EVIDENCE BRIEF

STEP UP
STRENGTHENING EVIDENCE FOR PROGRAMMING ON UNINTENDED PREGNANCY

DECEMBER 2017

Strengthening school-based sexual and reproductive health education and services in Accra, Ghana

INTRODUCTION

Young people aged 10-19 years constitute about a quarter of the total population of Ghana. Although their knowledge of contraception has increased substantially over the past two decades (85.7% had heard of any contraceptive method as of 1993, whereas 96.5% had by 2014) the majority still have inadequate and inaccurate knowledge about their sexual and reproductive health (SRH).[1, 4]

When adolescents have poor knowledge of contraception and SRH, they engage in risky sexual behaviours.[2] They have less information on protecting themselves from sexually transmited infections (STIs) and how to negotiate safe and consensual sex. Indeed, ignorance about sexuality and reproductive health among adolescents has been reported to increase early sexual debut as well as unplanned pregnancies.[3]

A 2015 STEP UP study in Ghana found that:

- 97% of parents interviewed supported the notion that SRH information and services be provided in schools;
- A third of adolescents were sexually active; of those,15% had experienced forced sex;
- 80% of adolescents indicated that they desired additional SRH education in school.[4]

Based on these findings, STEP UP conducted a study to assess the feasibility and acceptability of providing comprehensive in-school SRH education to adolescents using trained psychologists and health workers to deliver and explain comprehensive sexuality education to adolescents and link them as needed to outside services.[5]

> *My view is they should provide sexual health services in schools, it is a world known issue now that we are having girls getting pregnant in schools, but if these services had provided them I don't think they will find themselves in these situations."*
>
> *(Education manager 2, KII)*

THE PROJECT

The study aimed to assess the acceptability and feasibility of two proposed solutions for strengthening the content and delivery of in-school sexual and reproductive health programmes in Ghana. The study was conducted in Nima, a suburb of Accra.

A descriptive cross sectional study design was used, participants were selected through purposive sampling. A total of 79 students, 39 parents, and 18 teachers from two schools, along with 18 key informants (national and district level) were recruited.. Participants engaged in focus group discussions (FGDs) and in-depth interviews (IDIs).

STEP UP generates policy-relevant research to promote an evidence-based approach for improving access to family planning and safe abortion.

We work in Bangladesh, northern India, Ghana, Kenya, and Senegal.

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RESULTS

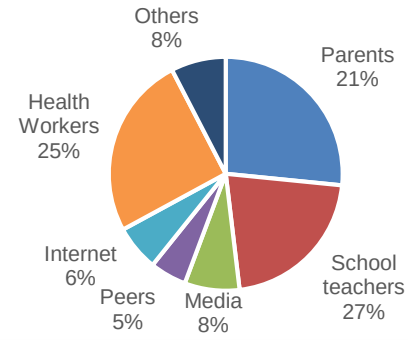
Knowledge and views on adolescent SRH and information provision

The findings suggested that both adolescents as well as parents did not have a full understanding of adolescent SRH issues. However, there was unanimity among respondents on the need to provide adolescents information on sexual and reproductive health, and acknowledgment that in the absence of accurate information, adolescents will rely on other potentially inaccurate sources of information on SRH.

Sources of information on SRH

Parents and **teachers** were identified as key providers of SRH information to adolescents. However, some parents lacked the knowledge, lacked the time, or felt hindered by societal norms, and teachers felt the additional task of SRH education would compete onerously with their other responsibilities. **Electronic media** and **peers, relatives, churches, and mosques** were also sources of SRH information. Overall, adolescents preferred to receive their SRH information from school or health workers. (Fig. 1).

Fig. 1: Preferred sources for adolescent SRH information



Providing SRH information in schools

Both parents and students favorably perceived the notion of using psychologists and health workers to provide SRH information in schools. There was some uncertainty as to the role of psychologists, and some concern as to whether this was a sustainable option (in terms of cost and availability of these individuals), and as to whether condom distribution would be acceptable especially in religious schools. It was suggested by several that community-based condom distribution would be better.

However the overall impression was that with enough parental support, this strategy was a good one.
It was also found that schools lacked a separate curriculum to teach population and family life education (POP/FLE) issues; creating a distinct POP/FLE course was felt to be a feasible and acceptable option to create an opening for SRH information to be integrated into student education. It was noted that comprehensive stakeholder engagement would be necessary to determine appropriate content and implementation strategies.

CONCLUSION

Stakeholders generally believed there was the need for enhanced adolescent SRH services in school as the present system is were not sufficiently addressing student needs. The study revealed that:

- The use of trained psychologists and health workers was perceived as feasible and acceptable to provide adolescents SRH education and services. Finances and logistics would need to be considered.
- Establishing a dedicated population and family life education (POP/FLE) curriculum was also perceived to be feasible and acceptable as a way to address adolescent POP/FLE and SRH needs together. It was noted that this course should not have exams, so as to not increase student workload. Comprehensive stakeholder engagement would be essential to planning and executing this.

Overall, there was unanimous agreement that adolescent SRH needs are not being met; that schools provide the best opportunity to provide this education and service to adolescents; and that the two solutions under discussion were both feasible and acceptable.

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