

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.

This research is supported by the Australian Government Research Training Program.

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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

Table of contents

Certificate of Original Authorship	i
List of Publications associated with this Thesis	ii
Acknowledgements	iii
Table of contents	ix
List of Tables	xix
List of Figures.....	xx
ABSTRACT.....	xxi
CHAPTER ONE: INTRODUCTION	1
1.1 Adolescence: Definition and conceptual understandings.....	1
1.2 Adolescent pregnancy as a public health issue	3
1.3 Socio-cultural determinants of adolescent pregnancy.....	5
1.4 Global interventions for adolescent pregnancy prevention.....	8
1.5 The thesis purpose	11
1.5.1 Problem statement	11
1.5.2 Aims of this doctoral research	13
1.5.3 Significance of the study	13
1.6 Background and context of Ghana	14
1.6.1 Overview	14
1.8.2 Health system of Ghana.....	15
1.7 Thesis Structure.....	22
1.8 Chapter summary	23

CHAPTER TWO: LITERATURE REVIEW	24
Prevalence of first adolescent pregnancy and its associated factors in sub-Saharan Africa: a multi-country analysis	25
2.1 Introductory text.....	25
2.2 Abstract	26
2.2.1 Introduction	26
2.2.2 Methods	26
2.2.3 Results	26
2.2.4 Conclusion	26
2.3 Introduction	27
2.4 Methods	29
2.4.1 Design and sampling	29
2.4.2 Definition of variables	30
2.4.3 Statistical analysis.....	31
2.4.4 Ethical approval.....	33
2.5 Results	33
2.6 Discussion	42
2.6.1 Limitations of the study	46
2.6.2 Policy and public health implications.....	46
2.7 Conclusion.....	47
Prevention of adolescent pregnancy in Anglophone sub-Saharan Africa: a scoping review of national policies	48

2.8 Introductory text.....	48
2.9 Abstract	49
2.9.1 Background.....	49
2.9.2 Methods	49
2.9.3 Results	49
2.9.4 Conclusion	50
2.10 Background	50
2.11 Methodology and Methods.....	52
2.11.1 Phase 1: The research question.....	52
2.11.2 Phase 2: Identifying relevant policies.....	56
2.11.3 Phase 3: Study selection	58
2.11.4 Phase 4: Charting the data	60
2.11.5 Phase 5: Collating, summarizing, and reporting the results	60
2.12 Results	61
2.12.1 Political recognition.....	61
2.12.2 Policy initiation.....	61
2.12.3 Target group definition.....	62
2.12.4 Adolescent pregnancy issues addressed	63
2.12.5 Policy objectives.....	64
2.12.6 Scope of activities.....	65
2.12.7 Financial and human resources.....	65

2.12.8 Monitoring and evaluation plan.....	66
2.12.9 Level of coordination and collaboration.....	67
2.12.10 Level of youth involvement.....	67
2.13 Discussion	73
2.13.1 Review limitations.....	77
2.14 Conclusion and Implications.....	77
2.15 Chapter summary	79
CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY	82
3.1 Introduction.....	82
3.2 The theoretical approach: implementation science	82
3.2.1 The implementation science framework for this study	84
3.2.1.3 Innovation characteristics	86
3.3 Research design.....	89
3.3.1 Research approach.....	89
3.3.2 Qualitative research	91
3.3.3 Triangulation	92
3.4 Setting	93
3.5 Study participants and sampling frame	93
3.5.1 Health and education professionals	93
3.5.2 Grassroots workers	94
3.5.3 Adolescents.....	95

3.6.1 Sampling and recruitment of health and education professionals	95
3.6.2 Sampling and recruitment of grassroots workers	97
3.6.3 Sampling and recruitment of adolescent girls	97
3.7 Data collection instruments	98
3.8 Data collection procedure.....	99
3.8.1 Training the research assistants	100
3.8.2 Pilot interviews	100
3.8.3 Debriefing meeting	101
3.9.1 Interviews with health and education professionals and grassroots workers	102
3.9.2 Interviews with adolescents	102
3.10 Data Analysis	103
3.10.1 Becoming familiar with the data	103
3.10.2 Generating initial codes	103
3.10.3 Searching for themes	104
3.10.4 Reviewing the themes.....	105
3.10.5 Defining the themes.....	105
3.11 Ethical Considerations.....	105
3.12 Rigour of the Research.....	108
3.12.1 Credibility.....	108
3.12.2 Dependability.....	108
3.12.3 Trustworthiness	109

3.12.4 Transferability	109
3.13 Challenges to fieldwork methods.....	110
3.14 Researcher reflexivity	110
CHAPTER FOUR: Knowledge and awareness of policies and programmes to reduce adolescent pregnancy in Ghana: a qualitative study among key stakeholders.....	113
4.1 Introductory text.....	113
4.2 Abstract	113
4.2.1 Introduction	113
4.2.2 Methods	113
4.2.3 Results	114
4.2.4 Conclusion.....	114
4.3 Plain English Summary	114
4.4 Introduction	115
4.5 Methods.....	118
4.5.1 Design.....	118
4.5.2 Study setting	118
4.5.3 Study sample and sampling technique.....	118
4.5.4 Data collection procedure.....	119
4.5.5 Data analysis.....	120
4.5.6 Research credibility and trustworthiness.....	121
4.6 Results	121
4.6.1 Description of study participants.....	121

