



ADOLESCENTS AND THE HIV/AIDS EPIDEMIC IN GHANA

A Briefing Book

by

A. Ananie Arkutu, MD, FRCOG

for



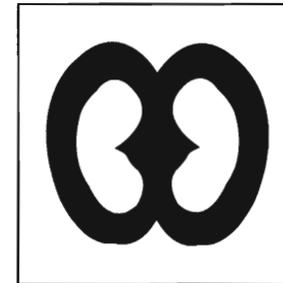
Pathfinder
INTERNATIONAL

Africa Regional Office

September 2000



A Symbol of a Call to Arms



A Symbol of Hope



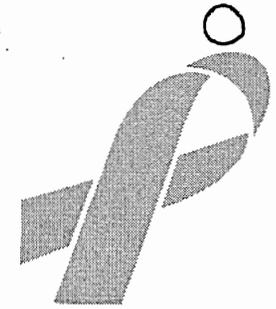
Acknowledgements

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List of Abbreviations



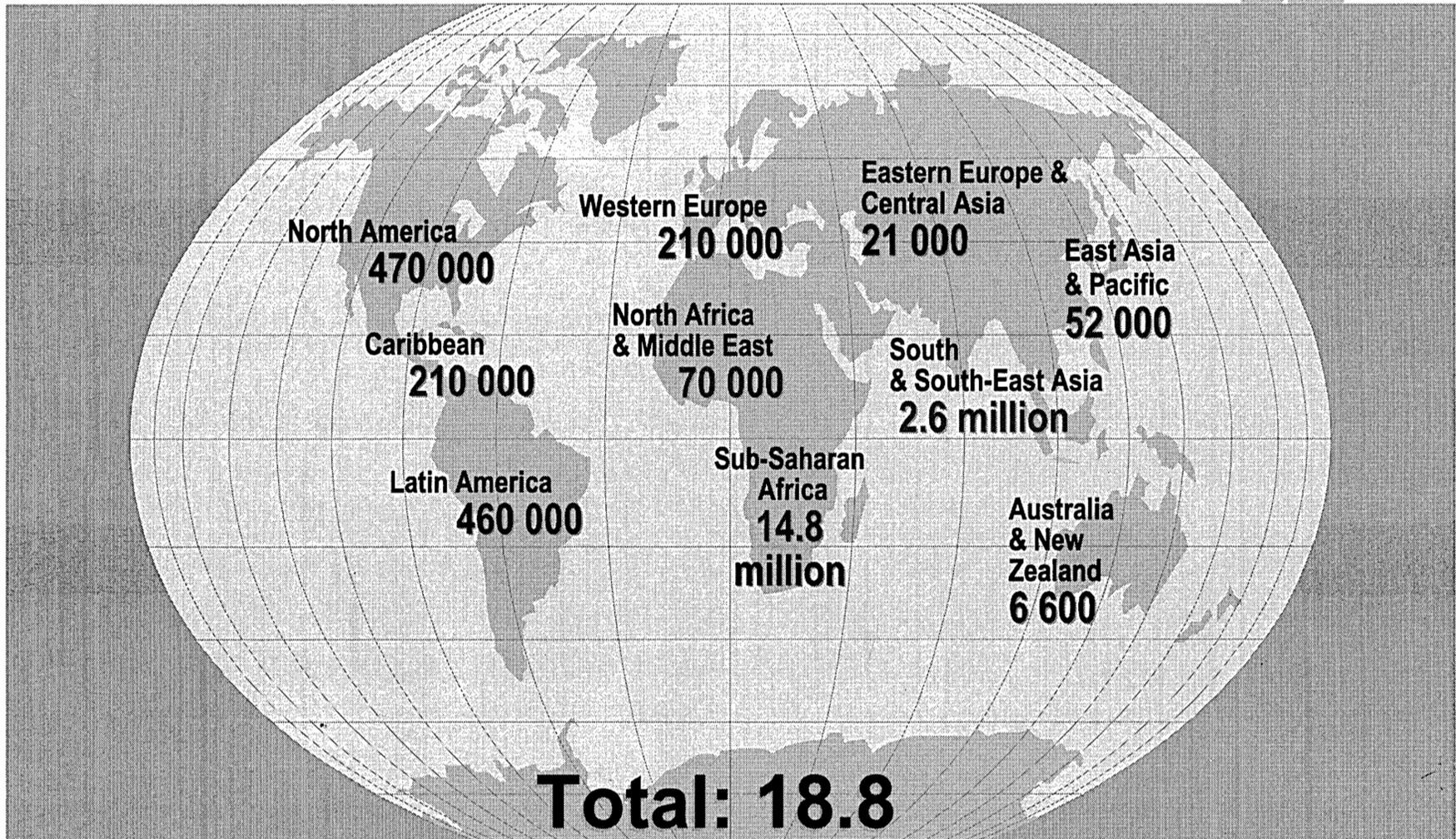
A/R	Ashanti Region
AIDS	Acquired immune deficiency syndrome
C/R	Central Region
CRRD	Curriculum Research and Development Department
CSWs	Commercial sex workers
FP	Family planning
GA/R	Greater Accra Region
GDHS	Ghana Demographic and Health Survey
HIV	Human immunodeficiency virus
HRU	Health Research Unit of the Ministry of Health
MOE	Ministry of Education
MOH	Ministry of Health
N/R	Northern Region
NACP	National AIDS/STD Control Programme
SSA	Sub-Saharan Africa
STD	Sexually transmitted disease
UNAIDS	Joint United Nations Programme on HIV/AIDS
W/R	Western Region
WAPTCA	West Africa Project to Combat AIDS

Adults and Children Estimated To Be Living with HIV/AIDS as of End 1999



Source: WHO, June 2000

Estimated Adult and Child Deaths Due to HIV/AIDS from the Beginning of the Epidemic to End 1999



