



**REPUBLIC OF GHANA  
ADOLESCENT REPRODUCTIVE  
HEALTH POLICY  
NATIONAL POPULATION COUNCIL  
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## PREFACE

This document is the product of a broad-based consensus building process on adolescent reproductive health initiated under the auspices of the National Population Council (NPC). The broad objectives of the process were:

I. to bring together individuals and organizations working on youth issues, especially in sexual and reproductive health to discuss and agree on broad areas of concern and interest; and

II. to provide a forum for promoting the development of programmes and activities on reproductive health for young adults and adolescents.

Recognizing that the issue is of interest to various government sectors, non-governmental organizations (NGOs) and individuals, the National Population Council designed a multi-stage participatory process which led to the development of the initial draft of the policy. The process involved consultations with youth and youth-involved organizations as well as personnel from the Ministries of Health, Education, Youth and Communication, Ghana Youth Council, National Council for Women and Development, The Ghana National Commission on Children, Ghana Social Marketing Foundation (GSMF), Planned Parenthood Association of Ghana (PPAG) and selected NGOs and individuals. In addition, an Adolescent Reproductive Health Conference was held in Accra in September 1996 which brought together all youth organizations, government ministries, the private sector and selected individuals. A revised draft was produced out of this consultation. The third stage involved sensitization and discussion of the draft document with a cross-section of the Ghanaian population - young people, policy makers, administrators, traditional rulers implementers of programmes and funding agencies - in all the ten regional capitals.

This policy document is meant to provide broad guidelines for policy makers, implementers of programmes, and the general public on reproductive health among adolescents and young people. It provides the framework and the context within which information and services will be provided to adolescents and young adults on sexual and reproductive health.

The United Nations Population Fund (UNFPA) and the United States Agency for International Development (USAID) funded the process and the development of the policy. Technical assistance was provided by the Center for Development and Population Activities (CEDPA), the Johns Hopkins University Center for Communication Programs and the Universities of Ghana and Cape Coast.

### 1.0 PREAMBLE

Young people constitute a major potential for socio-economic development in every country. In Ghana, young people aged 15-24 years account for 30 per cent of the total population. As the future leaders of the country, it is important to ensure that young people are educated, well informed, and provided with improved health care services and facilities. Creating an acceptable atmosphere for adolescents to learn about transition to adulthood is one of the central issues in education. Values, attitudes and behaviours for promoting positive living, including those on reproductive health, are first formed at the adolescent stage. Therefore, educating adolescents and young adults on sexual and reproductive health has the benefit of contributing to the well-being of the members of the society as well as helping them to develop their potentials.

The development of this policy is in line with some of the short and long-term objectives of the Government of Ghana. Among them are the spirit and purpose of the Fourth Republican Constitution of 1992, the goals of Vision 2020, the Youth and HIV/AIDS Policies and the national health policy protocols and standards. The document also affirms the government's commitment to her international obligations such as the objectives of the International Conference of Population and Development (ICPD) of 1994, the Fourth Women's Conference in Beijing in 1995 and the post conference meetings such as that of The Hague in 1999 and New York in 2000.

Thus, the policy responds to the government's responsibilities towards the development of population policies as indicated in Article 37(4) of the 1992 Constitution which states as follows: -

The State shall maintain a population policy consistent with the aspirations and development needs and objectives of Ghana.

Furthermore, the medium term objective of the Government of Ghana, as stated in the Vision 2020 document, is to achieve a middle income status by the year 2020. The objectives of such a vision can be achieved by harnessing the human resources of the country, particularly young people. This is in line with objective 4.3.7 of the 1994 National Population Policy which seeks:

To educate the youth on population matters which directly affect them such as sexual relationships, fertility regulation, adolescent health, marriage and childbearing, in order to guide them towards responsible parenthood and small family sizes (section 4.3.7).

The Government, through the Ministry of Health, has produced a national health policy which sets out guidelines and standards for health delivery, including sexual and reproductive health. This policy on the reproductive health of adolescents and the youth emanates from the general health policy and responds to the peculiar reproductive health needs of young people. The Policy also complements the National Youth and the HIV/AIDS policies.

Various Governments of Ghana have shown commitment to adolescent reproductive health at the international level by endorsing recommendations on reproductive health. For instance, the Government has endorsed the recommendations from the Programme of Action of the International Conference on Population and Development (ICPD) held in Cairo in 1994 and the Platform for Action of the Fourth International Women's Conference held in Beijing in 1995.

The policy provides a framework through which the reproductive health needs of young Ghanaians would be met. It is also meant to guide policy makers, programme managers and implementers of policies as they formulate, implement and evaluate programmes and services that address the sexual and reproductive health needs of adolescents and young people. The policy has also been informed by the wish to develop the human resources as part of the process towards achieving the developmental goals of the country.

## 2.0 GUIDING PRINCIPLES

### 2.1 Definition of Concepts

In general, the adolescent stage is defined as the second decade of life; that is the 10-19 years of age. Demographically, a youth is a person aged 15-24 years while socially, adolescence is the period between childhood and adulthood. But for the purpose of this policy, the target population is those aged 10-24 years. The 20-24 group is included because some of them, particularly those still in school, may have similar reproductive health needs as 15-19 year olds. The premise is that the adolescent and young adults, as defined, have the capacity to respond to developmental processes when their needs are met, including reproductive health.

The policy adopts, the definition of reproductive health from the Programme of Action which states that:

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes  
Reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being (United Nations, 1995:30).

Meeting the reproductive health needs of young people as captured in the adopted definition will also involve helping them to appreciate the social and moral components of their sexuality as well as the people they interact with.

### 2.2 Right to Information

Adolescents and young people need accurate and reliable information about their sexuality, the physical changes taking place within them and the changing human relationships which take place at this stage. At this

stage, young people are also concerned with the nature of the relationship with their parents and other adults, peers of the same sex and of the opposite sex, and siblings. They begin to make conscious plans about their future career, learn new skills and develop the capacity to communicate with different categories of people on a wide range of issues.

