

## **Title**

Enabling Adolescents' Access to Family Planning Services: Perspectives from Rural Communities in Central Ghana

## **Authors**

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## **Background**

Contraceptive use is low, whereas pregnancy levels remain high among adolescents in Ghana. According to the 2008 Ghana Demographic Health Survey (GDHS), knowledge of at least one type of contraceptive was generally low among adolescents aged 15 to 19 years<sup>1</sup>; the use of any contraceptive method was lowest in the 15 to 19 year cohort with females at 19.5% and males at 14.7%<sup>1</sup>. Pregnancy rates among adolescents 15 to 19 years of age remain high in Ghana in spite of a decline from 14% in 2000 to 12.2% as of 2007<sup>1</sup>. The Brong Ahafo Region of Ghana, where this study was undertaken, recorded 13.4% adolescent births in 2007 as compared to 14.5% in 2000<sup>1</sup>. Adolescent pregnancies and births in the study area (the Kintampo North Municipality and the Kintampo South district) were found to be higher than the national averages<sup>6</sup>. Records from the Kintampo Health and Demographic Surveillance System (KHDSS), which covers the study area show that 3% of all births between 2005 and 2008 were to adolescent mothers.

Unplanned pregnancies among adolescents often result in unsafe abortions and pose higher risks of adverse outcomes for both the mother and the newborn: the maternal mortality ratio among adolescents is twice that of women in their twenties<sup>2</sup>. Infant and child deaths are higher among those born to adolescent mothers<sup>2&3</sup>.

Contraceptive use is known to prevent between 20 and 35 percent of maternal deaths, but social norms and limited FP supplies and social services prevent their correct and consistent use by adolescents in most low and middle income countries<sup>4</sup>. Encouraging FP uptake among adolescents is vital to reducing maternal mortality (MDG 5) in this population as well as infant mortality (MDG 4)<sup>4</sup>. Recent studies of adolescent sexual and reproductive health (ASRH) needs in the Kintampo North Municipality and the Kintampo South district point to poor knowledge and use of contraceptive methods with the exception of the male condom<sup>5&6</sup>.

Findings presented in this paper (which is based on qualitative methods) is part of a larger mixed methods Sexual and Reproductive Health (SRH) study carried out between July and November, 2011 within the KHDSS coverage area.

## **Objectives**

The objective of this paper was to define the best approaches to satisfying the FP needs of adolescents in the study population. This objective was addressed by responding to the following research questions.

1. How do society and healthcare providers perceive FP services for adolescents?

2. What are the views of adolescents, society and healthcare providers as to how best to address adolescents' FP needs?

### **Methods**

The study was approached from an interpretive paradigm with phenomenology as the methodology, to provide a deeper insight into societal and cultural factors that influence FP use by adolescents in the study community. This approach was to facilitate the understanding of society and healthcare providers' attitudes on FP delivery to adolescents based on their experiences and perspectives, which could provide a fair idea of how they would respond to FP being provided to adolescents. The study also assessed how best adolescents' FP needs could be addressed. Five (5) FGDs and 11 IDIs were conducted in the local language of Twi and English and recorded on an electronic audio device together with hand-written notes. Qualitative data was collected from adolescents, societal representatives (e.g., chiefs, religious leaders, opinion leaders, representative assembly members, elders in the community) and FP providers working in health facilities in the study area. Two (2) FGDs were conducted for community opinion leaders and 3 for adolescents with each group having between 8 and 12 participants. IDIs were done among health workers and community representatives. Participants in the FGDs and IDIs were sampled purposively.

### **Data analysis**

Qualitative data was analyzed manually. Audio recordings of FGDs and IDIs were transcribed and those performed in the local language were translated verbatim into English with manual coding done by two researchers. Identified themes and related quotes were included in the study report.

### **Ethical review**

The Kintampo Health Research Centre Institutional Ethics Committee (KHRC IEC) approved the study ahead of its implementation.

### **Findings**

Themes that emerged from analysis of the interviews with respect to **Perspectives on FP Care Delivery to Adolescents** were as follows:

- Preventing and reducing unwanted teenage pregnancies is a good thing.
- FP could help adolescents achieve greater heights.
- Adolescents experience obstacles in accessing FP services.
- FP is not good for adolescents as they could be corrupted by the knowledge and become promiscuous.
- FP methods have (perceived) complications.
- Adolescents need to be introduced to various FP methods.

Themes that emerged with respect to **How Best to Address Adolescents' FP needs** were:

- There is the need to educate communities and adolescents on the benefits of FP.
- There is the need to educate communities and adolescents on FP methods and where they can be accessed.

- The state needs to commit to FP.
- Societal traditions and customs should be revamped/ reinstated to facilitate FP interventions.
- Religious leaders have a role to play in accepting FP services.
- FP services should be free and readily accessible.
- Education is needed to change poor healthcare provider attitudes.

### **Implications for practice**

- Education of the community and adolescents on FP methods and attitudes to their use
- Creating and facilitating accessibility to FP services for adolescents

### **References**

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