

Increasing Investments in the Sexual and Reproductive Health and Wellbeing of Adolescents and Young People in Ghana

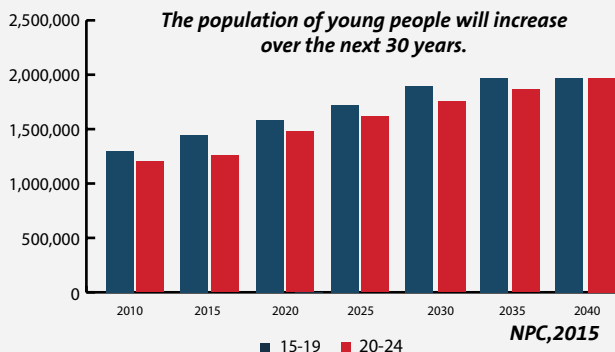
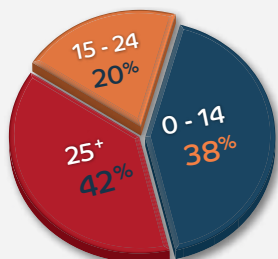
National Population Council



Young people in every society constitute both the current and potential human capital of a nation's development. In order to ensure that young people have a fulfilling sexual and reproductive life, appropriate investments must be made in their health and socio-economic well-being.

Demographic Profile of Young People in Ghana

In the fifty-year period between 1960 and 2010, the population of young people (10–24 years) increased more than fourfold, from 2,461,856 (28.7%) in 1960 to 7,849,520 (32.0%) in 2010. This number is expected to further increase to 8,955,000 over the next two decades resulting in the largest-ever cohort of young people in the history of the country.



Why invest in young people?

There are several compelling reasons for investing in adolescents and young people in Ghana. Numerically, they constitute a significant proportion of the total population. They are a heterogeneous group with respect to knowledge, attitudes and practices. They may be married, unmarried, divorced or widowed and may be with or without a child. They may be resident in a rural or urban area, employed or unemployed and may be in or out of school. If we are to reap the maximum potential of this large cohort of young people, appropriate investments must be made:

i. Economic Empowerment

Investing in the health, education and employment of young people, provides the foundation for national socio-economic development. It removes the economic vulnerability of young people, improves productivity, ensures higher returns on investments and prevents high health costs in the future. The transformation of the economy of Ghana through its human capital development will partly depend on the innovative use of the millions of young people who join the labour force.

ii. Social Development

The social development of a young person hinges on his or her emotional and psychological well-being and physical development. This is dependent on a combination of factors, including family formation and socialisation, education as well as health. On the average, young people today are better educated than their parents, enjoy better health and are better connected to the rest of the world. Investing in their social development will promote planned parenthood and smaller family sizes.

iii. Gender Perspective

Young people learn the social and gender norms and values that prevail in their communities through the socialisation process. These norms and values create special challenges for young girls because families and communities treat boys and girls differently and unequally. Thus, investing in young people, especially, young girls, will enable them attain high levels of education, acquire skills, provide better nutrition for themselves and their families and maximize available opportunities.

iv. Human Rights Implications

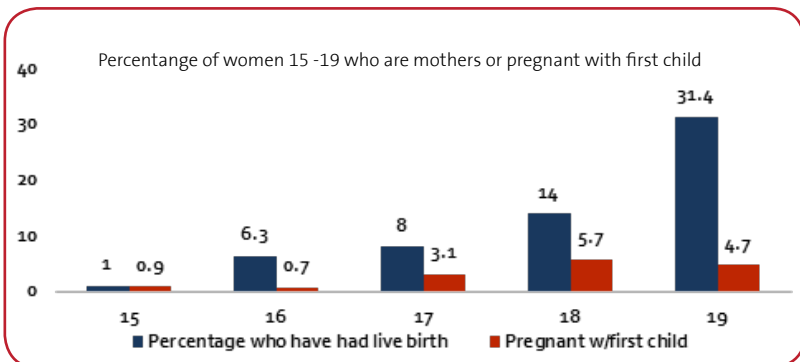
Young people in Ghana have rights that need to be safeguarded and respected. They have the right to live in a safe and supportive environment; acquire information, education, skills and guidance; access quality health care as well as opportunities to participate in national affairs as enshrined in the 1992 Republican Constitution. as well as opportunities to participate in national affairs as enshrined in the 1992 Republican Constitution.