Available evidence suggests that adolescents behave responsibly when they are well informed, especially on issues such as career development, relationships and reproductive health. Therefore at this stage, adolescents and young adults need adequate and reliable information to enable them make the right decisions and choices.

The objective is to ensure that programmes on adolescent sexual and reproductive health respond to their needs and aspirations. Messages to adolescents and young adults on responsible adulthood, including sexuality, should be accurate, unambiguous and should respect the socio-cultural sensitivities of various sectors of the population.

### 2.3 Right to Services

Every individual or couple has the right to information and services on population and health issues, and this includes reproductive health. Adolescents are a heterogeneous group: there are young ones under 15 years, there are those who have had sex before but not married, and those in casual or permanent sexual relationships. Therefore, there is the need for services such as information and counselling for those who are not sexually active and family planning services and counselling for those who are in sexual unions. Such services should be offered within the context of the mandate of the sector ministry or organization and in accord with the socio-demographic background of the individual as well as the group or social milieu to which he/she belongs. To meet the needs and aspirations of the clientele, the services should be comprehensive, reliable and user-friendly.

### 2.4 Gender Issues

Educating adolescent males and females on reproductive health and related socio-cultural responses will enable them to understand themselves as well as people of the opposite sex. This will help towards the development of desirable behaviour such as mutual respect for the opposite sex and the recognition of the complementary roles of the other sex.

Providing young people with knowledge, skills and self-confidence to participate fully in socio-economic development needs to start at an early age. Addressing the reproductive health needs of young people, especially those of adolescent females, will assist them to understand themselves and strive to realize their full potential.

Although, young female adults constitute half of the adolescent population, they suffer from marked disparities in education, health and employment. Young girls are less likely to be enrolled in school, would be married at an early age, would be less likely to have access to available resources and are more likely to be employed in low-paying jobs. Some socio-cultural practices (including laws, norms and customs), particularly those relating to sexuality, tend to stifle the development of young females. Improving our understanding and promoting gender equality and equity are basic pre-requisites for successful implementation of any population policy.

### 2.5 Involving young people in programmes

Experience and research show that change occurs faster when the people who are targeted for the intended change are involved in the planning, implementation, monitoring and evaluation of the intended change. People respond to programmes when they are involved in the formulation of objectives, the setting of priorities and have a stake in the outcomes. Thus, adolescents and young people should be involved in the planning process to ensure that programmes are relevant to their needs, to create partnership with policy makers and adults in general and an atmosphere for communicating openly for the achievement of mutual goals.

## 2.6 Multi-Sectoral Approach

Government recognizes that adolescent sexual and reproductive health is multi-faceted. The successful implementation of adolescent reproductive health programmes will require the cooperation of many different sectors - health, education, social welfare, media, justice, sports, labour, religious bodies, women and children's groups, non-governmental organizations, traditional authorities, communities and families. These groups and organizations either play crucial roles in socializing young people, represent community-level interests or provide range of services including sexual and reproductive health to adolescents and young adults. Similarly, the donor community influences programmes for young people through their support and funding policies. Government, through this policy document, seeks to guide the various sector ministries, departments, institutions, organizations and individuals involved in adolescent reproductive health programmes and activities to achieve their intended objectives.

## 3.0 CURRENT SITUATION

### 3.1 Socio-Demographic Profile

The medium term objective of the Government of Ghana, as indicated in the Vision 2020 document, is to achieve a middle income status by the year 2020. Achieving such an objective implies the development and harnessing of the potential of young people, who are the spirit of today and the hope for the future, through education and skills training. However, adolescents and young adults, are among the most socially and sexually active segment of the population but have limited knowledge of and lack access to resources and services on a wide range of areas including sexual and reproductive health.

#### 3.1.1 Size of Age Group:

With a median age of 17.5 years, the population of the country can be described as youthful. The proportion of the population aged less than 15 years of age has been consistently around 45 per cent while those aged 15-24 years have accounted for about 30 per cent of the total population of the country over the past four decades. In both the 1993 and 1998 Ghana Demographic and Health Survey (GDHS) and the population census of 2000 females aged 15 to 24 years represented 38 per cent of the women in the reproductive age group.

Although total fertility has declined from 6.4 children per woman in 1988 through 5.5 children in 1993 to 4.6 in 1998, the large proportion of children in the population is likely to continue into the next decade due to the already high proportion of young people in the population. That is, the current population has a built-in momentum for high growth.

#### 3.1.2 Sexual and Reproductive Health Profile

Median age at first marriage among females increased from 17.6 years in 1979/80 to 19.1 years in 1998 while that of males has been around 25 years for the past three decades. Spatial and socio-demographic variations in age at first marriage have been observed, particularly among females. For instance, in the 1998 GDHS, median age at first marriage among females ranged from 18.3 years for the Western, Brong Ahafo and Upper East Regions to 20.1 years in the Greater Accra Region. There was also a linear relationship between age at first marriage and level of formal education. On the average, females with no formal education married at 18.5 years of age but, those with secondary school education or higher married at 23 years of age. The observed low age at first marriage among females with no formal education has implications for the development of the potential of the girl-child.

While the reported median age at first marriage for females has increased over the years, reported mean age at menarche has declined. For instance, mean age at menarche has declined from 14.9 years in 1979/80 to 13.5 years in the 1990s due to improvement in personal hygiene, nutrition and health delivery. In the 1998 GDHS, the reported median age at first sexual intercourse for females was 17.6 years while for the males it

was 19.4 years. The changing bio-social conditions due to early menarche and increasing age at first marriage have resulted in a longer period between physical maturity and marriage than existed in the traditional system. This has created conditions for pre-marital sex. In the 1998 GDHS, the median age at first sexual experience occurred 1.5 years before the median age at first marriage for females and 5.6 years for males.

