

DRAFT NOT TO BE QUOTED

Meeting the Needs of Young People for Sexual and Reproductive Health Information in Ghana

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Abstract

Over the last three decades, sexual and reproductive health information and services for young people have tended to concentrate on HIV/AIDS. However, available information points to varying concerns, including those on their future and pregnancy. The objective of this paper is to assess the knowledge and concerns of young people about sexual and reproductive health vis-à-vis the messages targeting them. The paper is based on a nationally representative survey conducted in 2004, as well as focus group discussions and in-depth interviews among urban young people 12-19 in four selected districts in Ghana. The main sexual and reproductive health concern of both males and females from the qualitative data was pregnancy but the bulk of messages were on HIV/AIDS. The results also indicate that although knowledge about HIV/AIDS was over 90%, there was inadequate knowledge about other STIs although these are co-factors in HIV/AIDS infection. The results show a mismatch between the concerns of young people and SRH campaigns. To ensure that young people are safe, programs for them should be comprehensive taking into consideration their concerns and aspirations.

Introduction

Available estimates indicate that, the largest-ever generation of adolescents are approaching adulthood in a rapidly changing world. With about half of the world's population under the age of 25 years, it is imperative to consider issues that border on their concerns, responsibilities and rights to education, information and services (including those on sexual and reproductive health) which have been recognized in various conventions and programmes of action (UNFPA, 1994).

This growing adolescent population has attracted social and public health concerns especially in the developing world and this recognition has been attributed in part to the fact that young people aged 10-19 years who are at the initial stages of transmission are estimated to constitute almost a quarter of the population of most developing countries (United Nations, 2007a). This number, expected to increase to close to 200 million by 2015, presents challenges to the development of programmes to meet their sexual and reproductive health needs. As a generation, their choices will have implications for global health burden.

Reproductive health is thought to be an essential component of young people's ability to become well-adjusted, responsible and productive members of society (UN, 2002), as this relates to their overall development in aspects such as completing formal education, finding employment, securing economic stability and entering relationships that would eventually lead to family formation (UN, 2003). Results from various Demographic and Health surveys show an increase in age of sexual debut, marriage and childbearing in a number of countries (Juarez, et. al., 2008). This delay also, presents

some reproductive health challenges including strategies to enable them postpone sexual debut and to protect themselves if they become sexually active.

For young people in sub-Saharan Africa in particular the range of vulnerabilities is immense. Biological and socio-cultural norms and economic disadvantages limit their ability to protect themselves (Ashford, 2001, UNFPA, 2003). These vulnerabilities manifest themselves in high rates of early childbearing and HIV infections. For example, research in Chad and Mozambique indicates that more than 70 per cent of 19 year olds had already had at least one child and that the median age of HIV infection is 20-24 years. Therefore young women aged 15-24 years are disproportionately at a disadvantage with regards to sexual and reproductive health. In addition, female genital mutilation/cutting threatens the health of about 3 million girls in Africa annually.

Situation in Ghana

Young people aged 10 to 24 have consistently accounted for about a third of the total population of Ghana since the 1960s (Ghana Statistical Service, 2002). Although age at sexual debut has increased from 17.4 years for females and 19.5 for males respectively in 1998 to 17.6 years for females and 19.7 for males respectively in 2003, four out of 10 Ghanaian women and two out of 10 men aged 15-19 reported ever having had sex (GDHS, 2004) and by 20 years, 83% and 56% females and males respectively have had sex. Among those who have had sex, four in 10 women and six in 10 men were with more than one sexual partner (GDHS, 2004). About 16% of females and 11% of males reported to have been involved in induced abortion (NACP, 2003). Though difficult to verify, the results point to the level of sexual and reproductive health risks

among young people in the country. In 2008, 1.2% and 2.2% of young people aged 15-19 and 20-24 were HIV positive compared to national prevalence rate of about 2.2 per cent in 2008 (NACP, 2009). Although the HIV prevalence rate in Ghana is low, it is reported to be high among certain sub-populations such as sex creating reservoir for the sustenance of the epidemic.

Due to these and other factors such as supporting countries to achieve their potential, international and national bodies both governmental and non-governmental have put in place programs and policies to make it possible for young people to enjoy healthy sexual and reproductive lives. Some of the efforts include the use of the mass media to reach young people as a means of initiating or enhancing behavior change among them. A number of these efforts have taken place in Ghana since the mid 1980s. This paper focuses on HIV/AIDS messages for young people in response to the observed situation. The specific objectives are to: assess the Sexual and Reproductive Health messages targeting young people in Ghana, examine the Adolescent Sexual and Reproductive Health concerns of young people and analyze the interface of concerns and messages.