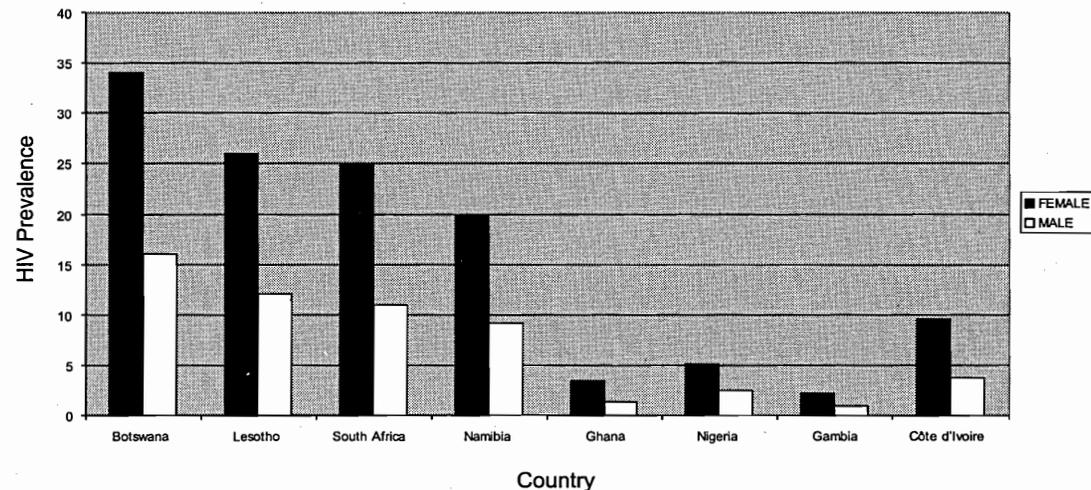
Source: WHO, June 2000

Variation in HIV Prevalence among 15–24-Year-Olds in Selected SSA Countries



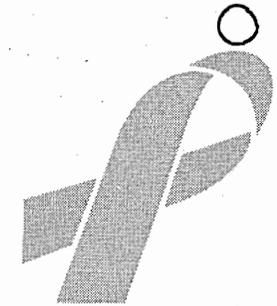
Variation in HIV prevalence among 15–24-year-olds in selected SSA countries

- Studies have shown that in SSA, women become infected at younger ages than men, usually by older men.
- To change behavior and to prevent infections, therefore, intervention programs should focus mostly on adolescents.



Source: *The Progress of Nations*, 2000

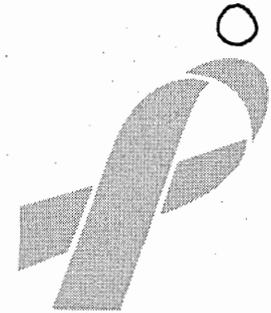
HIV/AIDS Prevalence in Ghana



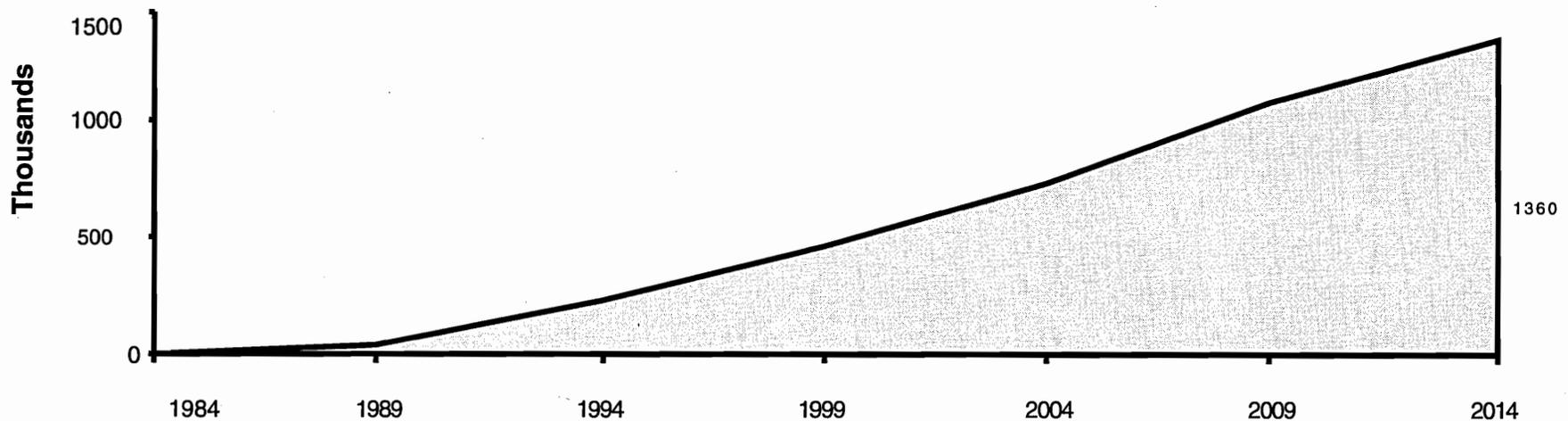
- The Ghana AIDS epidemic is just 16 years old.
 - The first official cases of HIV infection in Ghana were reported in 1986, mostly among women who had lived abroad.
 - Currently, an estimated 4.6% of the adult population is infected with HIV.
 - As at the end of December 1999 a cumulative total of 37,297 cases had been reported.
-
- Estimated number of AIDS cases: 55,000
 - Estimated number of HIV+ cases: 600,000
 - HIV prevalence among antenatal women: 2.4%
 - HIV prevalence among STD patients: 17%
 - HIV prevalence among blood donors: 4.0%

Source: NACP/MOH, 1999

Projected Population Affected by AIDS in Ghana



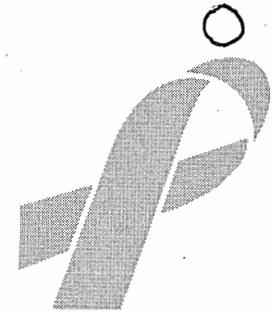
- Projected no. of people with HIV/AIDS by year 2008: 1,000,000
- Projected no. of people with HIV/AIDS by year 2014: 1,300,000



Source: MOH/NACP, March 1999

The rate of spread of HIV in Ghana has been slow compared with other African countries:

- ➔ 2.4% of antenatal women infected.
- ➔ 4.6% of the adult population infected.
- ➔ 8.2% of the population of Agormanya (the most affected community) in the Eastern Region infected.