According to the 1998 GDHS, 8 per cent and 30 per cent respectively of the males aged 15-19 years and 20-24 years had had sex within the four weeks prior to the survey. While 81 per cent of the 15-19 year-olds had never had sex, only a third of those aged 20-24 years had never had sex. Among the female respondents, those who had had sex in the four weeks before the survey were 14 per cent for the 15-19-year olds and 40 per cent for those aged 20-24 years. By aged 20-24 years only 9 per cent of the females had never had sex. In the 1993 GDHS, 45 per cent of females aged 15-19 years had had sex in the four weeks prior to the survey. The evidence suggests that younger females are postponing sex and therefore programmes need to be introduced to sustain this change in behaviour.

Median age at first birth has increased slightly since 1980: from 19.6 years in 1979/80, through 20.2 years in 1993 to 20.3 years in 1998. Among the 25-29 years age group, median age at first birth increased from 20.3 years in 1993 to 20.8 years in 1998. Although, between 1993 and 1998 the percentage of females aged 15-19 years who were either pregnant or were mothers declined from 22 per cent to 14 per cent, adolescent fertility continue to be high relative to overall fertility. Females aged 15-19 years have consistently contributed about 10 per cent to overall fertility since 1988: 10.0 per cent in 1988, 10.8 per cent in 1993 and 9.9 per cent in 1998.

One basic difference between adolescent fertility in earlier periods and now is that in the former, virtually all adolescent pregnancies took place within sanctioned marital unions while now, some of them take place outside marriage. Addressing sexual and reproductive health needs of adolescents will help to reduce the proportion of females who become pregnant before 18 years of age and those pregnancies that occur outside recognised unions.

Adolescents, particularly girls, experience sexual violence such as harassment, rape and genital cutting. There have been repeated media reports of defilement and rape of young women in recent times. A study in Navrongo, for instance, observed that 77 per cent of the respondents had experienced genital cutting. Genital cutting is one of the many socio-cultural practices that have harmful effects on the health and life of young girls and which need to be eradicated.

### 3.1.3 Dimensions of knowledge in reproductive health

According to a 1996 report on the assessment of sexual and reproductive health needs of adolescents, only 16 per cent of teenage girls could correctly identify when, during a woman's menstrual cycle, she was most likely to become pregnant. Among those girls who had had sex before, only 22 per cent knew when a woman could get pregnant. Such inadequate knowledge of the menstrual cycle of women among young adults limits their ability to take appropriate and responsible measures in sexual encounters. Such situations could lead to unplanned pregnancies.

There is also a wide gap between knowledge and practice of modern family planning methods among 15-19 and 20-24 year-olds in the country. In both the 1993 and the 1998 GDHSs over 80 per cent of the females in both groups knew of at least one modern contraceptive method. However, in both surveys only 5 per cent of 15-19 year olds and 8-10 per cent of the 20-24 year olds were using any modern contraceptive method at the time of the survey. Among those married in the 1998 GDHS, only 13 per cent and 12 per cent respectively of the 15-19 and 20-24-year olds were using any modern contraceptive methods at the time of the survey.

### 3.1.4 Health implications of early sexuality

Pregnancies involving women under the age of 18 years entail risks to the mother and the child. Women who get pregnant at a younger age are more likely to have prolonged and obstructed labour. They are also more

likely to delay seeking necessary prenatal care due to the shame associated with early pregnancy. In the 1998 GDHS, about 80 per cent of the females could not/did not report the weights of their children. However, among those reporting, females aged less than 20 years were about twice as likely to report birth weights of less than 2.5 kg. as those aged 35 years and above. On the average, teenage mothers experience higher maternal deaths than the average and their children also experience higher levels of morbidity and mortality than children of older women.

Some young girls who get pregnant may seek unsafe abortions for several reasons. Among the reasons given are that the pregnancy may be unplanned, the partner may disown the pregnancy, pressure from parents and/or the male partner, financial problems, for fear of social sanctions and shame associated with pre-marital sex and pregnancy. Teenagers may not seek treatment for post-abortion complications until their situation has worsened because of the cost involved, fear of the implications of reporting an abortion and lack of information about health services. Some of the outcomes of post-abortion complications are infertility and, in extreme cases, death. Beyond the physical problems, there is post-abortion trauma which needs to be recognised and treated.

Adolescent females are biologically more vulnerable to STD infection than older adults because their reproductive systems are not fully developed. They are also more susceptible to infections than older people partly because they lack the knowledge and the know-how about personal cleanliness. Some of those who are sexually active may experience unsafe sex such as unprotected sex or sex with multiple partners. When infected with an STD, they are more likely than older people to delay seeking treatment due to the social stigma associated with premarital sex, lack of services catering for their needs and their poor health seeking-behaviour.

Moreover, in Ghana some sexually active adolescents of both sexes do not consider themselves to be at risk of STD infection, including HIV. The reasons given include the fact that they are young and that they are not promiscuous.

However, the sexual habits of some of them, such as the practice of unsafe sex, expose them to the risk of contracting and transmitting sex-related diseases. Although adolescents are aware of HIV/AIDS infection in the country, few understand the whole range of modes of transmission and are also generally poorly informed about how to protect themselves.

Officially recorded information on the incidence of HIV/AIDS in Ghana shows that adolescents and young adults are among the most infected. Over 50 per cent of all reported AIDS cases are females aged 20-29 years and males aged 30-39 years. This implies that for females infection takes place at less than age 20 years while the males are infected when they are in their early 20s. For instance, among those aged 15-19 years of age who are living with AIDS, nearly 90 per cent were females. This pattern is consistent with the earlier age at first sexual intercourse among females than males.

### 3.1.5 Social and economic implications

The social and economic consequences of poor adolescent reproductive health manifest themselves at two levels: individual and societal. At the individual level, early marriage and early motherhood can severely curtail one's education and employment opportunities and are likely to have long term adverse impact on their own and their children's quality of life. Adolescents who become pregnant while in school drop out and the education of those who wish to continue is interrupted while some feel too ashamed to go back to school. This adversely affects the social, intellectual and economic development of adolescents, especially girls.

