African Health Economics and Policy Association

Association Africaine d'Economie et de Politique de la Santé

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# POLICY BRIEF

# PRIORITY ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH INTERVENTIONS:

## A SITUATIONAL ANALYSIS OF GHANA AND SENEGAL

**August 2023**

## EcASARH PROJECT

## INTRODUCTION

Today, most of the estimated close to 2 billion adolescents (persons aged 10-24 years old) worldwide lives in a more urbanized and sophisticated world compared to three decades ago. Regardless of the progress, this transitional development results in lifestyle changes and exposition to uncensored media content and peer pressure responsible for increases in risky sexual behaviours and the rising burden of preventable diseases among adolescents. Globally, between 12 and 15 million adolescent girls marry annually before their fifteenth birthday, and sexually transmitted infections (STIs) among adolescents increased by 30.3% between 1994 and 2017. In most sub-Saharan African (SSA) countries, adolescents account for almost two-thirds of persons living with HIV and one-fifth of all maternal deaths. At the same time, over 40% of adolescents in the region suffer various forms of intimate partner violence that are partly responsible for the rising prevalence of injuries, especially among young girls forced into early marriages. One study in 5 SSA countries finds that 20.9% of in-school adolescents have multiple sexual partners, which is a worrying development as this proportion could be higher if out-of-school adolescents are considered (Figure 1). In most cases, sociocultural and religious practices with no regard for fundamental human rights and freedom compound the challenges faced by adolescents

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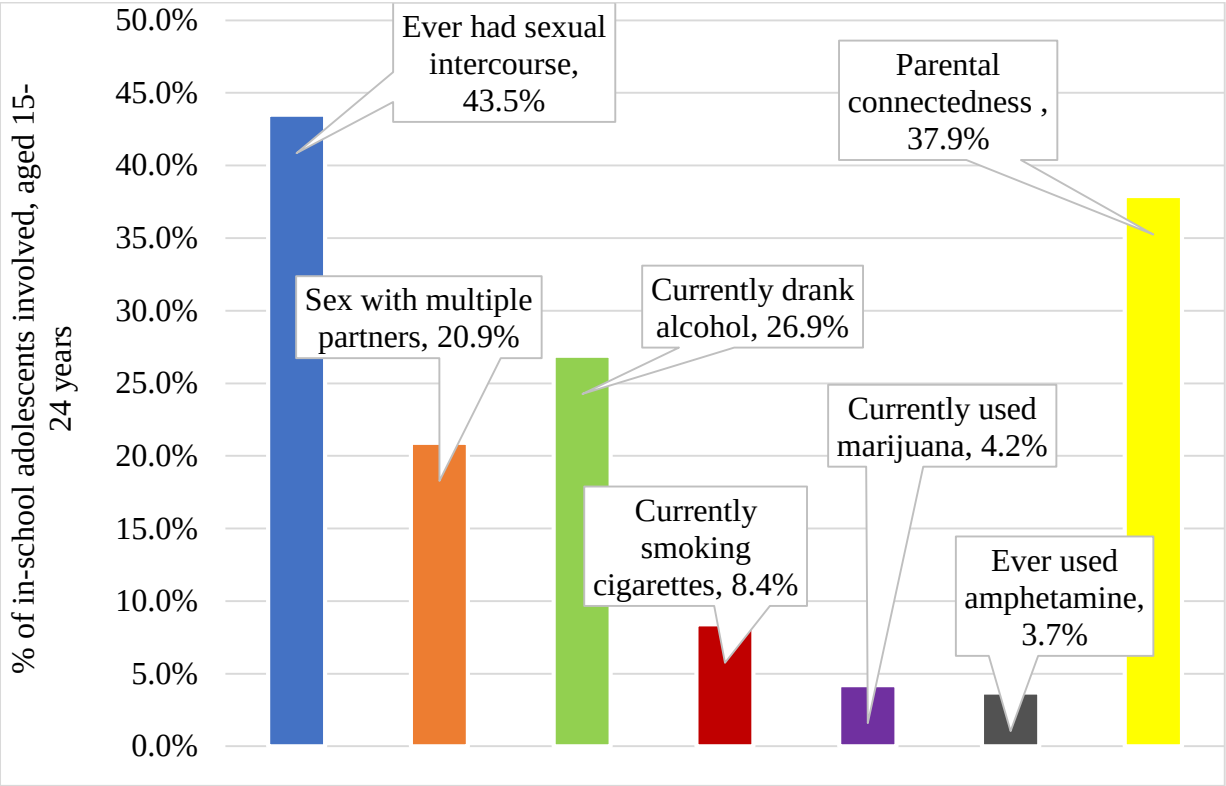
**Figure 1. Snapshot of selected ASRH problems in sub-Saharan Africa**




**Source**. Shayo *et al.* 2019

## CONTEXTUAL ISSUES

### Scope of analysis

Ghana and Senegal are two LMIC countries in West Africa with different colonial histories but share commonalities in several ways, including being a part of the Economic Community of West African States (ECOWAS). Additionally, they both face challenges with growing demand for adolescent sexual and reproductive health services that largely remain unmet and overlooked due to a lack of fiscal space, political commitment, and prioritization, among other systemic and institutional capacity problems.