Methods and Data

The paper is based on a nationally representative survey conducted in 2004, as well as focus group discussions and in-depth interviews among urban young people 12-19 in four selected districts in Ghana. The paper uses data from the National Survey of Adolescents conducted by the Guttmacher Institute in collaboration with the Institute of Social and

Economic Research, Legon, Ghana and the University of Cape Coast, Ghana among adolescents aged between 12-19 years in Ghana and in-depth interviews (IDIs) with adolescents aged 14-19 years.

The survey was based on the sampling frame of the 2003 Ghana Demographic and Health Survey (GDHS). Conducted in 2004, it covered 200 enumeration areas (EAs). (For detailed description of the methods of data collection and management, refer to www.guttmacher.org). In addition, 102 in-depth interviews were conducted among young people on a variety of issues including their general and sexual and reproductive health concerns, health seeking behavior and sources of information. Respondents were from households as well as identified settings such as pregnant adolescents at shelters, boys in correctional homes and refugees (boys and girls). (See Kumi-Kyereme et. al, 2007 for a detailed description of the methods).

Results

A total of 4548 adolescents made up of 50.4% males and 49.6% females were interviewed in the quantitative survey with 43% of males and 42% of females aged between 12-14 years. The mean age of the respondents was 15.2 years. More than fifty per cent of males and 46 per cent of females had primary school education and over 90% of the respondents belonged to one religious group or the other. Given the trend in population and the challenges, more young people in urban areas were interviewed than rural areas.

Knowledge of sexual and reproductive health

Knowledge of HIV/AIDS among adolescents in the National Survey on Adolescents was 96%, similar to the results from the 2003 Ghana Demographic and Health Survey. Over 80% of both males and females had also heard of at least one contraceptive method. In contrast, only 26% of males and females aged 12-14 years as well as 45% of females and 49% of males aged 15-19 had heard of STIs other than HIV/AIDS.

Table 1 Knowledge of some reproductive health issues

<i>Characteristic</i>	<i>Males (n=2291)</i>			<i>Females (n=2256)</i>		
	12-14	15-19	Total	12-14	15-19	Total
Heard of HIV/AIDS	93.5	98.3	96.3	94.3	97.3	96.1
Heard of other STIs	26.9	55.7	43.3	26.3	49.3	39.7
Heard of contraceptive methods	83.7	96.2	90.8	84.4	94.9	90.4

NSA, 2004

Note: % for contraceptive methods is for only modern contraceptives.

Messages targeting young people

Mass media has been used to convey HIV/AIDS messages aimed at creating awareness, promoting behavior change and enhancing changed behavior among different categories of the population. HIV/AIDS messages in the country have gone through at least four phases. These are the scare messages of the early period, followed by awareness and knowledge creation, the behavioral change approach being the third and

now messages to promote compassion and reduce stigma and discrimination towards infected persons as well as promote positive life styles among those living with the virus. The view is that people should not die out of ignorance. Messages were designed for both the general population within the four phases as well as specific messages for young people. Considered to be within the window of hope, the messages for young people concentrated on increasing their knowledge base and promoting behavioral change with emphasis on protective behavior.

One can identify three broad categories of HIV/AIDS messages which have been developed to target young people in particular in the country. These were those aimed at increasing people's sense of personal risk of contracting HIV, removing social stigma attached with the adoption of preventive behavior such as condom use and reducing stigma and discrimination against people living with AIDS (Table 2). While a range of messages have been developed for HIV/AIDS, there are no systematic media campaigns on pregnancy as a sexual reproductive health issue and other STIs. Although a number of them could equally apply to pregnancy (e.g. 'It Pays to Wait', 'Things we do for Love'), nonetheless, the emphasis were on HIV/AIDS.

Table 2 Percent of adolescents exposed to HIV/AIDS messages

<i>Slogans/messages</i>	<i>Males</i>		<i>Females</i>	
	12-14	15-19	12-14	15-19
1. Reach out, show compassion	36.0	48.9	36.4	44.1
2. Stop AIDS, love life	72.0	84.3	67.0	77.2
3. It pays to wait	50.2	63.6	47.0	61.5
4. Say no to casual sex	46.0	63.4	43.8	60.5
5. Change your life – no means no – think	50.5	63.1	47.9	59.0
6. Things we do for love	53.8	64.6	50.7	63.8
7. If its not on, its not in	45.5	64.3	46.8	60.0
8. Don't go Mungo park	8.9	18.6	9.0	15.9
9. Think before you play	37.2	52.2	29.1	39.7

Source: NSA, 2004

Mungo Park was an explorer in West African. The idea is that one should not explore in sexual and reproductive health (without a condom)

Of the nine campaign messages, most of them aimed at promoting positive behavior towards abstinence, condom use and faithfulness, while the rest emphasized stigma reduction attached to the infection. Overall about half of the young people had heard the messages with the percentages ranging from nine for 'Don't go Mungo Park' to over 80% for 'Stop AIDS; Love Life'. The low percentage for 'Don't go Mungo Park' is an example of the packaging of messages. It needs formal education beyond the basic level to understand the concept of Mungo Park – an explorer in West Africa. More older

adolescents had been exposed to the messages than younger ones for both males and females.