At the societal level, poor adolescent reproductive health leads to a less healthy, less educated, and consequently, less productive work force that cannot contribute its full potential to the socio-economic development of the country. Therefore, it is important to address the sexual and reproductive health needs of adolescents and young adults as part of overall socio-economic development.

## 4.0 RATIONALE

#### 4.1 Population management

Adolescent sexuality plays an important role in fertility management since the attitudes of young adults to reproduction, family size and development have profound implications for the size and characteristics of the future population of the country. Comprehensive, efficient and effective adolescent reproductive health programmes help to avert the wasting of the lives of young people that occurs through early marriage, early childbearing and irresponsible sexual behaviour.

Investing in adolescent sexual and reproductive health will help:

Create a conducive and healthy environment for young people to learn about their own sexuality and that of the opposite sex.

Provide avenues for young people to address their sexual and reproductive health needs.

Reduce the contribution of teenage pregnancies to overall fertility since teenage childbearing contributes about 10 per cent to total fertility.

Prevent RTIs, including HIV/AIDS, among young adults as prevention is less expensive than treatment.

Early sexuality, marriage and pregnancy as well as certain socio-cultural practices have adverse effects on the well being of individuals, especially females. Developing programmes that lead to postponement of marriage and childbearing and eliminate harmful practices against young people will help to improve the general health of individuals and the society.

#### 4.2 Promoting responsible adulthood and parenthood

Promoting responsible sexual and reproductive health behaviour such as delaying sexual activity and safer sex practices while people are young is timely. Young people are responsive to new ideas and the adolescent period is an opportune time to promote good health practices as part of the general education towards responsible adulthood. In the long run, it becomes beneficial to inculcate in the youth some of the positive behavioural patterns which they are expected to acquire and practise throughout the rest of their lives.

In general, adolescents are often overlooked or receive little guidance on sexual and reproductive health issues. Young people are either considered not old enough to make use of certain services and facilities such as family planning, or are considered too old to attend child care clinics. However, it is known that the sexual and reproductive health needs of adolescents and their health-seeking behaviour are different from those of adults. Therefore, designing programmes and activities with and for adolescents themselves will help to address their specific reproductive health needs.

#### 4.3 Linkage with other national policies and bodies

This adolescent reproductive health policy complements a number of existing national policies and action plans which specifically address the needs of adolescents. Among them are aspects of the Fourth Republic Constitution of 1992, the Vision 2020 Document, the National Population Policy, the National Youth Policy, the National HIV/AIDS policy, and the National Health Policy as well as some of the national laws and by-laws passed by District and Metropolitan Assemblies such as those on teenage pregnancies, marriage and child abuse.

#### 5.0 BENEFICIARIES

The policy aims basically at two categories of people. These are the primary and secondary recipients. The former are the adolescents themselves and the latter are all categories of people who influence the attitudes

and behaviour of provide services to adolescents.

### 5.1 Primary Beneficiaries:

The primary target populations consist of young adults who are in- or out-of school and special groups.

#### 5.1.1 In-school adolescents

These are adolescents and young people in primary, junior and senior secondary schools, training institutions/colleges and tertiary institutions. The school, as a socializing agent, provides an avenue for learning new skills for and the acquisition of values, including those on sexual and reproductive health. Students at all levels of the school system constitute a captive audience who can easily be reached with information and services.

#### 5.1.2 Out-of-school adolescents

The out-of-school adolescents and youth are a diverse group. They include adolescents who have never attended school, those who dropped out of school for various reasons, young people involved in some form of apprenticeship, those learning a trade, the unemployed or home bound. It is a mixed group and they may be organized or not organized. Unlike the in-school youth some of these young adults are difficult to reach with services. Therefore, it is important to identify and target these groups separately for adolescent sexual and reproductive health services.

#### 5.1.3 Special groups

The special group category may be either in- or out-of-school youth. However, for programme purposes they have been identified as a separate group due to their special needs. They can be categorized in diverse ways such as married or unmarried, sexually active or inactive or reside in rural or urban areas. Other categorizations include those involved in commercial sex; street youth and street-involved adolescents/youth, mentally disturbed, physically challenged, teenage parents, adolescent couples, young people living with HIV/AIDS, marginalised groups and females in ritual servitude (e.g. Trokosi). Their needs, demands and the strategies for meeting their needs could be different for each of the groups. Moreover, some of the groups in this category tend to be left out in the design and implementation of programmes and activities on adolescent reproductive health. Therefore, it is necessary to identify them so as to ensure that their needs are considered and taken care of in sexual and reproductive health programming.

### 5.2 Secondary Groups

Secondary audiences are the groups and individuals who influence the behaviour and opinion of adolescents, and/or are either directly or indirectly involved in the socialization of the young ones in the community. Among them are older spouses/partners of adolescents, parents and guardians, teachers/school authorities, vocational trainers, traditional opinion/ community leaders, religious bodies/leaders, policy makers, health care personnel - orthodox and traditional - social workers, security personnel, media personnel, youth-related service providers and programme managers. Their actions, activities and responses to programmes are as important as the reactions of the youth themselves. It is, therefore, important to design programmes for such people with the view to making them receptive to the reproductive health needs of young people.

## 6.0 GOALS

The policy on adolescent reproductive health aims at:

Strengthening linkages among Government Ministries, Departments and Agencies as well as non-governmental organizations involved in the formulation and implementation of sexual and reproductive health programmes for adolescents and young people.

Promoting private sector participation in adolescent sexual and reproductive health programmes and activities.

Encouraging the development and implementation of activities and services to enhance and expand the options available to adolescents in the area of reproductive health.

Inculcating in the youth the idea of responsible sexual behaviour, the small family size norm, pursuit of career, values of responsible adulthood and mutual respect for people of the opposite sex.

Providing adolescents and young people with skills that will make it possible for them to be involved in the formulation, implementation and monitoring of programmes designed to meet their needs.

## 7.0 OBJECTIVES

The objectives of this policy are to:

Promote other policies that will enhance the development and implementation of adolescent sexual and reproductive health programmes.

Pursue policies and programmes that will eliminate gender-based violence and biases against the girl-child.

