



Different youths, different needs

Research into factors that enable or hamper access of young people to SRH information and services from formal and informal providers shows major differences between males and females, between married and unmarried young people, and between teenagers (10-19) and older youth (20-24).

Around seventy per cent of young people in Ghana have poor knowledge on sexual and reproductive health (SRH) issues, because of misconceptions about sex and SRH services, usually fuelled by a low literacy rate, taboos and religious bias. Almost all young people interviewed say a religious leader has discouraged their uptake of SRH services at least once. Moreover, there is a general notion that traditional healers have the power to cure infertility, impotency and sexually transmitted infections (STIs).

However, there are major differences between how different youth groups access SRH services.

Males vs females

Not surprisingly, young men and young women appear to be driven by different motives when looking for SRH service providers. Women mainly want to prevent unwanted pregnancy and complications resulting from unsafe abortion. Young unmarried men search help mostly on issues related to STI prevention and treatment.

Married vs unmarried

Married women prefer formal SRH services like clinics, health centres or hospitals because of the quality of the facilities and the expertise of the doctors. Services are best suited to their needs when husbands accompany them to the service provider or support their decision to go.

Unmarried youth consider the perception of confidentiality and privacy of the provider most important when they search for SRH information and services. They fear the stigma of going to a health centre and being unmarried. Only few (formal) health care practitioners provide privacy and youth-friendly services. However, informal providers—such as chemists, NGOs and peer educators, and traditional healers—do provide confidentiality: *“I go to the peer educators in my town because they are also reliable and confidential plus they also distribute condoms freely.”*

Facts - ASK programme in Ghana

Where? 17 districts in the Northern, Upper East, Brong Ahafo and Central region.

By whom?

- Curious Minds
- Health for Future Generations
- Northern Sector Action on Awareness Creation
- Planned Parenthood Association of Ghana
- Presby Health Service
- Simli Aid
- Theatre for a Change

For whom?

- Young people 10-24 years
- SRH service providers

Scope of the research

39 FGDs with young people, 124 interviews with young people and 34 interviews with service providers selected from 11 districts.

When unmarried young people visit formal services they do so outside their community to ensure anonymity and avoid stigmatisation. For them, parental support is identified as an enabling factor to receive the best possible care.

For the youngest (10-19), lack of budget is a real barrier. Free or easily affordable services are therefore crucial for this age group.

Recommendations

- Demystify sex-related taboos and myths through more open discussion. And include community and religious leaders in this dialogue. Accurate and openly shared information leads to healthier behaviour among youth.
- Provide quality services close to the youths. Training peer educators appears to be a successful approach to increasing the number of nearby providers.
- Improve collaboration between formal and informal health care providers, other than referrals. Formal services should recognise the contribution of informal providers and make an effort to train their skills and increase their knowledge. On the other hand, formal service providers should get training in being youth-friendly.
- Add new media as a source of information. Social media and text messaging seem potential ways to get SRH information to (literate) youth. Currently, many do not yet have internet access; especially for women the rate can be as low as 13%. However, of the young people who do use some form of social media, ninety per cent received SRH information on issues like family planning, pregnancy and STIs, mostly through Facebook and WhatsApp.