



## DECONSTRUCTING THE BARRIERS TO ASRH IN CONTEMPORARY GHANA

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### Abstract

*Adolescent Sexual Reproductive Health (ASRH) is crucial for the physical, emotional, and social well-being of adolescents. The paper aims to identify the barriers to ASRH in Ghana and suggest potential measures to address these challenges. The paper argues that socio-cultural and gender norms that stifle the rights and voices of adolescents, particularly adolescent girls regarding their sexuality, are a significant factor exacerbating other barriers to ASRH in Ghana. These norms perceive adolescents as inexperienced and lacking agency in their sexuality, consequently disregarding their voices. In addition to these norms, other barriers to ASRH in Ghana include inadequate ASRH education within and outside of schools, limited access to ASRH services and products, absence of adolescent-friendly sexual reproductive health services, and the high cost of sexual reproductive health services and contraceptives. These barriers put adolescents at a higher risk of contracting sexually transmitted infections (STIs) such as HIV/AIDS, as well as other problems like unwanted pregnancies and unsafe abortions in Ghana. To address these challenges, the paper suggests several potential measures such as increasing access to affordable SRH services and products, improving ASRH education within schools, creating adolescent-friendly sexual reproductive health services, and promoting gender equality by empowering adolescent girls.*

**Keywords:** Adolescent, Sexual Reproductive Health, Sexuality, Barriers, STIs.

### Introduction

This paper delves into the challenges that hinder adolescent sexual reproductive health (ASRH) and access to sexual reproductive health (SRH) services in Ghana. Adolescence marks the transition from childhood to adulthood, typically spanning ages 10-19 years (WHO, 2001). This phase should ideally be characterized by good health and a significant emphasis on healthy living (Jarvis et al., 2023; Budu et al., 2023; Denno et al., 2015). However, many adolescents in developing countries, including Ghana, grapple with serious SRH issues such as HIV, other sexually transmitted infections (STIs), and teenage pregnancies (Ahinkorah et al., 2023; Budu et al., 2023; Esantsi et al., 2015; Giri, 2022; Guttmacher Institute, 2013).



Adolescent Sexual Reproductive Health encompasses the emotional and physical well-being of adolescents, including protection against STIs like HIV, early marriages, unwanted pregnancies, unsafe abortions, and safeguarding against sexual abuse (UNFPA, 2014). The definition of young people may vary depending on cultural contexts, but in Ghana, adolescents are generally considered inexperienced in terms of their sexuality due to prevailing socio-cultural norms (Baku et al., 2017). This paper argues that these socio-cultural norms that silence adolescent voices regarding their sexuality are a primary factor exacerbating barriers to ASRH.

## Background

Sexuality encompasses a significant aspect of human life, including sexual relationships, sexual identities, reproduction, pleasure, and sexual orientation (WHO, 2001). It is influenced by a multitude of factors, including biological, socio-cultural, economic, and psychological factors (WHO, 2001). Adolescents experience various sexual and reproductive behaviors and needs, including their first sexual partners, first sexual intercourse, and the first use of condoms and contraceptives (Ahinkorah et al., 2023; Budu et al., 2023; Kyilleh et al., 2018). Adolescents in Ghana, particularly girls, face a higher risk of SRH issues due to socio-cultural norms that view them as inexperienced and lacking sexual agency (Mohammed, 2023; Jarvis et al., 2023; Awusabo Asare et al., 2006). The average age of marriage for young people in Ghana has shifted over the years, but early sexual experiences are still prevalent, contributing to issues like unwanted pregnancies (Mohammed, 2023; GSS, 2009). Furthermore, adolescents have become sexually active at younger ages, with the age of menarche decreasing in many developing countries, including Ghana (Besoin-Saldana et al., 2023; Sidamo et al., 2023; Awusabo Asare et al., 2006).

Adolescents are highly sensitive to sexuality-related matters, and many engage in sexual activities. In Sub-Saharan Africa, a significant proportion of adolescents are sexually active and express various sexual desires (Awusabo Asare et al., 2006). However, ASRH education in Ghana remains inadequate (Baku et al., 2017). A report from the Ghana Demographic Health Survey (GDHS) revealed that over half of adolescents aged 15-19 in Ghana have initiated sexual activity, leading to experiences like unwanted pregnancies (GSS/ICF Macro, 2014). Research indicates that adolescent boys are often responsible for impregnating girls of their age, and a substantial percentage of these pregnancies are unplanned (Thatte et al., 2016). Despite adolescents' sexual activity and needs, comprehensive ASRH education remains lacking.