Promote programmes that will improve the knowledge of adolescents on sexual and reproductive health which will in turn guide them to develop socially acceptable and responsible attitudes towards sex and sexuality.

Support the implementation of programmes that will help to either reduce or eliminate unintended pregnancies, reproductive tract infections, including HIV/AIDS, unsafe abortions, female genital cutting, early marriage and malnutrition among adolescents.

Encourage and strengthen the teaching of population and family life education in the school curriculum, activities targeting out-of school youth and the non-formal education programme.

Encourage the development of programmes in sexual and reproductive health that respond to the needs of special groups such as street youth, street-involved youth, and the physically and mentally challenged.

Improve access to education and create employment opportunities for adolescents, particularly females as well as rural and urban poor youth.

Support and strengthen training programmes for adolescents on various aspects of sexual and reproductive health.

Ensure the development and strengthening of training of adolescents on leadership and skills to enable them formulate, implement, monitor and evaluate their own programmes.

Encourage non-governmental organizations, private institutions and individuals to provide services such as counselling, family planning and advocacy on reproductive health for adolescents and young people.

Support programmes and activities meant to sensitize parliamentarians, district chief executives, chiefs, queenmothers, religious leaders and civil society on the need to put adolescent reproductive health issues constantly on the national and local agenda.

Promote research, data collection, documentation and the dissemination of relevant and timely information on adolescent sexual and reproductive health; and

Support and encourage the development of networking among agencies and groups involved in sexual and reproductive health programmes for adolescents and young adults.

## 8.0 TARGETS

Based on targets from the national population policy and other related documents, the following targets have been set to guide the adolescent reproductive health policy and programmes:

To motivate young people to increase the age of onset of sexual activity, which is currently around 12 years, to over 15 years of age by 2010.

To reduce the proportion of adolescents who marry before age 18 years, currently at 37 per cent, by 50 per cent by the year 2010 and by 80 per cent by 2020.

To reduce the proportion of females below 20 years who give birth by 50 per cent by the year 2010 and by 80 per cent by 2020.

To reduce the incidence of RTIs, including HIV/AIDS, among 15-24 year-olds by 50 per cent by the year 2010.

To reduce the incidence of abortion among young people by 50 per cent by the year 2010

To ensure that 30 per cent of students who do not enter senior secondary school (SSS) obtain vocational and technical training by the year 2010.

To increase the proportion of 15-19 year-old girls with secondary and higher education to 50 per cent of the eligible population by 2010 and to 80 per cent by 2020.

## 9.0 STRATEGIES

In order to achieve these policy targets, the following strategies will be adopted:

### 9.1 Promotion of a positive policy environment

Creating a positive environment for development and implementation of sexual and reproductive health programmes, including HIV/AIDS, for adolescents and young adults is very crucial. Therefore, the policy will seek to: -

Sensitize key decision-makers, such as parliamentarians, district assembly representatives, community/opinion leaders, educators, parents and other adults on all aspects of family life education and adolescent reproductive health needs in Ghana.

Create avenues for various groups involved in adolescent reproductive health to network at all levels.

Review the policies of various government ministries, departments and agencies with the view to identifying over-laps, constraints and harmonize programmes to achieve efficiency in the area of sexual and reproductive health among adolescents and young adults.

Mobilize the mass media to promote adolescent reproductive health through publications, press coverage, spot announcements, and other activities that focus on responsible sexual and reproductive behaviour.

Encourage gender mainstreaming in all aspects of public life, especially those that involve adolescents and young people.

### 9.2. Providing knowledge and communication skills

In promoting responsible sexual and reproductive health among adolescents and young adults, providing avenues for learning, information sharing and self-development is very vital. Equipping them with knowledge and skills relating to life generally enables them to make informed decisions, utilize available facilities optimally and develop communication and negotiation and coping skills. Thus, the policy will seek to:

Strengthen the teaching and learning of issues in reproductive health in the school curriculum for in-school adolescents and also create avenues to enable out-of-school adolescents to benefit from such programmes.

Educate and inform adolescents through strategies such as counselling, symposia and club activities on sexual and reproductive health issues.

Provide avenues for responding to questions on reproductive health that are of concern to adolescents and young adults through the appropriate media.

Ensure the development of programmes that enable adolescents and young adults acquire skills in a wide range of areas including those on sexual and reproductive health.

Ensure the effective implementation of the adolescent sexual and reproductive health component of the national communication strategy.

Encourage the production and dissemination of informative, socially acceptable and scientifically sound materials on sexual and reproductive health that target adolescents and young adults.

Strengthen communication and networking among government ministries, departments and agencies, non-governmental and private organizations, religious bodies, traditional leaders and individuals involved in adolescent sexual and reproductive health.

### 9.3. Provision of Services

Adolescents and young adults need a wide range of services to enable them respond and to their reproductive health needs. In this direction, the policy will seek to:

Promote pre-marital sexual abstinence as an acceptable way of life.

Increase the availability of and accessibility to adolescent reproductive health services, including family planning, management of RTIs/STIs, HIV/AIDS, safe motherhood and counselling at both public and private outlets.

Promote the establishment of more youth centres/libraries as well as encourage the expansion of existing ones to provide a wide range of services, including counselling on sexual and reproductive health to adolescents and young adults.

Ensure the development of a network of services, including a referral system, for adolescent sexual and reproductive health.

Promote peer education and counselling for both in- and out-of school youth.

Ensure improvement in and expansion of the involvement of young people in the formulation, implementation and evaluation of sexual and reproductive health services designed for them.

Encourage the expansion of and diversification in the existing programmes designed to reach out-of-school adolescents and special groups.

Ensure intensified training programmes for teachers in order that they can effectively teach the family life education component of the school curricula.

Encourage and ensure the development of career counselling at all levels of the education system.

Encourage the development of training programmes in communication, inter-personal as well as negotiation and coping skills for adolescents and young adults, particularly females.

Ensure the development of regular training and re-training programmes for service providers so as to enhance their competencies and their ability to provide user-friendly services to adolescents and young adults.