Among high risk groups, however, the spread has been more rapid:

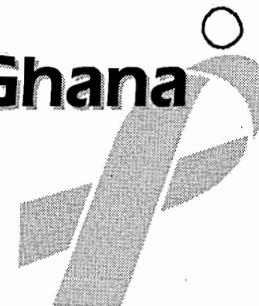
- ➔ 75.8% of commercial sex workers (CSWs) in Accra-Tema infected by the end of 1999, up from 16% in 1989.
- ➔ 82% of CSWs in Kumasi (the second largest city after Accra) infected in 1999.

Risk factors for STD and HIV/AIDS among young mobile CSWs:

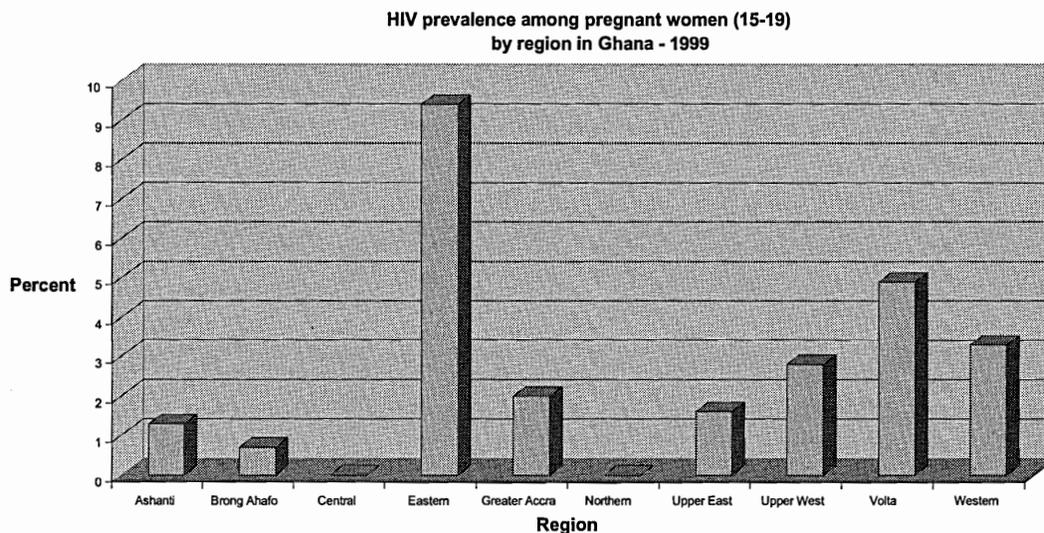
- ➔ Many are young and their genitals may not be fully developed, which predisposes them to injury and infection.
- ➔ STD prevalence is quite high among mobile CSWs.
- ➔ They lack knowledge of HIV/AIDS and non-systematic use of condoms is notably high due to their lack of power to negotiate safe sex.
- ➔ They often deny that HIV/AIDS is the cause of death amongst them.

Source: MOH/NACP, 2000; UNAIDS, 2000; UNAIDS/WAPTCA, 2000

Regional Variations in HIV Prevalence in Ghana

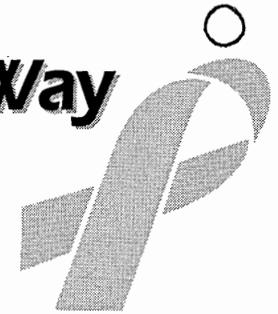


- The graph shows regional variations in HIV prevalence among 15–19-year-olds as reported from sentinel sites between January and June 1999. ➔