Adolescents have a range of SRH needs, and they generally respond positively to SRH education, particularly in school settings (Budu et al., 2023; Chilambe et al., 2023; Guiella & Woog, 2006; Munthali et al., 2006). They also appreciate SRH education in their communities and from their parents and peers (Ahinkorah et al., 2023; Awusabo Asare et al., 2006). Access to contraceptive methods is a critical need for adolescents as they seek to exercise their agency and protect themselves from STIs, including HIV/AIDS (Mohammed et al., 2023; Qi et al., 2023; Bankole & Malarcher, 2010). However, research in Sub-Saharan Africa, including Ghana, has shown that a substantial number of adolescents lack information about SRH and access to contraceptives (Ahinkorah et al., 2023; Budu et al., 2023; Horse et al., 2023; Thatte et al., 2016).

Additionally, the availability of health centers with adolescent-friendly services is crucial for effective ASRH (Akwara et al., 2023; Van Belle et al., 2023; Biddlecom et al., 2007; Thatte et al., 2016). Studies in Ghana have highlighted the importance of such services for meeting the SRH needs of adolescents (Ahinkorah et al., 2023; Budu et al., 2023; Thatte et al., 2016). However, many ASRH providers in Ghana tend to treat



adolescents as inexperienced and may be reluctant to offer services or contraceptives, further discouraging adolescents from seeking SRH services (Mohammed, 2023; Kyilleh et al., 2018). This reluctance is often rooted in sociocultural norms that label adolescents as inexperienced in matters of sexuality (Mohammed, 2023; Budu et al., 2023; Zegeye et al., 2023; Baku et al., 2017).

Moreover, inadequate information and education on SRH services, both in and out of schools, present substantial barriers to ASRH in Ghana (Jarvis et al., 2023; Budu et al., 2023; Aninanya et al., 2015). Despite efforts by the government and NGOs to promote ASRH, there are still communities, especially in deprived and rural areas, where adolescents lack knowledge about SRH and the use of contraceptives (Budu et al., 2023; Thatte et al., 2016). Sociocultural norms that discourage parents from discussing sexuality with their children contribute to this knowledge gap (Ibitoye et al., 2023; Mohammed, 2023; Baku et al., 2017). As a result, many adolescents are at greater risk of SRH problems due to a lack of knowledge and access to contraceptives.

Furthermore, the high cost of SRH services, including abortion, presents another significant barrier to ASRH in Ghana (Budu et al., 2023; Mohammed, 2023; Kumi Kyeremeh et al., 2014; Thatte et al., 2016). High costs deter adolescents, especially those from low-income backgrounds, from accessing SRH services, leading some to resort to traditional methods of contraception and unsafe abortions, putting their lives at risk (Budu et al., 2023; Mohammed, 2023; Thatte et al., 2016). The cost factor is a substantial obstacle to the access and utilization of SRH services by adolescents.

### **Research Methodology**

The paper employed a comprehensive literature review as its research method. Through this, a systematic search strategy was used to identify relevant sources. A range of academic databases, including PubMed, Google Scholar, and PsycINFO, were searched using keywords such as "adolescent sexual reproductive health," "barriers," and "Ghana." The search was limited to peer-reviewed articles published within the past decade to ensure relevance. In addition to database searches, reference lists of identified articles were also reviewed for potential sources. This approach ensured a thorough and exhaustive collection of literature pertinent to the barriers faced by adolescents in accessing sexual reproductive health services in contemporary Ghana.

To maintain the quality and relevance of the literature included in this review, specific inclusion and exclusion criteria were applied. Included articles needed to be published in English, peer-reviewed, and focused on barriers to adolescent sexual reproductive health rights in Ghana. Studies that primarily addressed other geographical regions or age groups were excluded. The final selection consisted of a diverse range of sources, including qualitative and quantitative research studies, reviews, and policy documents, which provided a comprehensive understanding of the topic.

Data extraction involved recording key information from the selected articles, such as the publication year, research methods, sample size, and main findings. A thematic analysis approach was employed to synthesize the literature, categorizing identified barriers into thematic clusters. This allowed for a structured presentation of the barriers and their underlying factors. The findings of the literature were then critically analyzed to inform the discussion of strategies and recommendations for addressing these barriers in contemporary Ghana.