## 10.0 RESEARCH, MONITORING AND EVALUATION

Reliable and timely research as well as collection and management of data for the formulation, implementation, monitoring and evaluation of adolescent reproductive health issues are essential elements in the planning process. Therefore, the policy will: -

Encourage baseline surveys on a wide range of adolescent sexual and reproductive health issues such as knowledge, attitudes and practices of adolescents, service providers, parents, and leaders of institutions that deal with sexual and reproductive health for adolescents and young adults.

Promote operations research that aims at improving the efficiency and effectiveness of reproductive health programmes for adolescents and young adults.

Encourage periodic research into the strategies and programmes available on sexual and reproductive health for special groups such as street-involved children, teenage mothers and their children, physically and mentally challenged persons, AIDS orphans and victims of violence.

Encourage the Ghana Statistical Service, universities, other research institutions, ministries, departments and agencies, NGOs and individuals to conduct regular research as well as up-date information on adolescent reproductive health needs and behavioural patterns, including those on sexuality.

Ensure the establishment of data collection, storage and retrieval systems on adolescent sexual and reproductive health.

Ensure the development of key indicators for monitoring and evaluating the impact of adolescent sexual and reproductive health programmes for their efficiency and effectiveness.

## 11.0 CAPACITY BUILDING AND RESOURCE MOBILIZATION

For the successful and effective implementation of all aspects of the policy, there should be trained personnel and adequate resources. Thus, the policy will:

Ensure regular training of adolescents in basic skills in areas such as peer counselling, leadership, as well as in the formulation, implementation, monitoring and evaluation of programmes/activities on adolescent sexual and reproductive health.

Ensure the identification and promotion of both basic and in-service training programmes for professionals in health, education, social welfare, religion and the media who provide services on sexuality, reproductive health and responsible adulthood for adolescents and young adults.

Ensure the training of advocates to promote adolescent sexual and reproductive health.

Advocate for sector ministries, departments, agencies and district/metropolitan assemblies to provide budget lines for adolescent reproductive health programmes and services.

Assist to mobilize internal and external resources and technical support for the effective implementation of adolescent sexual and reproductive health programmes and activities.

Ensure proper co-ordination and optimal utilization of resources meant for adolescent sexual and reproductive health programmes.

Encourage and strengthen the Adolescent Reproductive Health Coalitions to effectively advocate for quality

services on sexual and reproductive health for adolescents and young adults.

## 12.0 INSTITUTIONAL FRAMEWORK

Adolescent reproductive health issues are multi-sectoral, multi-disciplinary and multi-dimensional. The effective implementation of adolescent sexual and reproductive health programmes will depend on collective responsibility of government ministries, departments and agencies, non-governmental organizations, private sector, religious bodies, communities, families and individuals. All these agencies and bodies perform complementary roles. In the context of this policy, the expected roles of ministries, agencies and NGOs have been identified in line with their mandates and the linkages for the formulation, implementation, monitoring and evaluation of sexual and reproductive health programmes for adolescents and young adults.

### 12.1 Coordinating body

The National Population Council (NPC) shall be the coordinating body for programmes under the policy. The NPC Secretariat, in consultation with the appropriate bodies, organizations and individuals, will:

Ensure periodic review of policies and programmes of ministries, departments and agencies, non-governmental organizations and other institutions involved in adolescent sexual and reproductive health;

Advocate for policies that facilitate sexual and reproductive health programmes for adolescents and young adults at the national, regional, district and community levels;

Advocate for the rights of adolescents to sexual and reproductive health information and services;

Advise on resource mobilization and monitor their utilization for reproductive health activities among adolescents and young adults in the country; and

Strengthen adolescent reproductive health coalitions to assist in advocacy and other activities to enhance the implementation of adolescent sexual and reproductive health policies and programmes.

### 12.2 Roles and responsibilities of selected Ministries, Governmental and non-Governmental organizations, other bodies and the private sector

For the purpose of this policy, a number of ministries, departments and agencies, organizations and institutions have been identified in the development and implementation of efficient and effective reproductive health programmes and activities for adolescents and young adults. For the sector ministries, departments and agencies, roles and responsibilities have been assigned within the context of their mandates.

#### 12.2.1. Ministry of Health and the Ghana Health Service

Health institutions are the major agencies currently providing adolescent sexual and reproductive health information and services. As part of its mandate, the Ministry of Health has developed protocols on practices and standards for reproductive health. The Ministry of Health, the private sector, NGOs and individuals involved in health delivery will be encouraged to:

Provide youth-focused information and quality services such as counselling, family planning, and STI, including HIV/AIDS management, to adolescents and young adults.

Provide training in health to other departments, agencies and NGOs involved in adolescent sexual and reproductive health in order to ensure that the services they provide conform to the standards and quality care set out in the Ministry of Health's reproductive health protocols.

Pioneer innovative interventions in sexual and reproductive health for adolescents and young adults.

Conduct operations research on adolescent sexual and reproductive health issues.

Establish linkages with departments, agencies, NGOs and the private sector involved in adolescent sexual and reproductive health;

Advocate for periodic review of adolescent sexual and reproductive health policy and programmes at national, regional, district and community levels.

#### 12.2.2. Ministry of Education and the Ghana Education Service:

The Ministry of Education and its agencies, the Ghana Education Service (GES) and the Non-formal Education Division (NFED) -as well as private educational institutions are important players in the formulation and implementation of adolescent reproductive health policies and programmes. The educational system, with its mandate to educate young people, is an important agent of socialization. In the school system, pupils constitute a captive audience that can easily be reached with information and other services. The school situation, especially the residential, is also a place for promoting behavioural change. The school is where young people grow and meet others and learn from one another. Therefore, the Ministry of Education and its agencies will be encouraged to:

Provide avenues for learning about human development, reproductive health, relationships, and gender equity as part of the development of responsible adulthood.

Provide a healthy school environment for teaching and learning and the development of good health practices.

Provide and strengthen services including primary health care, guidance and counselling in schools.