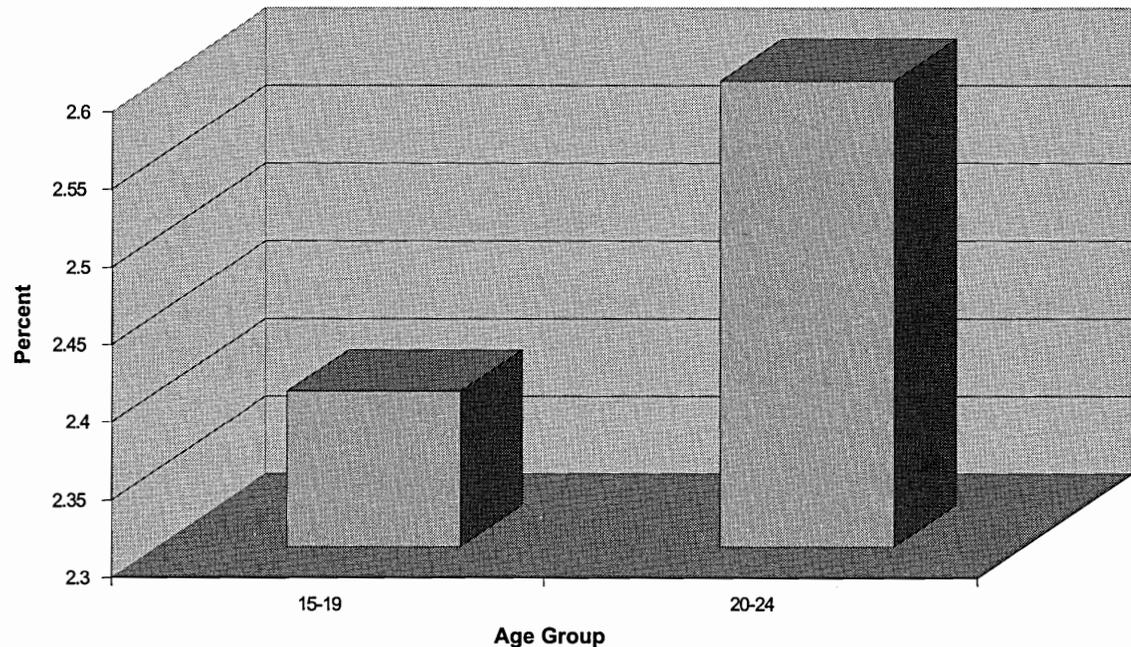
Source: MOH/NACP, June 1999

A Youth Based AIDS Epidemic Is on Its Way



- The epidemic in Ghana has not yet reached the third stage.
- **The graph opposite shows the rate of new infections among the 15–19 & 20–24-year-olds as recorded at the 20 sentinel sites spread over the country in 1999.**
➔
- At the current rate of infection the percentage of new infections among the under-20s is expected to increase sharply in the next five years.

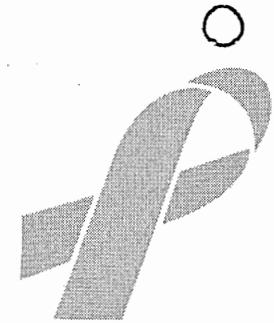
New rates of infection among 15-19 and 20-24 year olds



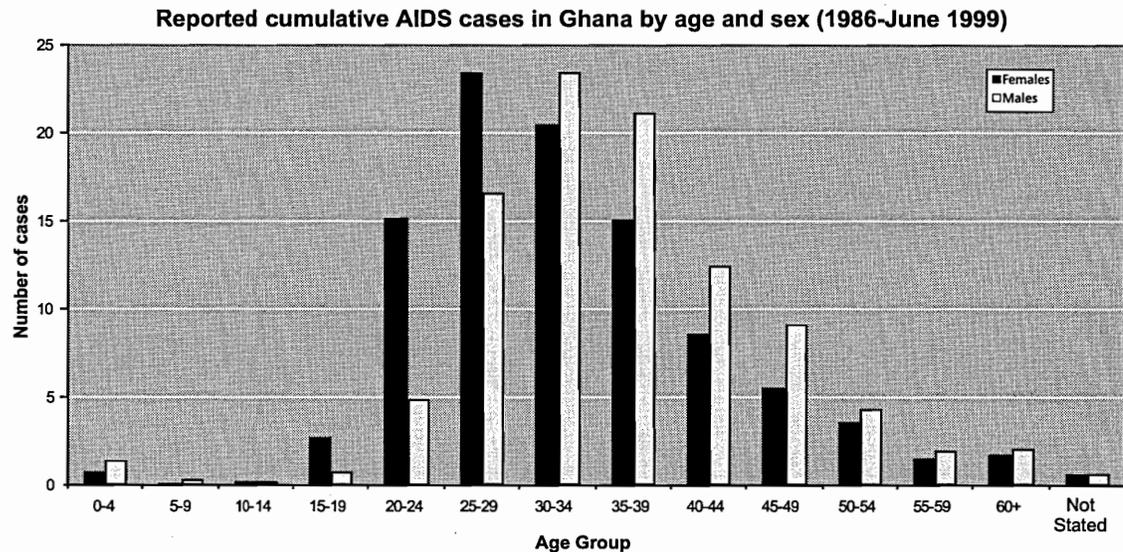
Young people are key to the future course of the HIV/AIDS epidemic. The behaviors they adopt and those they maintain throughout their lives will determine the course of the epidemic for decades to come.

Source: MOH/NACP, 2000

Age and Sex Differential



- 90% of all reported AIDS cases in Ghana are aged 15–49 years.
- The peak age group is 25–39, accounting for nearly 60% of all AIDS cases reported in 1999.
- Females are infected at a younger age compared with their male counterparts. Peak age group for females is 25–29 while that for males is 30–34.
- The highest proportion of cases among children is in the 0–4 years group.
- 1.4% of males and 3.4% of females aged 15–24 in Ghana are estimated to be living with HIV/AIDS.
- **63% of all reported cases to date in Ghana are among females.**



Reported cumulative AIDS cases in 1999 show that the age group 10–24 years accounts for just under 15% of all reported cases.

Sources: MOH/NACP, June 1999; *The Progress of Nations 2000*

Why There Is a Gender Differential in Teenage HIV Infection



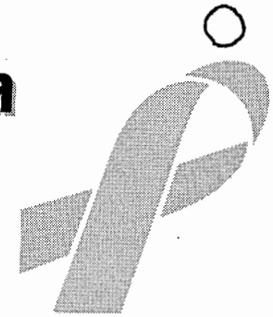
Physiological reasons:

1. The female reproductive tract remains immature until at least 18 years of age.
2. The mucosal linings of the vagina and cervix are thin and easily traumatized during sexual intercourse, thus increasing the risk of infection, which can also involve the uterus.
3. Cervical mucus output is frequently inadequate in very young women. Lack of lubrication during sexual intercourse can increase the likelihood of trauma and infection.
4. The female reproductive tract remains in contact with (infected?) semen for a long time after sexual intercourse.