Challenges of SRH programming in Ghana

Young people in Ghana are however constrained by a number of sexual and reproductive health concerns. Did you know that:

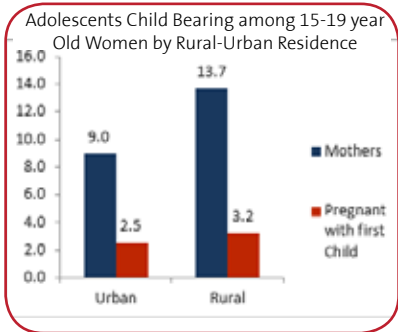
1. Parent-child communication gap affects the ability of adolescents and young people to make informed decisions on their sexual and reproductive health.
2. Inadequate access to ASRH services reduces uptake of sexual and reproductive health care and family planning among adolescents and young people.
3. Socio-cultural barriers prevent adolescents and young people from exercising their sexual and reproductive health rights.
4. Socio-economic vulnerability prevents adolescents and young people from obtaining basic education and employable skills for the job market.
5. Higher morbidity and mortality associated with complicated delivery increases the rate of maternal deaths among female adolescents and young women.

Child bearing is common among women in Ghana and increases with age.



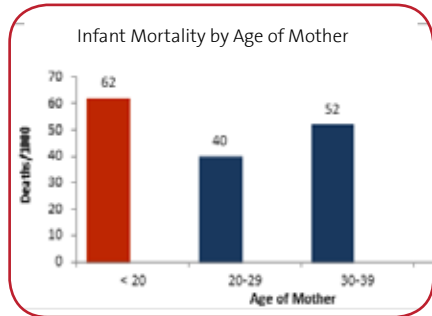
GDHS, 2014

More adolescents in the rural areas are mothers and pregnant with first child compared to those in the urban areas.



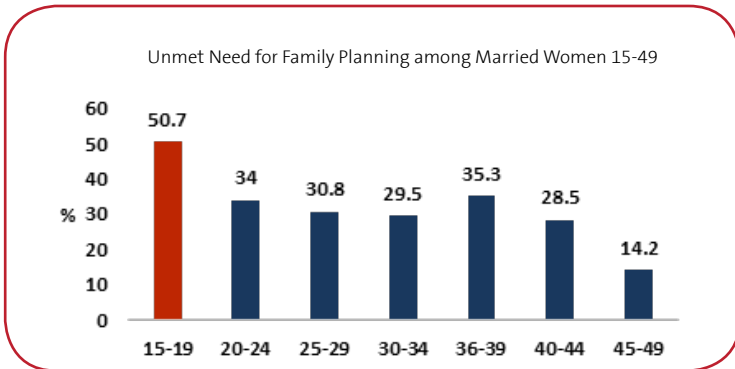
GDHS, 2014

Mothers with lower ages are more likely to have higher infant mortality rates than those who are older



GDHS, 2014

Unmet need for family planning is high among young women

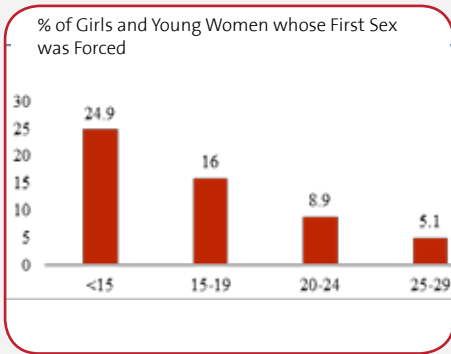


GDHS, 2014



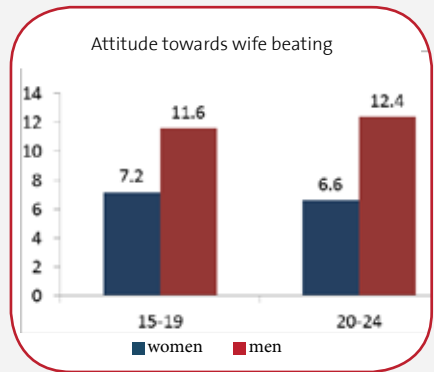
Sexual Violence

Forced sexual initiation is common, especially among the very young.



