

Unforeseen Allies: Adults' Views about Adolescent Health in Four Ghanaian Urban Slums

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International Conference on Family Planning (ICFP 2016) - January 27, 2016

STEP UP

STRENGTHENING EVIDENCE FOR PROGRAMMING ON UNINTENDED PREGNANCY



UKaid
from the Department for
International Development

The **STEP UP (Strengthening Evidence for Programming on Unintended Pregnancy) Research Programme Consortium** generates policy-relevant research to promote an evidence-based approach for improving access to family planning and safe abortion. STEP UP focuses its activities in five countries: Bangladesh, Ghana, India, Kenya, and Senegal. STEP UP is funded by UKaid from the Department for International Development.

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Background

This study (**STEP-UP**, funded by **UK Department for International Development**) provides insights into:

- Adolescents' sexual and reproductive health (ASRH) behaviours, knowledge and attitudes about contraception and barriers to accessing services.
- Guardians and community leaders' perspectives on ASRH in four **urban slums** in Ghana.



Study Objectives

This study was designed to:

- Profile adolescents living in selected slum areas in Ghana.
- Appraise the reproductive health knowledge, behavior and perceptions of adolescents in the slum settings.
- Determine adolescents' sexual and reproductive health service preferences and practices.
- ***Examine the perceptions of parents, guardians and community members regarding adolescent sexual and reproductive health.***

Methods and Data

Study Design

- A cross-sectional study that used both quantitative and qualitative methods in four urban slums: Nima, Ashiaman, Sunyani and Atebubu.

Study Sample

- **Adolescents:** 13-19 years (Males= 547; Females= 756)
- **Parents/Guardians:** (N=626; 66% biological parents)
- **Community Opinion Leaders:** (N=42; including chiefs, teachers, Imams, traders and artisans)

Data Collection and Analysis

- Structured questionnaires (Adolescents and Parents)
- 4GDs (Community Opinion Leaders)
- Data analysed using STATA and QRS NVivo

ADULTS VIEWS ON ASRH

Key Findings

Parents'/Guardians Perception

- 91% of parents/guardians were willing to allow their adolescent to receive reproductive health information and services.
- 97% wanted reproductive health information to be provided in schools.
- 87% reported that they were comfortable discussing sexual-related matters with their adolescent children.
- 61% reported ever discussing sexual matters with their adolescent, but 66% indicated that they needed more information.

Parents Knowledge and Attitudes

Table 1. Percent Distribution of guardian knowledge and attitude towards RH services for adolescent.

Characteristics	Total Sample (%) (N=626)
<i>Aware of youth organizations that provide RH information and services to youth.</i>	5.4
Would allow their adolescent to receive RH information and services.	90.9
<i>Aware of health facility which provides RH services to adolescents.</i>	20.0
Would allow their adolescent to seek RH services from health facility.	90.7
Think RH information should be provided in school.	96.8

Awareness of Sexual Activity

“They are having sex, because we see 14-year old girls who are pregnant... I am a member of a watch dog committee and sometimes we stumble on some of them having sex. So they are really having sex” – FGD Sunyani

“The adolescents are having sex both days and nights...majority in the ages 13, 14 to 19 and are getting pregnant...if you observe these children, you can tell they are sexually active” FGD Atebubu

“They are very very very sexually active... We realized that, in fact the ages between 14 to 18, some have like two children and some of them are even into commercial sex” FGD Ashiaman

Multiple Partners, Increased Risk

“They are really at risk because the boys are not stable at all, they are always roaming about and we may not know who has the disease”

– FGD Nima

“Yes they can acquire it because they don't stick to one sexual partner, there's that risk because almost always we hear of the young girls fighting each other over boyfriends, they are sleeping with each other's boyfriend, they jump from boy to boy and from girl to girl so that will put them at risk of infection”

– FGD Sunyani

Awareness of Contraceptive Use

“They sometimes keep condoms...a lot of children use FP methods such as pills and others that I even have no knowledge about” – FGD Atebubu

“They are using it” – FGD Nima

“They know about it and they go for it” – FGD Sunyani

“Condoms are everywhere so the adolescents buy them...most of the female adolescents go to the drug store to buy pills and other tablets to prevent pregnancy...they buy Secure” – FGD Atebubu

Perceived Barriers to ASRH Information and Services

- **Fear of Embarrassment**

“They are shy to seek care for sexual and reproductive health problems thinking that their secret will be exposed...they think that they are not old enough to do FP so would not go for them since people will tell others about them” – FGD Atebubu

“many at times they feel shy to go because that is the community drugstore, you are known by the person who is selling there and you are afraid maybe this issue may be communicated to others” – FGD Ashiaman

Perceived Barriers to ASRH Information and Services

▪ Attitudes of Health Personnel

“What prevents the adolescents from seeking services and information on SRH from the clinics is the attitude of the nurses, sometimes the way they welcome them and the sort of questions they pose to them are even enough to scare them...they will make faces at the child that would mean she is a spoilt child and they will gossip about it in the community” — FGD Nima

▪ Religious beliefs

“I have problems at times with the religious groups. Many at times some also think introducing this method like this condom and the contraceptives will rather encourage the children to do it more...