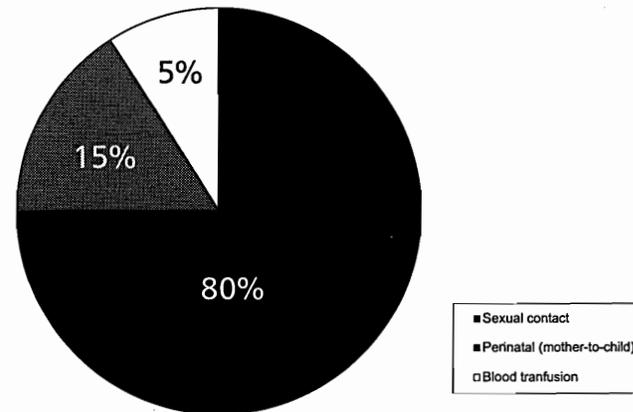
Sociological reasons:

5. Young girls are often preferred by older men who believe that unprotected intercourse is less likely to lead to infection.
6. Young girls are also preferred by older men who believe in the myth that intercourse with a virgin will cure a sexually transmitted disease.
7. Young girls living in poverty may find older men attractive because of their wealth, power, and position.
8. Sexually active young girls tend to have multiple sex partners.

Modes of HIV Transmission in Ghana

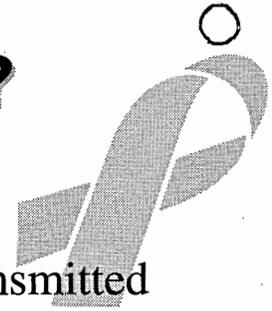


- **The primary mode of HIV infection among all age groups in Ghana is heterosexual contact. ➔**
- **Heterosexual transmission is higher among adolescents because of their sexual practices.**



Source: NACP/MOH, 1999

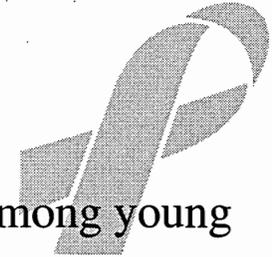
Why Adolescents and Young Adults?



- HIV/AIDS among Ghanaian adolescents is almost entirely a sexually transmitted infection.
- Teenage girls are most susceptible and vulnerable to the epidemic. In Ghana the infection rates among adolescent girls are twice as high as in boys of the same age.
- Young adolescents are less likely to be protected from the consequences of sexual intercourse and more likely to be ignorant of the ways in which accidental pregnancy or sexually transmitted infections can be prevented.
- In Ghana, most teenagers report very early sexual debut. In a study among adolescents in Accra and Kumasi, age at first sexual intercourse was as early as age 10.
- In Ghana teenagers who commonly report regular sexual intercourse also tend to have multiple sexual partners.

Source: GDHS, 1998; Nabila and Fayorsey, 1996; USAID, 1992

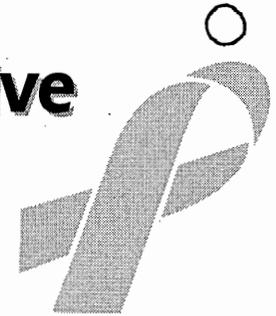
AIDS and Adolescent Sexuality



- The GDHS (1998) estimated the median age at first sex to be 17.5 years among young people aged 20–24.
- Among street youth in Accra aged 10–24 years, age at sexual debut ranges between 8 years and 22 years. Young street girls had their sexual debut earlier than their male counterparts. At age 18 years, 73% of street youth in Accra are sexually active (63% of boys and 96% of girls).
- Among adolescents 15–19 years, 59% are sexually experienced. Of these 51.4% were outside marriage; 26.4% were from urban areas and 25% were from rural areas.
- Sixty-nine percent (69%) of young women age 15–19 years who have given birth report that their last birth was either mistimed or unwanted. Among those who were never married, 93% did not want the child at the time they gave birth.
- Throughout the teenage years, most intercourse among teenagers is unprotected against accidental pregnancy or STDs.

Source: GDHS, 1998; Nabila and Fayorsey, 1996; USAID, 1992

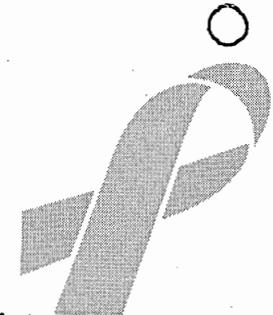
Synopsis of the Adolescent Reproductive Health Problem in Ghana



- Average age at menarche: 13.8 years.
- Average age at first marriage: 18.9 years.
- Average age at first sexual intercourse: 17.5 years.
- 38% of girls and 19.3% of boys aged 15–19 years are sexually active.
- Teenage pregnancy/childbearing is high.
- Early birth: 32% of adolescent females under 20 years were either mothers or pregnant for the first time in 1998.
- High pregnancy wastage: 39% of pregnancies among 15–19-year-olds end in abortion.
- Contraceptive use is low; only 5% used a modern family planning method.
- By 1998, only 8.6% had used any FP method and 4.8% had used a modern method of FP.
- Knowledge about reproductive health issues is limited.
- Access to reproductive health services for youth is lacking.

Source: GDHS, 1998

Adolescent Sexuality in Ghana



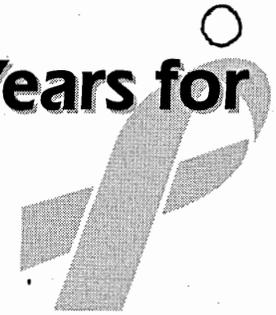
- 45% of Ghana's population is aged 15 years and below.
- Sexual activity among adolescents in Ghana is high and widespread.
- The 1998 DHS puts the median age at 1st sexual intercourse for women aged 20–24 at 17.5 years.
- Among adolescents aged 15–19 years, 38% of young girls and 19.3% of young boys have ever had sex.
- By age 20 over 80% of all young people have experienced their first sexual intercourse.
- Among street youth aged 10–24 years, sexual debut is quite early – between 8 and 22 years.
- Female street youth tend to experience earlier sexual initiation than male street youth.
- The table opposite shows variation in the age at first sexual intercourse among various categories of adolescents in Accra and Kumasi. ➔