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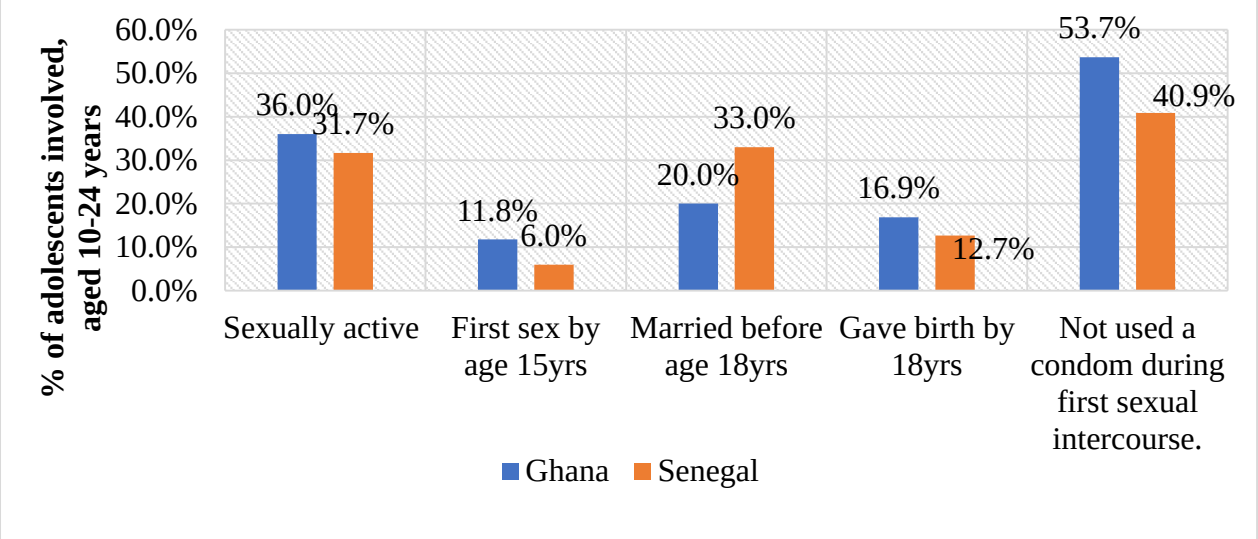
**The situation of ASRH problems in Ghana and Senegal**

One out of every three adolescents in Ghana and Senegal are sexually active and about half of them were either coerced or physically forced into the act. Early sexual debut, defined as sexual intercourse before or at age 15 years old is 11.8% in Ghana and 6% in Senegal. A more worrying situation is the fact that up to one-third of adolescents in these two countries were married before their eighteenth birthday and more than 10% gave birth before they became adults. Disregarding contraceptive use, when needed to prevent STIs and unwanted adolescent pregnancy, is also a troubling situation as close to half of the sexually active young people in these two countries did not use condoms during first sexual intercourse (Figure 2).

Besides what is presented in Figure 2, evidence of unsafe abortion practices among adolescents in these two countries exemplifies the situation in SSA. Available data show that 79% of women using unsafe abortion services in Senegal are between the ages of 14 and 24. In Ghana, similar service use increased by 24% between 2017 and 2020. Other important adolescent issues needing attention in these two countries include malnutrition, substance use, mental health and related stigma, suicide in older adolescents, and road traffic injuries among others.

**Figure 2. Comparison of situational ASRH problems in Ghana and Senegal**




**Source:** Demographic and Health Survey Datasets

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## ADDRESSING ASRH PROBLEM

### Evidence from policy reviews

Except for a national constitution, most policy-based interventions to address ASRH problems in Ghana and Senegal have a short time horizon not exceeding five years for fear of discontinuation by the next government, which is typical of most countries that practice a democratic system of government. In Ghana, notable policies for addressing ASRH problems include Ghana's Adolescent Health Policy and Strategy 2016-2020, The Ghana Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH&N) strategic plan 2020-2025, and the Five-Year Strategic Plan to Address Adolescent Pregnancy in Ghana 2017-2022. Like Ghana, ASRH-related policies in Senegal also have a short lifespan. For example, Senegal's National Strategic Plan for Adolescent Reproductive Health 2014-2018 and the Integrated Strategic Plan for Reproductive, Maternal, Newborn, Child, and Adolescent Health (SRMNEA) 2016-2020. The lingering problem underpinning the implementation of ASRH policies in the two countries is the lack of institutional and financial capacity to deliver ASRH services to those that need them the most. The consensus is that for global health convergence to happen by 2030, adolescent health needs must be catered for. Given the multifaceted health problems confronted by adolescents, limited resources in low-and-middle-income countries can only be committed to priority interventions. Below, this policy brief presents the top five priority ASRH interventions in Ghana and Senegal to guide policymaking and resource allocation to address the critical needs of adolescents.