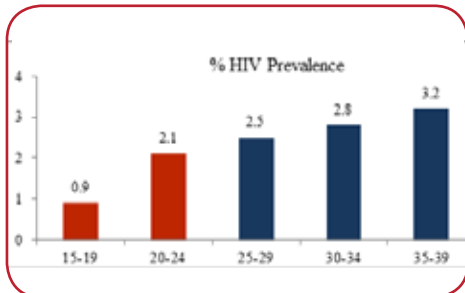
GDHS, 2008

More females than males said a man is justified in hitting and beating his wife if she refuses to have sexual intercourse with him.



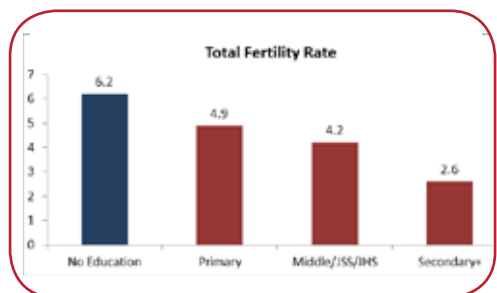
GDHS, 2014

HIV prevalence increases with age



2014 HIV Sentinel Survey

Females with no/low levels of education on the average have more children than women with secondary or higher levels of education



MICS, 2014

How can we prepare adolescents and young people in Ghana for a better reproductive health and general wellbeing?

Sexual and reproductive health (SRH) programmes for young people should be considered as a component of a continuum of information and services needed by young people in their transition to adulthood and is an obligation for all stakeholders.

SRH interventions for young people should develop a sense of identity and value systems that will yield amplified benefits throughout their life span. The interests, needs and concerns of vulnerable and marginalised (the physically challenged, minority and other vulnerable groups such as street youth, out-of-school youth, sex workers, men who sleep with men) must be considered in the provision of comprehensive, affordable and accessible sexual and reproductive health education and services.

The Revised Adolescent Reproductive Health Policy acknowledges that young people need to be provided with sexual and reproductive health services in a respectable, dignified and ethically appropriate manner without discrimination.

Policy Goals

- Reduce the proportion of women who marry before the age of 18 years by 50 % by year 2000 and by 80 % by the year 2020.
- Reduce the proportion of women below 20 years and above 34 years having births to 50 % by the year 2010 and to 80 % by 2020
- Increase the proportion of 15-19 year old females with secondary and more education to 50 % by the year 2005 and to 80 % by 2020.
- Make family planning services available, accessible and affordable to at least half of all adults by year 2020.

Young people have rights !

1. The right to be informed about all matters relating to their health including the right to sexual and reproductive health information.
2. The right to services on sexual and reproductive health, including safe and affordable contraceptives, as they constitute a heterogeneous group with diverse and unique needs
3. The right to be active participants and to be involved in deciding, planning and accessing information and services

Stakeholders must:

1. Advocate for greater support (institutional & financial) for family planning programmes and activities, especially in relation to young people.
2. Collaborate with NPC to advance family planning programmes for Young people and promote responsible adulthood
3. Prioritize family planning and population issues targeting young people.
4. Empower young people to know and exercise their rights – including the right to delay marriage and the right to refuse unwanted sexual advances.
5. Promote efficient delivery of a holistic, youth-friendly health-care package of services.

Acknowledgements

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KEYS

- PHC- Population and Housing Census
- GDHS- Ghana Demographic and Health Survey
- MICS- Multiple Indicator and Cluster Survey

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