Median age at first sexual intercourse among adolescents in Accra and Kumasi

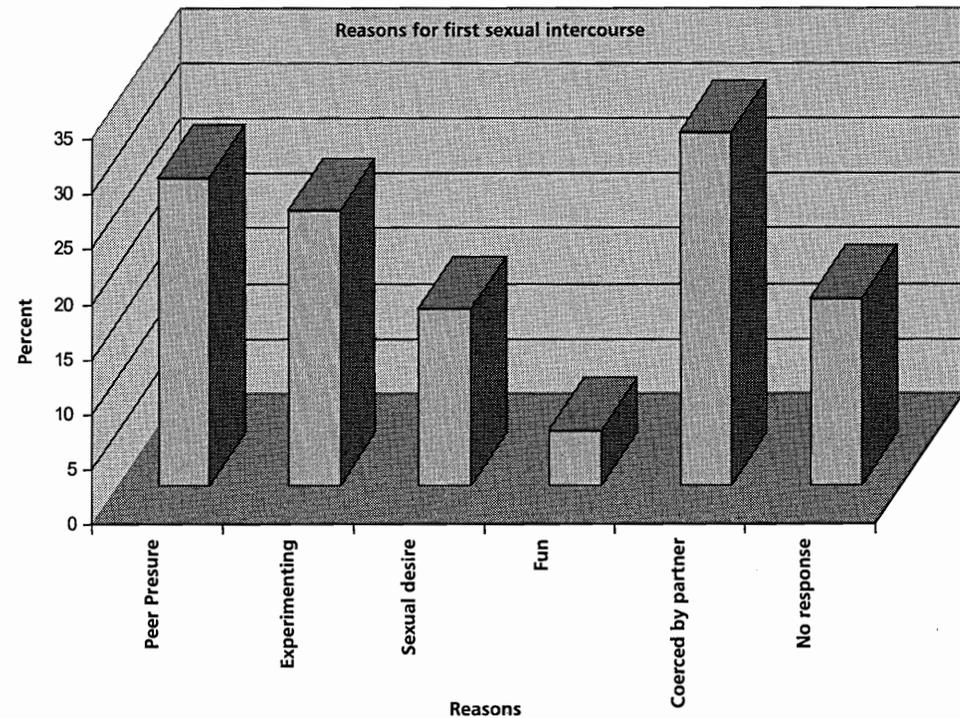
Classification	Mean Age
In-school	16.10
Out-of-school	15.90
Accra	16.00
Kumasi	15.74

Sources: GDHS, 1998; Anarfi, 1997; Nabila and Fayorsey, 1996

Reasons Given by Adolescents Age 10–20 Years for Having Their First Intercourse



- A study among students in nine secondary schools across Ghana identified coercion by male partner, peer pressure, and experimenting due to curiosity as some of the major factors that forced young adolescents into having first sexual intercourse.



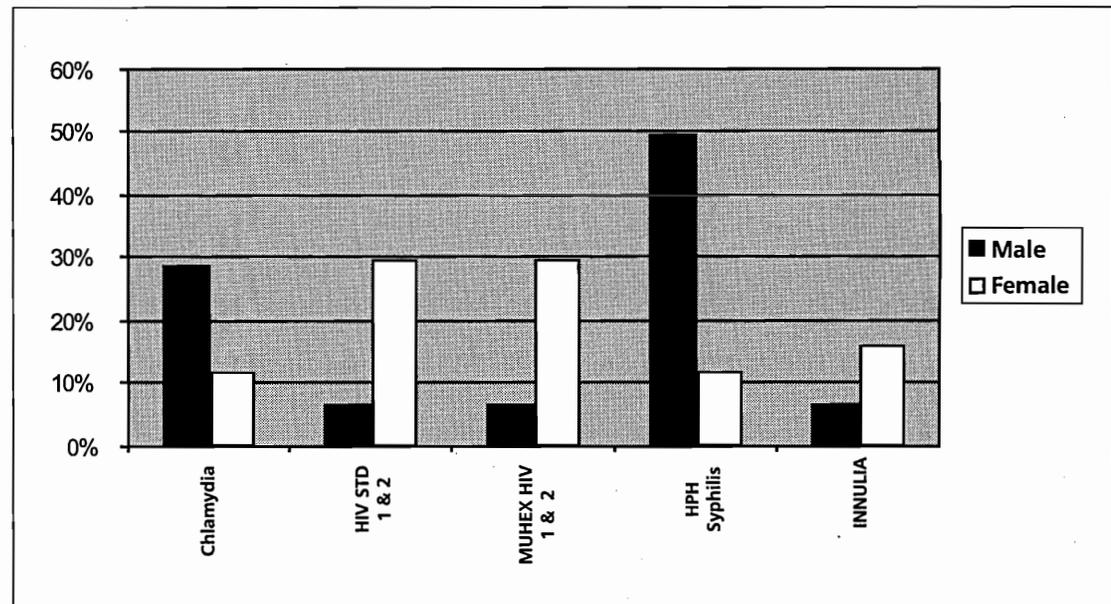
Source: Adomako, A, 1991

STDs Facilitate HIV Transmission



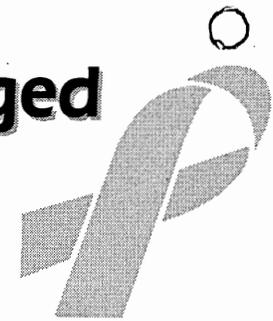
- Results from laboratory tests of 28 male and 17 female street youth in Accra ➔

Laboratory results of HIV infection among street youth in Accra, Ghana



Source: Anarfi, 1997

Sexual Behavior among Street Youth Aged 10–24 Years (Multiple Partners)



- Most adolescents, especially street youth who are sexually active, are more likely to have two or more sexual partners. A significant proportion also report having too many partners to count.

- The rate of sexual activity among street children has risen sharply in recent times.