## **Barriers to ASRH and access to SRH services in Ghana**

Numerous challenges impede ASRH and access to SRH services in Ghana. Adolescents, particularly in developing countries like Ghana, grapple with significant SRH challenges (Envuladu et al., 2023; Mohammed, 2023; Zegeye et al., 2023; Thatte et al., 2016). For instance, research conducted in Senegal revealed discrimination against adolescents in the provision of contraceptives, with methods being provided based on age, regardless of marital status (Sidze-Estelle et al., 2014). This practice denies adolescents their SRH rights and is rooted in sociocultural norms that limit their autonomy (Budu et al., 2023; Ibitoye et al., 2023; Thakuri, 2022). This section examines the barriers to ASRH and the underlying factors in Ghana.

A primary barrier to ASRH in Ghana is the prevailing socio-cultural and gender norms that label adolescents as inexperienced and devoid of sexual agency (Ahinkorah et al., 2023; Budu et al., 2023; Baku et al., 2017). These norms create fear, embarrassment, and shame among adolescents when accessing SRH services, including HIV/AIDS testing and contraceptives such as condoms and pills (Jarvis et al., 2023; Thatte et al., 2016). This fear-based culture puts adolescents at a higher risk and adversely affects their psychological well-being. It is crucial to note that adolescent girls face the greatest risk of SRH problems, including unwanted pregnancies, unsafe abortions, STIs, and HIV/AIDS due to sociocultural norms in Ghana, which are often patriarchal and silence the voices of adolescent girls regarding their SRH rights (Budu et al., 2023; Mohammed, 2023; Aninanya et al., 2015; Awusabo Asare et al., 2006). These sociocultural norms exacerbate other barriers to ASRH and endanger the overall ASRH landscape.

Furthermore, the absence of adequate adolescent-friendly SRH services presents a significant barrier to ASRH (Jarvis et al., 2023; Aninanya et al., 2015; Kyilleh et al., 2018). These services should provide support, and confidentiality to cater to the specific needs of adolescents, addressing structural barriers they face when accessing SRH services (Aliyu & Aransiola, 2023; Qi et al., 2023; Thatte et al., 2016). Many ASRH providers in Ghana treat adolescents as inexperienced and may be unwilling to offer services, including contraceptives (Kyilleh et al., 2018). This reluctance is rooted in sociocultural norms that label adolescents as inexperienced in matters of sexuality (Sidamo et al., 2023; Baku et al., 2017). This situation creates a climate of fear and discouragement among adolescents seeking SRH services, putting them at higher risk of STIs like HIV/AIDS, unwanted pregnancies, and unsafe abortions (Thatte et al., 2016).

Another challenge is the inadequate information and education on SRH services, both within and outside schools (Aninanya et al., 2015). Despite efforts to promote ASRH, many adolescents, especially those in deprived rural communities, lack knowledge about SRH and the use of contraceptives (Thatte et al., 2016). Sociocultural norms discourage parents from discussing sexuality with their children, exacerbating the knowledge gap (Baku et al., 2017). This lack of information limits the SRH rights of adolescents and increases their vulnerability to SRH problems.

Additionally, the high cost of SRH services, including abortion, serves as a substantial barrier to ASRH in Ghana (Kumi Kyeremeh et al., 2014; Thatte et al., 2016). Adolescents, especially those from low-income backgrounds, are deterred from accessing SRH services due to their high costs (Budu et al., 2023; Chilambe et al., 2023; Mohammed, 2023; Thatte et al., 2016). This financial burden leads some adolescents to resort to traditional methods of contraception and unsafe abortions, risking their lives in the process (Thatte et al., 2016). The cost factor hinders the access and utilization of SRH services by adolescents, particularly those with limited financial resources.





The financial burden that adolescents in Ghana face when accessing sexual and reproductive health (SRH) services, including abortion. The high cost of these services is a significant barrier to adolescent SRH in Ghana, especially for those from low-income backgrounds. This financial burden leads some adolescents to resort to traditional methods of contraception and unsafe abortions, risking their lives in the process. The cost factor hinders the access and utilization of SRH services by adolescents, particularly those with limited financial resources

### **Measures for addressing ASRH in Ghana**

To address the barriers to ASRH in Ghana, a comprehensive approach is essential, focusing on root causes and underlying factors, particularly the socio-cultural norms that silence adolescent voices regarding their sexuality (Budu et al., 2023; Mohammed et al., 2023; Baku et al., 2017). It is imperative to enact laws and policies that protect the SRH rights of adolescents and ensure their access to SRH services (Ahinkorah et al., 2023; Akwara et al., 2023; Bankole & Malarcher, 2010). This will create an enabling environment for adolescents to access SRH services and improve ASRH.

