UNDERSTANDING THE BARRIERS AND ENABLING FACTORS FOR ACCESS TO SEXUAL AND REPRODUCTIVE SERVICES BY YOUNG PEOPLE

Introduction

According to the 2010 Ghana Population and Housing Census (PHC), young people (aged 10-24 years) make up 31.8% of the total population, with majority (50.5%) being females. These young people have a lot of sexual and reproductive health challenges.

To help address the SRH challenges of young people, the Access, Service and Knowledge (ASK) programme was developed by the Dutch Youth Empowerment Alliance and funded by the Dutch Ministry of Foreign Affairs with the main objective of helping young people to access SRH information and service directly.

In Ghana, the programme is implemented by 7 local Non-Governmental Organisations in seventeen (17) districts. This research was and operations research within the AKS programme. The objective was get insight into the barriers and enabling factors of young people access to SRH services.

Methodology

The respondents for the study were young people 10-24 years and SRH service providers selected from 10 communities located in the 7 of the programme districts. The data was collected using focus group discussions (FGDs) and in-depth interviews. Thirty four and 124 service provider and young people in-depth interviews respectively were conducted in addition to 39 young people FGDs. The data was collected by young people who received a 5 days trainings on how to conduct research and the study tools. Ethical approval for the study was obtained from the Navrongo Health Research Centre's Ethical Review Board.

The data collected was transcribed and re-organized manually based on the themes based on age groups and marital status. Common themes were summarized together and distinct views highlighted. Some verbatim quotes were highlighted to better show the individuals' experiences.

Findings

The findings of the study indicated that high number of unwanted/unplanned pregnancy and unsafe abortion were the main SRH challenges of young people. Other challenges included high prevalence of STIs, multiple sex partners, unprotected sex and substance abuse (alcohol and aphrodisiac abuse for sexual performance enhancement) especially in young men.

In discussing the factors driving the young people to access specific services, the participants indicated that males turn to do so because of fear of STIs and females because of fear of unwanted pregnancies. These differences are highlighted in the quotes from one health worker;

> *"Boy's only buy condoms because they fear STIs".* "*When we have STI screening program more males attended than females. "Girls buy secure and other emergency contraceptives because of fear of unwanted/unplanned pregnancy".*

A number of barriers to young people access to existing SRH services and information were identified. The main barrier for unmarried young people was the fear of being stigmatized as "spoilt" or promiscuous if people get to know they have accessed SRH service. This is linked to issues of inadequate confidentiality and privacy. One unmarried female noted that

"w*e feel shy to do it. Because adults insult us and they see us as bad young people if we try to access SRH information and services*".

Almost all the young people indicated that at least once in their life they have been discouraged from accessing SRH service or information by a religious leader.

In some communities, formal service providers mentioned that accessing SRH services when one is unmarried is considered distasteful and unmarried young people especially women who do so greatly reduce their prospect of obtaining decent suitor and/or a good marriage. For the married young people the main limiting factor was the need for children or more children by their spouse and in-laws. As one service provider puts it

"Most young couples who live in close proximity to in-laws are given so much pressure to give heirs early in their marriage. So most married young people do not access preventive service such as family planning, contraceptives and condoms."

Misconceptions surrounding sex and SRH services was found to be exacerbating the extent of the challenges faced by the young people at community level. These misconceptions were usually fuelled by ignorance (low literacy rate), shyness, religious bias, ethno-social sex related taboos and barriers

The study identified the following as the main enabling factors for young people access to SRH information and services, availability of the service in the community; quality of SRH services; and the perception of the confidentiality and privacy of the provider. Closely linked to the availability of services is the increased in number of informal service providers like peer educators at community level.

Whilst these factors are the same for all the young people, support from husbands and more importantly when they (husbands) decide to accompany their wives to the service provider was one key enabling factor for married females (10-24 year old). For 10 – 19 year olds parental support and the provision of free contraceptives were identified as enabling factors when it comes to services. In terms of information, the young people (10 – 19 years) were more likely to access SRH when the services are more interactive and playful such as quizzes, games, video plays and dramas.

Recommendations

- The concept of self-dispensing machines for SRH commodities such as condoms and pregnancy test kits should be explored further and where possible deployed to enable adolescents access services without any interference.
- The whole concept of provider confidentially, judgmental attitude needs to be re-examined. In addition to providing training for service providers, it is critical to provide supportive supervisions, in other to support them build their skills in young friendly services very well.
- Community level opinion leaders and religious leaders and community leaders should be targeted and engaged in addressing SRH issues of young people. They can play a critical role in address SRH issues of married young people.
- Special SRH programs and interventions for young males should be developed. These interventions can cover issues on male fertility; use of aphrodisiacs and sexual enhancement drugs and their general sex life.