Impact of policies and programmes for addressing adolescent pregnancy in Ghana

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Certificate of Original Authorship

I, Bright Opoku Ahinkorah, declare that this thesis is submitted in fulfilment of the requirements for the award of Doctor of Philosophy, in the Faculty of Health at the University of Technology Sydney.

This thesis is wholly my own work unless otherwise referenced or acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis. This document has not been submitted for qualifications at any other academic institution.

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Image 1: Male research assistant and adolescent girls during a focus group discussion session

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Image 2: Female research assistant and adolescent girls during a focus group discussion session

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Abbreviations

AIC: Akaike's Information Criterion

AOR: Adjusted Odds Ratios

ASRH: Adolescent Sexual and Reproductive Health

CHPS: Community Health Planning and Services

CI: Confidence Interval

COPNAG: Community Parents Network Advocacy Group

CSE: Comprehensive Sexuality Education

DHS: Demographic and Health Survey

FGD: Focus Group Discussion

GHS: Ghana Health Service

GW: Grassroots workers

HEP: Health education professionals

ICC: Intra-Class Correlation Coefficient

ICF: Inner City Fund

IDI: In-depth Interviews

IEC: information, education and communication

KEEA: Komenda-Edina-Eguafo-Abrem

LEAP: Livelihood Empowerment against Poverty

LMICs: Low-and middle-income countries

LR Test: Likelihood ratio Test

NGOs: Non-governmental organisations

NHIS: National Health Insurance Scheme

PASS: Promoting Safe Space for Adolescents

PECACEM: Promotion, Empowerment and Community Action against Child Marriage

PPAG: Planned Parenthood Association of Ghana

PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analyses

RHESY: Reproductive health and education services for youth or young people

SRH: Sexual and Reproductive Health

SSA: Sub-Saharan Africa

UNESCO: United Nations Educational, Scientific and Cultural Organization

UNFPA: United Nations Population Fund

UNICEF: United Nations Children's Fund

WHO: World Health Organisation

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ABSTRACT

Introduction

In Ghana, national policies and programmes for reducing adolescent pregnancy have been developed over the past 20 years in order to address its unacceptably high rates. Despite this, adolescent pregnancy rates remain high in the country, making it difficult to understand the impact of the policies and programmes. Meanwhile, there is no empirical evidence on the impact of policies and programmes on adolescent pregnancy in Ghana. The purpose of the study was to examine the impact of policies and programmes for addressing adolescent pregnancy in Ghana.

Methods

This doctoral research derives its theoretical approach from implementation science. Multiple research approaches involving quantitative and qualitative research methods were adopted to achieve the purpose of the research. The quantitative approach involved analyses of secondary data from 32 countries in sub-Saharan Africa to examine the prevalence of first adolescent pregnancy and its associated factors. The qualitative approaches involved a scoping review of national policies for pregnancy prevention in Anglophone sub-Saharan African countries and interviews with health and education professionals, grassroots workers, and adolescent girls in Ghana.

Results

The results from the analyses of secondary data showed that several factors are associated with first adolescent pregnancy. These factors were considered as the key focus of the national policies for pregnancy prevention from the findings of the scoping review. The health and education professionals and grassroots workers had low level of awareness and knowledge of policies. By contrast, most could demonstrate awareness of relevant programmes and provide a detailed description of their implementation and activities carried out under each programme. Interviews with health and education professionals and grassroots workers showed key

perceived barriers and facilitators that influence the implementation of policies and programmes. Focus group discussions with adolescent girls also showed some key barriers and facilitators to access and use of pregnancy prevention information and services.

Conclusions

The study findings show that policies and programmes aimed at reducing adolescent pregnancy should focus on addressing the barriers towards implementation and factors which put adolescent girls at risk of pregnancy. The strengthening of existing legal frameworks on adolescent sexual and reproductive health can help address the risk factors for adolescent pregnancy. In the long term, understanding the complexities that underpin predictors of adolescent pregnancy and improve the implementation of policies will help to achieve the Sustainable Development Goal 3, which focuses on ensuring healthy lives and promoting wellbeing for all at all ages.