Furthermore, comprehensive SRH education should be provided both in and out of schools, along with community-based programs and workshops for out-of-school adolescents (Kirby et al., 2007; Kyilleh et al., 2018). Engaging parents and family members in SRH education is also crucial (Budu et al., 2023; Awusabo Asare et al., 2006; Chandra-Mouli et al., 2014). Comprehensive education that empowers adolescents to make informed decisions about SRH behaviors is essential in addressing ASRH problems.

Moreover, the establishment of adolescent-friendly SRH services is vital (Mohammed, 2023; Van Belle et al., 2023; Bankole & Malarcher, 2010). These services should treat adolescents with respect, support, and confidentiality. Healthcare workers should provide appropriate counseling and education on contraception use, safe abortions, and other SRH matters (UNAIDS, 2008). Creating safe spaces for adolescents to access SRH services is essential for their socio-psychological and physical well-being.

Additionally, the development and implementation of adolescent-sensitive policies and programs by both the government and NGOs are crucial for addressing ASRH (Chandra-Mouli et al., 2014; Kyilleh et al., 2018; Sharia et al., 2014). These policies and programs should consider the unique needs and challenges of adolescents and factor in their disadvantaged positions concerning resources (Baku et al., 2017; Mushtaque et al., 2021; Shariati et al., 2023). They should address the specific SRH needs of adolescents in a way that promotes their well-being.

Furthermore, improving access to ASRH services is necessary to meet the SRH needs of adolescents (Ahinkorah et al., 2023; GNPC, 2001). Many adolescents, particularly those in deprived communities, avoid patronizing SRH services due to their limited availability (Peck et al., 2023; Singh et al., 2023; Thatte et al., 2018). Subsidizing the cost of SRH services and contraceptives by the government and NGOs can make these services more accessible (Thatte et al., 2016). This will help reduce the prevalence of unwanted pregnancies, unsafe abortions, and STIs, including HIV/AIDS, among adolescents.

The elimination of gender norms that silence the voices of adolescent girls is essential for addressing the high-risk factors faced by these girls (Budu et al., 2023; Mohammed, 2023; Svanemyr et al., 2014). This can be achieved through community engagement, involving both men and women in understanding the SRH



rights of adolescent girls (Svanemyr et al., 2014). This will further empower adolescent girls to make informed decisions about their SRH choices.

Lastly, an ecological approach that ensures an enabling environment for ASRH is necessary (Svanemyr et al., 2014). This approach addresses multiple factors that determine SRH behaviors and outcomes among adolescents, including individual, relationship, community, and broader societal levels (Svanemyr et al., 2014). It considers socio-political, economic, legal, cultural, and other contextual factors that influence adolescent capacity to access SRH services and products (Ibitoye et al., 2023; Mohammed, 2023; Gebarino, 1985; Svanemyr et al., 2014). By taking a holistic approach at these different levels, an enabling environment for ASRH can be created.

### **Conclusion and Policy Recommendations**

In conclusion, addressing the barriers to ASRH in Ghana requires a multifaceted approach. To begin with, it is imperative to tackle the root causes and underlying factors, particularly the socio-cultural norms that stifle adolescent voices regarding their sexuality. This will help prevent the exacerbation of other barriers to ASRH. Laws and policies should be enacted to safeguard the SRH rights of adolescents and ensure their access to SRH services.

Comprehensive SRH education should be provided in both school and community settings, with a focus on empowering adolescents to make informed decisions about their SRH behaviors. Engaging parents and family members in SRH education is also crucial. Adolescent-friendly SRH services should be established, treating adolescents with respect, support, and confidentiality, while providing them with the necessary counseling and education.

The development and implementation of adolescent-sensitive policies and programs by the government and NGOs are vital, addressing the unique needs and challenges of adolescents. Improving access to ASRH services and subsidizing their costs can make these services more accessible to adolescents. Eliminating gender norms that silence the voices of adolescent girls is essential, and an ecological approach that ensures an enabling environment for ASRH should be adopted.

Overall, addressing ASRH in Ghana requires a comprehensive, holistic, and coordinated effort from various stakeholders, including the government, NGOs, communities, parents, and adolescents themselves. By addressing these barriers and implementing these measures, Ghana can work toward improving the sexual and reproductive health outcomes of its adolescent population.

### **Conflict of Interest**

The authors report no conflict of interest in this research paper.

### **Funding**

The paper received no funding from any organization or institution in the public, private, or not-for-profit sectors.

### **Acknowledgement**

Many thanks to Ms. Paulina Hanson and Mr. Zakari Yamba Gattoni for their support and encouragement in writing this piece.



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