Strengthen programmes that address gender-based biases in the educational curriculum and in the school situation.

Advocate for gender equity in the allocation of resources in the school system.

Review periodically the syllabus for the population and family life component of the school curriculum as well as materials in the non-formal education primers.

Train teachers and provide in-service training to up-grade their knowledge and skills in teaching and counselling, especially those relating to adolescent sexual and reproductive health.

Promote operations research in the school situation on knowledge, attitudes, experience, values, needs and aspirations in sexual and reproductive health.

Establish linkages with other key sectors including health, employment and social welfare, youth and sports, religious groups and families to promote adolescent sexual and reproductive health.

#### 12.2.3. Ministry of Youth and Sports

This Ministry, as the official body responsible for the youth, has prepared a Youth Policy. For effective implementation of both the youth policy and the adolescent reproductive health policy, the Ministry will be encouraged to:

Incorporate adolescent sexual and reproductive issues into their programmes.

Strengthen the National Youth Council to promote and co-ordinate adolescent sexual and reproductive health programmes among its member institutions.

Provide youth centres, recreation and sports facilities, cultural and other services for adolescents nationwide.

Train staff to provide quality adolescent sexual and reproductive health services as part of its mandate.

Provide employable skills to adolescents, especially those in the identified special categories, in order to reduce their dependence on others and give them self-esteem.

Identify and promote research on adolescents and young adults with the view to enhancing the total development of young people.

Establish linkages with other key sectors including health, education, employment and social welfare, and religious groups to promote adolescent sexual and reproductive health among out-of-school and special youth groups.

#### 12.2.4. Ministry of Communications and the Media

The media is an important ally in the promotion and monitoring of adolescent sexual and reproductive health issues. To this end the Ministry of Communications and the Media, both public and private, will:

Ensure the dissemination of accurate, timely and reliable information about the relationship between adolescent reproductive health and development.

Ensure the development and packaging of information on adolescent sexual and reproductive health, through such means as folk tales, entertainment, discussions and role-plays.

Promote, through publications and other means, the development of programmes and measures to eliminate harmful practices on adolescents such as violence, abuse and neglect as well as to enhance practices that promote gender equity.

Promote positive media images and appropriate role models of peers and adults of both sexes to adolescents.

Facilitate the dissemination of reproductive health information to adolescents based on the National Communications Strategic Framework.

Ensure that the privacy of victims of abuse and their families is respected.

Conduct research, including opinion polls, on adolescent sexual and reproductive health and related issues.

Establish links with the Ministry of Education and the Ghana Education Service to utilise traditional folk media to promote sexual and reproductive health in schools.

Sensitize families, individuals and communities on adolescent sexual and reproductive health issues.

#### 12.2.5 Ministry of Employment and Social Welfare

The Ministry of Employment and Social Welfare, which includes the Department of Community Development, is mandated to provide services for young adults, especially those who are out-of-school and those with special needs. In the context of this policy, the Ministry will be encouraged to:

Train staff to provide quality adolescent sexual and reproductive health services as part of its mandate.

Provide employable skills to adolescents especially those identified in the special categories in order to reduce their dependence on others and give them self-esteem.

Promote the rights and responsibilities of adolescents and encourage parents to respect these.

Ensure that agencies within the Ministry incorporate sexual and reproductive health issues into their programmes that involve adolescents and young adults.

Advocate for equal opportunities for adolescents and young people of both sexes, physically and mentally

challenged persons, and adolescents in the special group category.

Conduct operations research into adolescent sexual and reproductive health within the context of its mandate.

Establish links with other key sectors including health, education, youth, sports, and religious groups to promote adolescent sexual and reproductive health among out-of-school and special youth groups.

#### 12.2.6 Ministry of Local Government and Rural Development

As the Ministry responsible for regional, metropolitan, municipal and district assemblies as well as the Departments of Rural Development and Co-operatives, it has a special role in the promotion of youth-related programmes. In line with the Government's decentralization policy, metropolitan, municipal and district assemblies are charged with the responsibility of mobilizing and implementing all programmes at the local level, and this includes those on adolescent sexual and reproductive health. Therefore, the Ministry and the metropolitan, municipal, and district assemblies will be encouraged to: -

Ensure that assemblies provide budget lines for adolescent sexual and reproductive health programmes and activities.

Mobilize resources at the local level to support adolescent sexual and reproductive health programmes.

Coordinate adolescent sexual and reproductive health programmes in their areas of jurisdiction.

Monitor the activities of NGOs in their locality dealing with issues on adolescent sexual and reproductive health.

Advocate for the promotion of adolescent sexual and reproductive health programmes among community and opinion leaders as well as youth groups in their locality.

Ensure that assemblies and communities monitor socio-cultural practices that are harmful to adolescents with the view to eliminating them.

Promote gender equity in their areas and in their programmes.

Support research at the local level on adolescent sexual and reproductive health and related issues.

#### 12.2.7 Law Reform Commission

As the national body charged with the review of laws in the country, the Commission has the mandate to ensure the protection of young adults. With its mandate to revise existing laws and statutes as well as draft new ones, the Commission will be expected to:

Undertake periodic review of existing laws that relate directly or indirectly to young people, especially those on adolescent sexual and reproductive health and bring them into conformity with changing situations.

Ensure that laws that are initiated in the country promote the health and general welfare of adolescents.

Encourage research on laws and practices that affect the sexual and reproductive health of adolescents and young adults in the country.

#### 12.2.8 Ghana National Commission on Children

The Commission has the mandate to promote the social, economic and general well being of children and young people. As the government agency directly responsible for children and young people, the

Commission will be expected to:

Advocate for the formulation and implementation of programmes and activities that promote the welfare of adolescents, including reproductive health.

Identify and promote research with focus on adolescent sexual and reproductive health.

Liaise with other bodies and sector ministries to promote adolescent reproductive health.