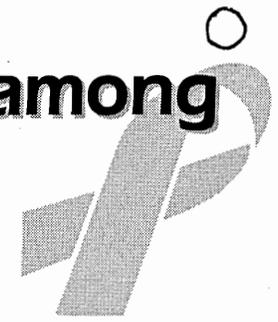
- Young people indulge in sex mainly for pleasure.

Percentage of sexual partners among street youth over specified period by sex (sexually active only)

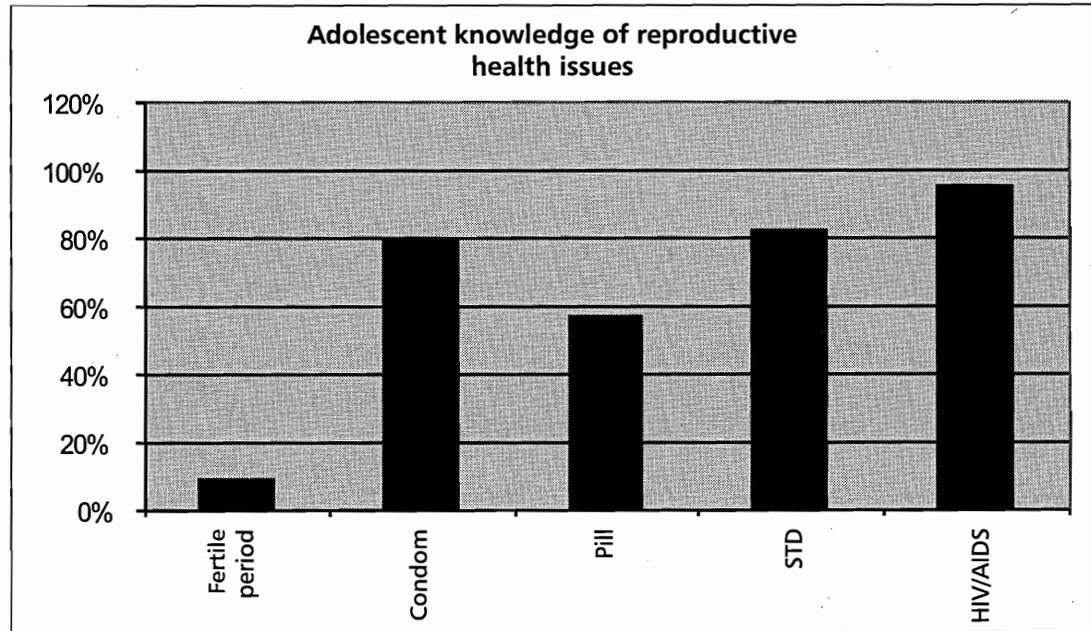
Number	Last 1 Year		Lifetime	
	Male	Female	Male	Female
0	21.9	11.1	-	-
1	49.8	57.4	36.0	46.3
2	12.0	18.5	21.6	13.0
3	7.1	-	10.9	14.8
4	8.8	5.6	28.9	16.7
Too many to count	0.4	7.4	28.3	9.2
N	283	54	283	54

Source: Anarfi and Kannae, April 2000

Knowledge of Reproductive Health Issues among Adolescents

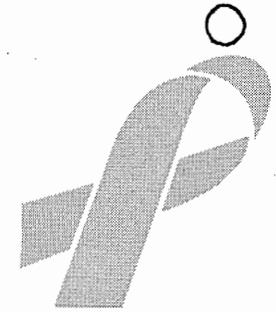


- Knowledge about a contraceptive method, STD and HIV/AIDS is high.
- However, adolescents tend to be ignorant of the middle phase of the menstrual cycle when a woman is most likely to get pregnant.