### Priority ASRH interventions in Ghana and Senegal

Several priority interventions are ongoing in Ghana and Senegal to address pressing adolescent sexual and reproductive health needs (Figure 3). The interventions are ranked in order of magnitude using reach and funding and are prioritised by stakeholders using standard criteria/framework by the West African Health Organisation. The criteria focus on the potential of interventions to address major health determinants among adolescents. These include i) targeting proximal social determinants, ii) targeting knowledge, attitude, and behaviour, iii) targeting adolescents and youth health problems, and iv) targeting country response to ASRH. The implementation of these interventions is through multiple stakeholder collaborations, involving government Ministries of Health, Education, and Gender, as well as private sector service providers, NGOs, civil society organizations, and development partners.

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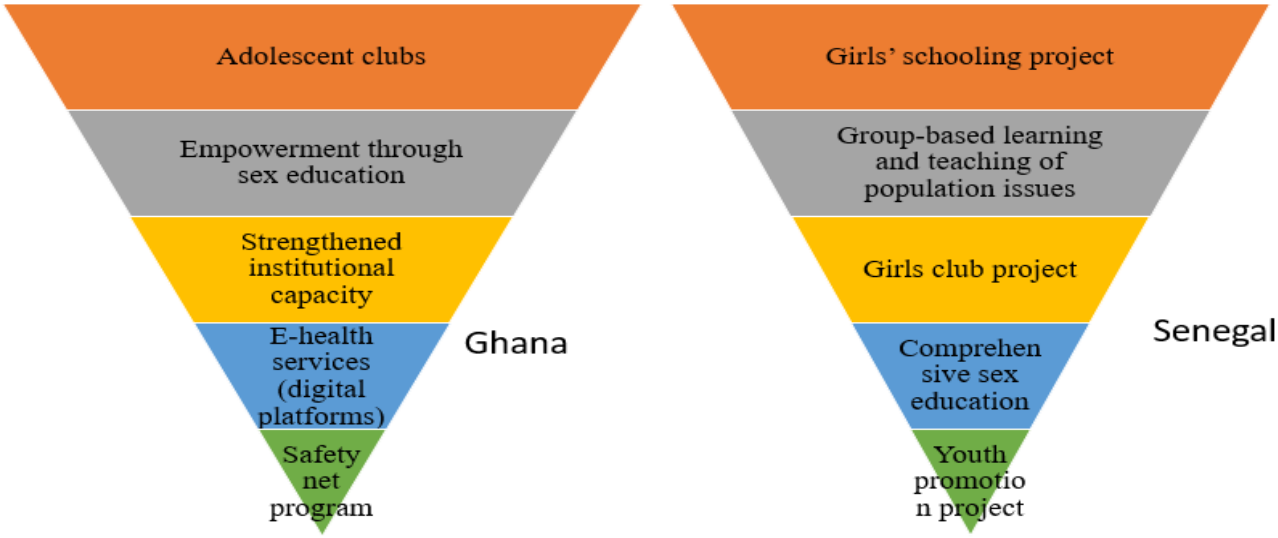
**Figure 3. Top five priority ASRH interventions in Ghana and Senegal, ranked in order of magnitude in terms of reach and funding.**




**Source**: Stakeholder interviews by the African Health Economics and Policy Association, 2023

## LESSONS LEARNT AND THE WAY FORWARD

This policy brief is a product of a research project on the Economics of Adolescent Sexual and Reproductive Health (EcASaRH) in Ghana and Senegal by the African Health Economics and Policy Association (AfHEA). Lessons learnt from the project so far are that there is a huge funding gap for the implementation of ASRH interventions in Ghana and Senegal. Some interventions may be more effective than others, but the potential benefits must outweigh the cost to attract sustainable funding from national governments and development partners who tend to dominate funding for ASRH in LMIC including the two countries studied. The lack of continuity of interventions post-funding cycle requires that sustainable domestic sources of funding must be given attention as well. Therefore, the way forward is that this policy brief set the path for further discussion by policymakers and all other stakeholders regarding where to focus attention and resources to address adolescent sexual and reproductive health problems.

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