Sexual and reproductive health concerns of young people

In the in-depth interviews, respondents were asked to mention their major concerns. With the exception of one person who mentioned HIV/AIDS, all the respondents spontaneously mentioned poor education and inadequate income. It was when they were prompted that they mentioned premarital pregnancy and HIV/AIDS. Both males and females mentioned premarital pregnancy as a problem, but more so for females than males, citing the effects of early pregnancy on education, preparation for life and the financial burden it brings. Adolescents who considered premarital pregnancy and the subsequent childbirth to be a problem stated that such females invariably dropped out of school thus making it difficult for them to realize their potential in life. For instance, w 17 year old school boy in a rural area indicated that

I: what comes to your mind when you hear about someone having a baby before marriage?

R: if you are a student and you become pregnant you have to stop your education and that is going to affect your future.

- *Male, rural, in school, 17 years old*

Both males and females recognized the implications of early pregnancy for their future. For the boys, it was possible that parents may divert the resources for the school to caring for the pregnant girl and or child. For the girls it was dropping out of school.

Those who associated premarital pregnancy and childbirth with possible financial hardship argued that the females who become pregnant early in life may not be able to care for themselves and a child. This is because they do not have any viable economic activity or skills that will make it possible for them to cater for themselves and the child. This would lead to inadequate care for both mother and child as explained below:
clothing.

The mother will find it difficult to cater for the child because she has no job.

Sometimes, the mother may have just only one cloth which is very bad.

- Female, urban, in school, 15 years old

When you see the cloth on the baby, it's like a rag.

- Female, urban, out of school, 18 years old

As pointed out earlier, only one respondent spontaneously mentioned HIV/AIDS as a major concern. When prompted to compare HIV/AIDS to other concerns raised, almost all the adolescents said that HIV/AIDS infection could scuttle their efforts to achieve their life goals and ambitions. According to them, concerns which were mentioned spontaneously such as poor education and inadequate income could be overcome with time and that their consequences were not as fatal as AIDS which could lead to death.
Thus:

AIDS is something that can easily kill you or destroy your future... I'm saying so because your teacher will only ask you to go home for not having school uniform and with that you can still live but with HIV, you are going to die since it has no cure.

- *Male, rural, in school, 18 years old*

Despite the recognition of the consequence of HIV/AIDS, it was not seen as a personal problem since many of them had a low risk perception. For instance, a few of them who considered themselves to be of the risk of contracting HIV were mainly females. Even among these people, the felt that they could get infected by their unfaithful partners and not through their actions or inactions.

R: I think AIDS too is a major problem for somebody like me.

I: what makes you feel that way?

R: Because somebody like me maybe one day a man can lure me with money and have sex with and I can contract HIV/AIDS through that.

- *Female, urban, out of school, 16 years old*

In spite of the recognition that HIV/AIDS is real and has long-term consequences as encapsulated in the quotations above, most of the adolescents did not consider HIV/AIDS as a major concern until they were prompted. That is a number of the adolescents did not appreciate their vulnerability to the infection in spite of the messages.

Conclusion

Over the years, messages have been on HIV/AIDS prevention in response to the global concerns about HIV/AIDS. With African countries reporting very high rates of infection, local and international organizations supported programmes meant to reduce new infections and to limit the impacts of the epidemic (Ghana AIDS Commission, 2005; UNAIDS, 2007). Messages emphasized the A, B, and C in HIV/AIDS prevention. Whilst those succeeded in creating awareness about the epidemic, the messages did not take on board the broad issues such as the interface of HIV/AIDS with other STIs. Thus while knowledge about HIV/AIDS was near universal, that of other STIs were low.

Secondly, the major concerns of young people in Ghana were about economic and social issues – education and finance followed by pregnancy. HIV/AIDS was mentioned when prompted and this was mostly within the context of its effects on the achievement of their socio-economic objectives. Thus, there appeared to be a mis-match between the concerns of young people in Ghana and the type of ASRH messages developed to target them. To be effective, messages should take on board the concerns of young people and use them as conduits for pregnancy and HIV/AIDS prevention.

Thirdly, there is the need to target information and services for other STIs since they constitute co-factors for HIV infection. By factoring in the concerns of young people and widening the scope of messages to include other infections, the promotion of condom for dual protection of pregnancy, HIV/AIDS and other STIs is more likely to resonate with young people.

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