The churches, even the mosques, they kick seriously against these contraceptives, so at times beliefs also becomes a factor” -FGD Ashiaman

Perceived Barriers to ASRH Information and Services

- **Fear of side effects**

“Some barriers that hinder them from accessing contraceptives are fear of not being able to conceive later on in life. Some people claim to have done FP and when later on they wanted to have children it became difficult...If someone wants to go for FP, they would say if you go you will grow fat or your menses will cease, you can't give birth again or you will die so they are afraid to go for it” – FGD Sunyani

Perceived Barriers to ASRH Information and Services

▪ Inadequate FP education

“They don’t have that education...so the main or primary thing is to give them education that will actually make them to be enlightened”

“When you come to the Zongo communities the only place the adolescents’ gets sex education is in school, so when there is no sex education in school it means the person would not have any education about sex” --FGD Nima

*“I come from a community where the issues of sex education is minimal...they find it difficult to have education on sexual education”-
FGD Ashaiman*

Perceived Barriers to ASRH Information and Services

- **Lack of communication with adolescents on SRH issues**

“I can say only 20% of parents discuss SRH issues with their adolescent children, it is not everybody that discuss such issues...some girls are not staying with their parents so they are afraid to talk to their guardians about these issues” - FGD Nima

“For an adult to sit with a 14 or 15 year old to talk about sex will seem completely out of place”- FGD Nima

“The community’s understanding of contraceptives also counts because the moment you talk about family planning, it is like you are showing the girls the way to prostitution...most people when you talk about FP they say oh you want to soil the girl” -- FGD Ashaiman

Personal Opinions...

“Even me as an education officer, I don’t encourage [it]. The truth is that, I wouldn’t give condoms to use as prophylaxis because if you educate them by giving them condoms that would mean giving the person something to use to protect him/herself and there wouldn’t be no fears in them to avoid early sex” – FGD Sunyani

“FP is not good for some people. Some get problems from using contraceptives”

“I think it is better for them to do the FP than getting pregnant and going for abortion. It is more shameful to be pregnant and go for an abortion than to use FP to prevent pregnancy” – FGD Nima

“It is true that our religion frowns on it, but rather than having to do it unprotected and come home with an unwanted pregnancy or be at risk of STIs we will take it like that...they say prevention is better than cure, so it is better for them to prevent than to become pregnant and attempt to abort which can cost them their lives” – FGD Sunyani

Recommendations from COLs for Improving ASRH Services

- Most community leaders approve the use of contraceptives by adolescents.

- **Recommended Strategies:**
Involvement and collaboration of all stakeholders including government for effective improvements in ASRH
 1. SRH issues should be part of the curriculum and taught to students.
 2. Engagement of community members in issues of ASRH.
 - increased efforts at sensitization on SRH issues using traditional and more contemporary media forms that adolescents readily access
 - At the community and district levels, by-laws and stiff sanctions should be imposed on adult men who impregnate adolescent girls. This will serve as a deterrent to other adult men from engaging in sexual relations with adolescent girls
 - Programmes and activities involving sensitization on SRH should involve and reach people in their homes in the communities.

Recommendations from COLs for Improving ASRH Services

3. Ensuring that information and services are available and accessible to adolescents.

- Parents and guardians = establish open communication and foster closer relationships with their adolescents
- Sensitization of parents/guardians to equipping them with the right information to pass on to their adolescents

4. Conducting information, education and communication campaigns through various channels.

- Drug sellers should be encouraged to provide some sensitization to adolescents when they go there to buy drugs

5. Encouraging adolescent social networks on SRH issues.

- Students should be encouraged to form clubs to share SRH information.



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The **STEP UP (Strengthening Evidence for Programming on Unintended Pregnancy) Research Programme Consortium** is coordinated by the Population Council in partnership with the African Population and Health Research Center; ICDDR,B; the London School of Hygiene and Tropical Medicine; Marie Stopes International; and Partners in Population on Development. STEP UP is funded by UKaid from the Department for International Development.

