

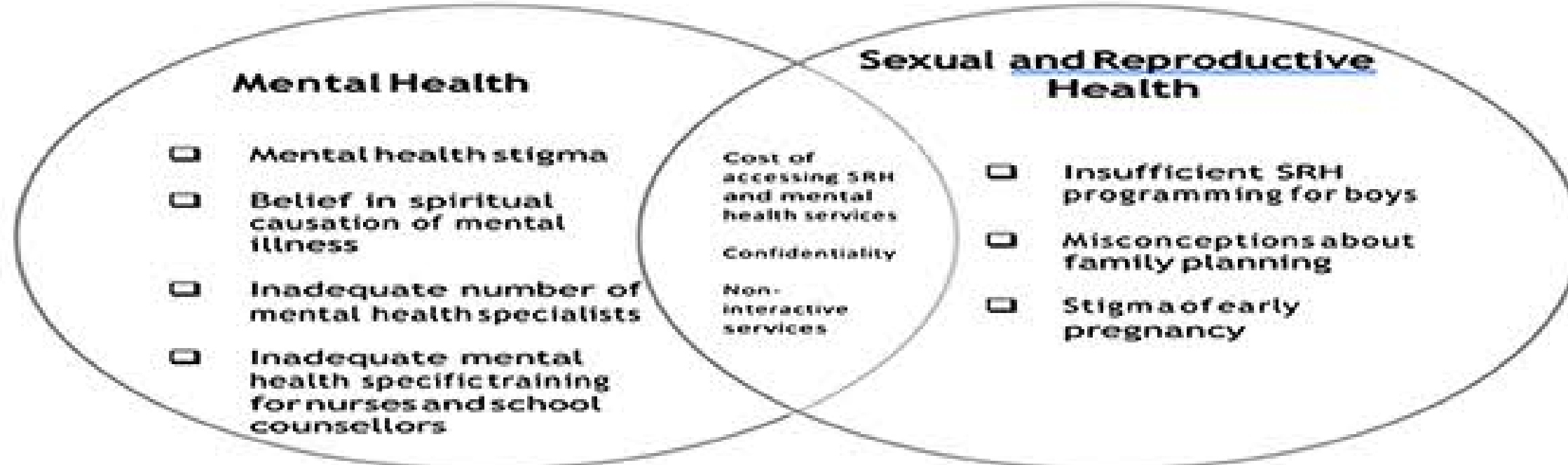


Adolescent Rich pictures: Ghana



Adolescent Rich Pirtures: Niger

## Ghana



## Niger: AMH linked to ASRH Drivers

- Unwanted pregnancies, illegal abortion and post-partum depression
- Gender taboos and delays in treating infections, particularly in boys.
- Taboos surrounding menstruation
- Rape and sexual harassment and inadequate support for victims
- Drug use
- Early/forced marriages and related gender violence.

## What can be done?

- Adolescent Engagement
- Recognition of intersections and synergies
- Addressing contextual issues /social determinants
- PHC restructuring
- Evidence base strengthening