4.6.2 Policies.....	122
4.6.3 Programmes.....	130
4.7 Discussion	138
4.7.1 Strengths and limitations	141
4.8 Conclusion.....	142
4.9 Chapter summary	144
CHAPTER FIVE: Barriers and facilitators towards the implementation of policies and programmes aimed at reducing adolescent pregnancy in Ghana: an exploratory study	146
5.1 Introductory text.....	146
5.2 Abstract	147
5.2.1 Objectives	147
5.2.2 Design and setting	147
5.2.3 Participants	147
5.2.4 Data analysis.....	147
5.2.5 Results	147
5.2.6 Conclusion.....	148
5.3 Introduction	149
5.4 Methods.....	152
5.4.1 Design.....	152
5.4.2 Study setting	153
5.4.3 Sample	153

5.4.5 Sampling techniques.....	154
5.4.6 Data collection procedure.....	154
5.4.7 Data Analysis.....	156
5.4.8 Ethical considerations.....	156
5.5 Results	157
5.5.1 Study participants	157
5.5.2 Findings of thematic analysis	158
5.5.3 Additional findings from adolescent participants’ perspectives.....	170
5.6 Discussion	173
5.6.1 Policy and practice implications.....	180
5.6.2 Strengths and limitations	181
5.7 Conclusion.....	182
5.8 Chapter summary	183
CHAPTER SIX: DISCUSSION	186
6.1 Introduction	186
6.2 The role of policy and programmes in social determinants of adolescent pregnancy .	187
6.3. Role of the Ecological Framework for Understanding Effective Implementation in policy and programme.....	189
6.3.1 Community factors	189
6.3.2 Provider characteristics.....	198
6.3.3 Innovation characteristics	199
6.3.4 Prevention delivery system factors.....	201

6.3.5 Prevention support system factors	202
6.4 Conclusion.....	203
6.5 Strengths and limitations	203
6.6 Chapter Summary.....	204
CHAPTER SEVEN: CONCLUSION	205
7.1 Introduction	205
7.2 Significance of the Research Findings	205
7.3 Recommendations	206
7.3.1 Public health policy	206
7.3.2 Public health practice.....	208
7.3.3 Education	208
7.3.4 Future Research Directions	209
7.4 Concluding remarks	210
REFERENCES.....	211
APPENDICES	259
Appendix 1: Ethics Approval letter from Ghana Health Service.....	259
Appendix 2: UTS HREC Approval Granted – ETH20-4779.....	260
Appendix 3: Information sheet for professionals and grassroots.....	262
Appendix 4: Consent form for professionals and grassroots workers	264
Appendix 6: Consent form for adolescents 18-19 years	270
Appendix 7: Information sheet for parents/spouses of adolescents 15- 17 years	272

Appendix 8: Consent form for parents/spouses of adolescents 15- 17 years.....	275
Appendix 10: Assent form adolescents 15-17 years	280
Appendix 11: Indepth interview guide for health/education professionals.....	282
Appendix 12: Indepth interview guide for grassroots workers	285
Appendix 13: Focus group discussion guide for adolescents	288

List of Tables

Table 2.1: Prevalence of adolescent pregnancy in 32 sub-Saharan African countries (DHS, 2010-2018)	34
Table 2.2: Relationships between individual and contextual variables, and first pregnancy in adolescents who had ever had sex (DHS, 2010-2018)	36
Table 2.3: Factors associated with first pregnancy in adolescents who had ever had sex in sub-Saharan Africa (DHS, 2010-2018).....	39
Table 2.1: List of countries and sources of data on policies relevant to prevention of adolescent pregnancy	57
Table 2.2: Summary of policies relevant to prevention of adolescent pregnancy in Anglophone sub-Saharan Africa	68
Table 2.3: Pre and post policy pregnancy rates of selected countries.....	77
Table 4.1: Policies aimed at reducing adolescent pregnancy in Ghana identified by health and education professionals	123
Table 4.2: Awareness of programmes aimed at reducing adolescent pregnancy in Ghana among health and education professionals and grassroots workers	130
Table 5.1: Description of study participants	158

List of Figures

Figure 1.1: Map of Ghana showing the 2021 ten regions and their capitals	15
Figure 1.2: Health systems building blocks	16
Figure 2.1: Reproduced with permission: Conceptual framework for evaluating programme and policy design on adolescent reproductive health	55
Figure 2.2: The searching and screening process, an adapted PRISMA extension for scoping reviews flow diagram	59
Figure 3.1: Theories, models and frameworks in implementation science.....	84
Figure 3.2: Ecological Framework for Understanding Effective Implementation	89
Figure 5.1: Ecological Framework for Understanding Effective Implementation	152
Figure 5.2: Ecological Framework for Understanding Effective Implementation showing barriers and facilitators.....	159

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.