

POLICY BRIEF



CENTER FOR HEALTH SYSTEM AND POLICY RESEARCH

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The Role Social and Behavioural Change Communication Plays in the Advancement of Sexual and Reproductive Health for Adolescents in Ghana

Adolescents in Ghana face potential health risks that signal the need for continued efforts to support the delivery of quality health services to young people [1]. This policy brief highlights the importance of a more concentrated effort to include Social and Behavioural Change Communication (SBCC) practices as part of a crucial move to improve the sexual and reproductive health of young people in Ghana.



Photo by Ghana News: www.newsghana.com.gh

Key Messages

- Social and Behavioural Change Communication (SBCC) SBCC methodologies need to be developed more in Ghana to feed directly into policy planning and implementation and in-depth research using SBCC to enhance existing data.
- Moving from a population control discourse to a rights-based discourse is important in the development of sustainable sexual and reproductive health policies in Ghana
- The voices of young people need to appear more in policy design and implementation.

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In This Issue

- We discuss ways of improving social and behavioral change communication on sexual and reproductive health in Ghana
- Next Issue: 2017 series on capacity development in HPSR



Photo by Safe Child Project on Reach for Change

Introduction

With a population estimation in 2015 of 5,922,929 representing 21.5% of the total Ghanaian population [2], adolescent health and education becomes essential in the general longevity and well-being of Ghana's future. Embedding this focus within a larger health systems, positions the direction of this brief to focus on the interaction between evidence, policy and implementation for adolescent health in Ghana.

Since the advent of a more specified focus on the global health of young people, sexual and reproductive health awareness campaigns, education provision and dissemination has occupied the attention of governments across the globe. For Ghana, this has taken the form of multiple programmes, designed to target family planning awareness, fertility control and safe maternal practices. This emphasis worryingly pushes a lot of the discussion into the field of population control, detracting a necessary focus on sexual health and their concomitant rights. In 1995, at the International Conference on Population and Development (ICPD) in Cairo, a determined effort to focus on the rights to sexual health and positive parent-hood was put-forward. The important emphasis here was on the multiple and varied action-points that would be necessary to bring about positive perceptions of sexuality and the relationships that shape them [3].

Evidence

For Ghana, the development of the National Adolescent Health and Development Programme (ADHD) in 2001 attempted to meet the needs of one third of its population. In 2009, a seven year 2009-2015 National ADHD Strategic Plan was subsequently developed that heralded a multi-sectoral effort to deliver sexual and reproductive health rights to young Ghanaians. The policy implementation plan sought to achieve a reduction in maternal mortality rates, increase the age at first sexual intercourse, delayed marriage practices and reduce the number of unsafe abortions. This was to be achieved through comprehensive sexual education that was age-appropriate and culturally sensitive. Additionally, access to health services and critical leadership training and skills would be developed to attend to the evolving needs of young people.

Statistically, there have been moderate successes towards achieving this plan. Between 1998 and 2014, the number of women aged 15-19 years who experience their first sexual activity by 15 has increased from 7.3% in 1998 to 11.8% in 2014. However, for youth aged between 20 – 24 years of old, the age of first sexual activity at 18 years old has decreased from 56.7% in 1998 to 43.3% cent in 2014 [4]. Knowledge of contraceptives (all forms and modern methods) among adolescents has been relatively high (98.7% among women and 99.1% for men).

Use of modern methods has more than quadrupled in the past 25 years, rising from 5% in 1988 to 22% in 2014. This increase is largely a result of increased awareness of contraceptive options through effective pedagogical shifts in information dissemination. However, 30% of currently married women have unmet need for family planning services, with 17% and 13% having an unmet need for spacing and limiting the number of births respectively. Specifically for adolescents, there is a high unmet need for family planning. Approximately 51% of adolescents aged 15-19 and 34% of youth aged 20-24 currently married have unmet need for family planning according to Ghana Demographic Health Survey [4].

Policy Implication: Accelerating Actionable Awareness

What is needed is a concerted effort to streamline social and behavioural change communication methodologies and technologies, placing emphasis on rights-based approach to sexual and reproductive health. Social and Behavioural Change Communication (SBCC) is a participatory and interactive process where communities are engaged to shift ideologies and patterns of social interaction. Tailored messages and approaches are developed using a variety of communication and media channels to enhance positive behaviours, promote best-practice activities and create sustainable systems of health management [5]. Current practice tends to provide services that generalise populations that at best attend to the basics of widespread sexual and reproductive care and at worst, alienate the culturally nuanced, multiple and varied experiences of young people around the globe. For sexual and reproductive health awareness and education, SBCC programmes typically use radio, television, billboards, print material, the internet (social media platforms) and client-provider interaction to enhance positive and healthy knowledge and awareness of sexual and reproductive health.

In the case of Ghana, potential areas of development would be to build a stronger alliance with youth groups. This may take the form of more interactive spaces where young people's voices are documented and data captured, to inform policy. Generating this kind of quality information will help to identify shifts in behavioural patterns and assist in constantly adapting to meet a changing population sexual and reproductive health needs.

UNFPA 4 Outcomes for Positive Developments

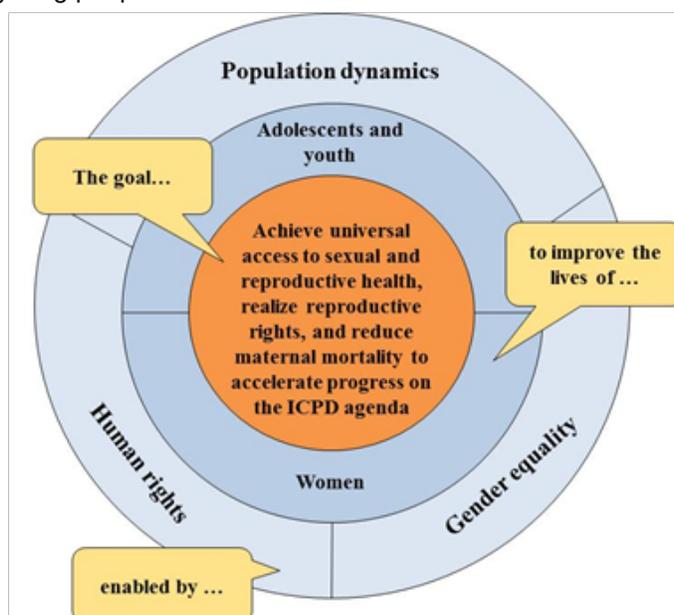
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.

Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality

Outcome 3: Advanced gender equality, women's and girl's empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth

Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and rights, HIV and gender equality

Furthermore, a move to put into place adequate arenas to listen attentively to the expressions of young people has enormous potential to enhance and strengthen the efforts put forward by the United Nations Population Fund (UNFPA) and its multiple, related programs. They outline four outcomes that will reflect positive developments in the sexual and reproductive well-being of young people in Ghana:



Source: <http://unfpa Ghana.org/page.php?page=286§ion=41&typ=1>

Conclusion

A more concentrated and supported effort in SBCC strategies will provide the necessary boost in policy implementation through effective research methodologies and evidence gathering technologies. Moreover, a more concentrated effort in SBCC approaches supports the efforts of the United Nation Population Fund (UNFPA) to attain the four outcomes they have identified through the implementation of various multi-sectoral programmes geared at the sexual health and well-being of young people. What is essential here is a move away from a population control discourse to a rights-based, culturally relevant framework embedded in the field of sexual reproductive health.

Key Reference:

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Credits

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