#### 12.2.9 National Council on Women and Development

The Council is the national body charged with the responsibility of advising government on issues affecting women as well as the official channel set up to promote the welfare of women. Therefore, within the context of this policy, the Council will:

Assist to advocate for the rights of women and the girl-child in a wide range of areas including those on sexual and reproductive health.

Encourage and support women's organizations involved in youth-related activities to provide quality sexual and reproductive health services.

Encourage documentation and research on norms, beliefs and practices that have implications for the welfare and the sexual and reproductive health of adolescents and young adults.

Establish links with other key sectors such as health, education, employment and social welfare to promote policies relating to adolescent sexual and reproductive health especially those affecting the girl-child.

#### 12.2.10 National Commission for Civic Education

The Commission exists, among other things, to create and sustain within the society a sense of appreciation for the principles of the rule of law and to educate Ghanaians on their rights and responsibilities. Given its mandate, the Commission will be expected to: -

Assist to disseminate the objectives, rationale and goals of this policy.

Assist to educate the general public on practices such as gender relations that have implications for the development of adolescents, especially females.

Advocate for gender equity in all the programmes and activities undertaken in the country.

Assist in monitoring programmes and activities on adolescent sexual and reproductive health.

#### 12.2.11 Private Sector

The private sector is involved in education, health, social welfare, the media, community development and other areas that deal directly or indirectly with adolescent sexual and reproductive health. For instance, private medical practitioners and educational institutions provide the same functions and services as the state-run institutions. The private sector, therefore, constitutes an important ally in the promotion of sexual and reproductive health for adolescents and young adults. The policy will seek to: -

Assist the private sector to develop quality sexual and reproductive health programmes for adolescents and young adults within the context of its mandate.

Encourage the sector to promote and advocate for quality adolescent sexual and reproductive health services

among its members offering services in that area.

Encourage the sector to pioneer innovative programmes in the field of sexual and reproductive health for adolescents and young adults.

Encourage members to conduct research into aspects of adolescent sexual and reproductive health consistent with their mandate and area of expertise.

Liaise with relevant sector ministries, departments and agencies to promote adolescent sexual and reproductive health.

#### 12.2.12 Non-Governmental Organizations (NGOs)

Various non-governmental organizations have contributed to the development and the enhancement of adolescent reproductive health programmes and activities in this country. To this end, NGOs will be expected to: -

Promote programmes in sexual and reproductive health for adolescents and young adults, especially for special youth groups.

Pioneer innovative programmes in adolescent sexual and reproductive health.

Mobilize resources to supplement government efforts in adolescent sexual and reproductive health.

Assist to develop indicators for monitoring and evaluating adolescent sexual and reproductive health programmes in the country.

Train its members to provide quality sexual and reproductive health services within the context of their mandate.

Assist to advocate for the need to put adolescent sexual and reproductive health issues constantly on the development agenda of the country.

Encourage research into aspects of sexual and reproductive health among young adults and adolescents in their areas of operation.

Maintain linkages with government agencies and the co-ordinating body.

Develop effective networking among its members to promote the objective of providing quality sexual and reproductive health services for adolescents and young adults.

#### 12.2.13 The Family and Community

As the initial socialization agents, the family and the community exert influence on the attitudes and behaviour of young people. The families in which children are born and raised, and community in which they grow shape their perception, attitudes and behaviour. Therefore, these two socializing agents have roles to play in the formulation and the implementation of the adolescent reproductive health policy. In this respect, the families and communities will be expected to: -

Create conducive environments in which children will grow to appreciate the benefits of responsible adulthood.

Ensure that parents and young adults receive reliable and timely information on adolescent sexual and reproductive health;

Assist to create conditions for parents, families and communities to interact with government departments and agencies, NGOs and private sector institutions that provide adolescent sexual and reproductive health.

Ensure periodic review of community norms, practices and regulations that have bearing, either positively or negatively, on adolescent sexual and reproductive health.

Ensure that parents and young adults are educated on their rights, roles and responsibilities and periodically subject these to debate and review.

Assist communities to provide services such as counselling, family planning, and in-service training to parents, adolescents, young adults and service providers.

Ensure that families and communities are sensitised on sexual and reproductive health issues including gender-based discrimination and violence.

#### 12.2.14 Religious Bodies

Adolescent sexual and reproductive health has social as well as moral dimensions. Organised religion is another major socialising agent in the country and has a tremendous influence on the lives of young people as well as adults. Religious groups have a large following and this provides an avenue for sexual and reproductive health information and services. Therefore, religious bodies have a role to play in providing sexual and reproductive health services for adolescents and young adults. The policy will: -

Encourage religious groups to provide guidance to adolescents, young adults and parents on reproductive health that are consistent with their teachings and the spirit of the policy;

Encourage the promotion of the rights and responsibilities of adolescents and young adults of both sexes among their congregation.

Encourage the provision of adolescent sexual and reproductive health information and services in line with their teachings and principles.

Ensure that religious leaders and their followers are sensitized on adolescent sexual and reproductive health issues including gender-based discrimination;

Encourage research on reproductive health among adolescents and young adults within their religious groups.

### 13.0 CONCLUSION

The Government of Ghana believes that providing quality sexual and reproductive health services for adolescents and young adults will contribute immensely to the achievement of the overall goals of the National Population Policy and Vision 2020. The underlying principle of this policy is to promote the health and welfare of young adults and communities as a component of socio-economic development.

Available evidence suggests that the growth and the quality of the population will depend partly on the ability to educate as well as meet the reproductive health needs of adolescents and young people. The adolescent stage is the period of value formation and it is important that they are presented with positive sexual and reproductive health images as they grow.

Sexual and reproductive health, as an aspect of human development encompasses various spheres of life. It has moral, social, political, medical and legal dimensions. It is, therefore, important that various agencies co-operate to promote and provide sexual and reproductive health information and services for young people. The future of the country will depend, among other things, on meeting the reproductive health needs of adolescents and young adults

The policy is a manifestation of the Government of Ghana's commitment to the promotion of a healthy environment within which young people will grow and develop to be responsible citizens.

Finally, we wish to recommend this policy to the people of Ghana