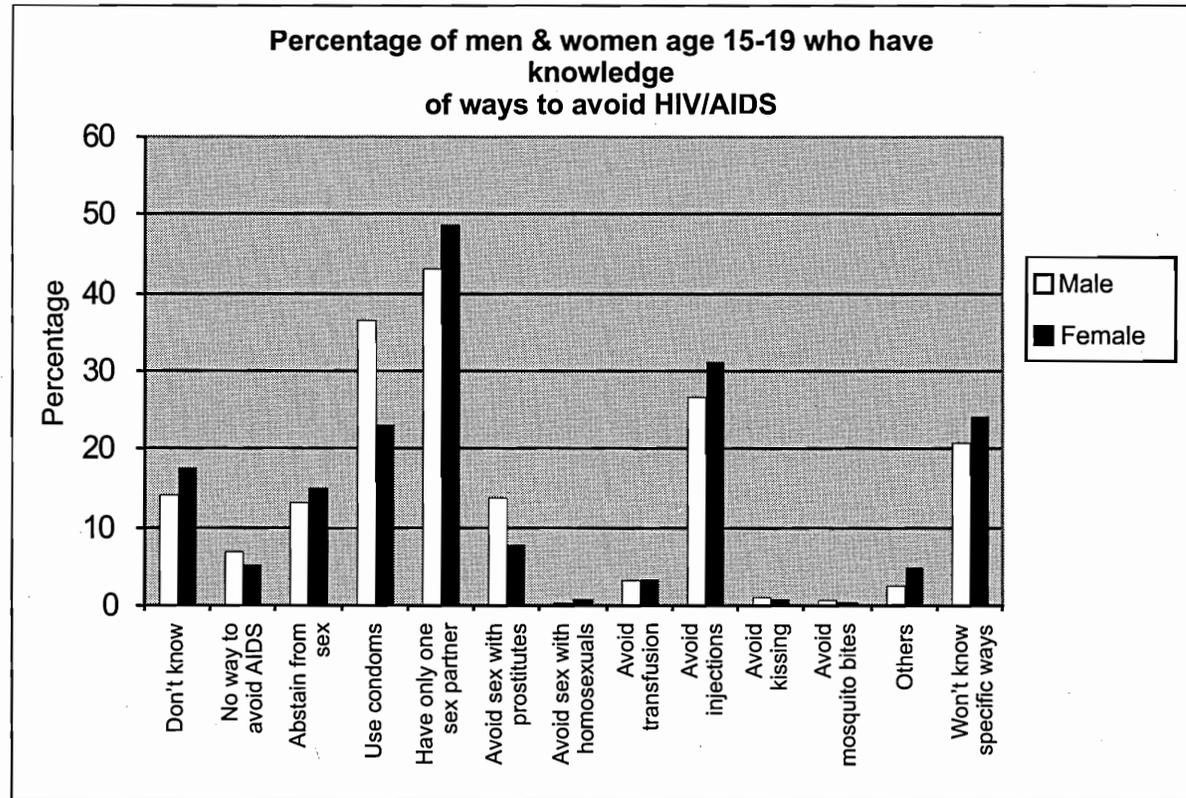


Source: MOH/HRU, Oct. 1999

Adolescents' Knowledge of Ways to Avoid HIV Infection

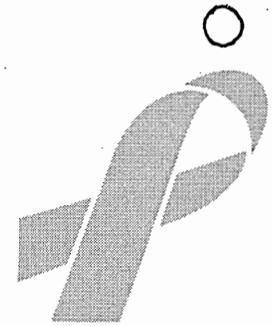


- Knowledge of what to do to protect oneself against HIV infection is high among adolescents. ➔

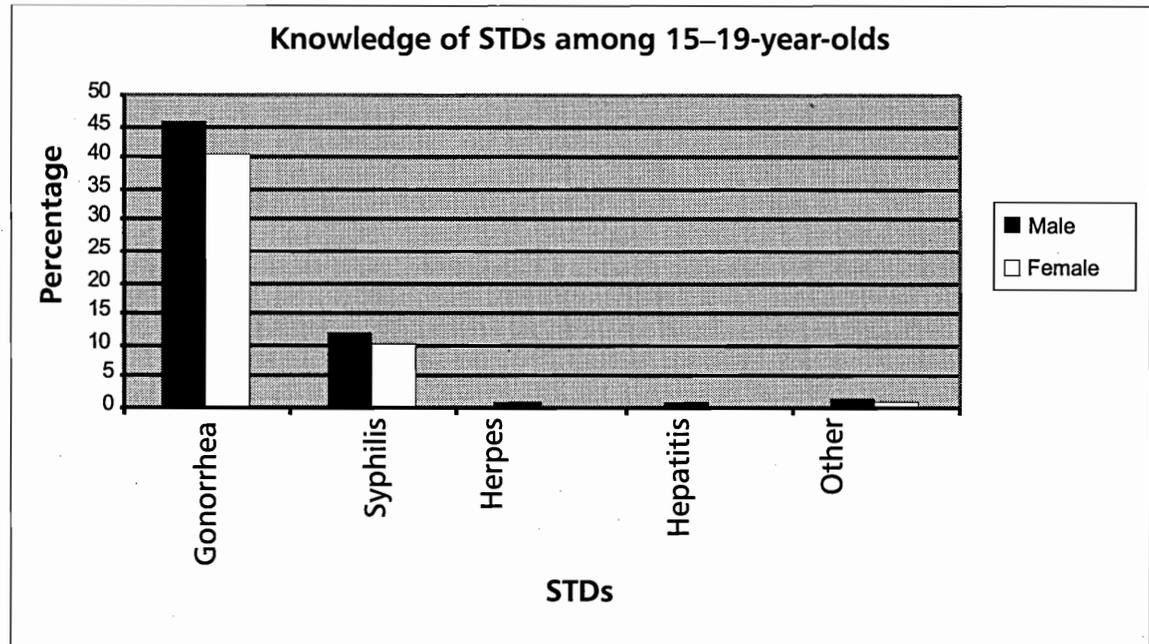


Source: GDHS, 1998

Adolescents' Knowledge of STDs

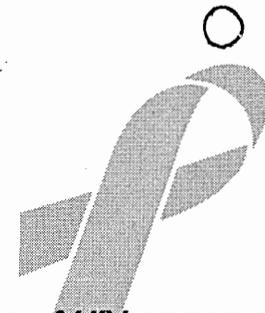


- With the exception of gonorrhea, knowledge about STDs among adolescents is generally low, as shown in the graph.
➔



Source: GDHS, 1998

What Adolescents Know about HIV Transmission



- Knowledge among young people about routes of HIV transmission is high, as shown in the table. ➔

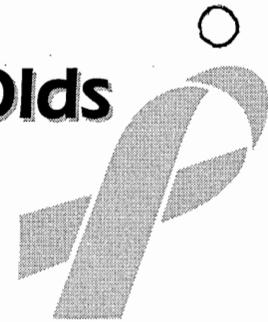
- However, some adolescents have misconceptions (**kissing, sharing of items such as toothbrushes, sponges and towels with others**) about the routes of HIV transmission.

Level of knowledge of routes of transmission of HIV among adolescents

Route of transmission of HIV	Times mentioned
Sexual intercourse	819 (82%)
Sharing needles, razor blades, etc.	436 (44%)
Blood transfusion	107 (11%)
Mother to baby transfusion	42 (4%)

Source: MOH/HRU, Oct. 1999

Contraceptive Use among 15–19-Year-Olds in Ghana



Percentage ever used contraceptive by method

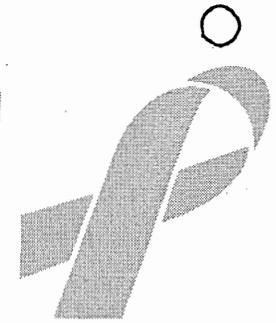
Method	All women	Currently married women
Any method	18.6	50.1
Any modern method	12.5	35.1
Any traditional method	12	30.1
N	910	122

Percentage currently using contraceptive by method

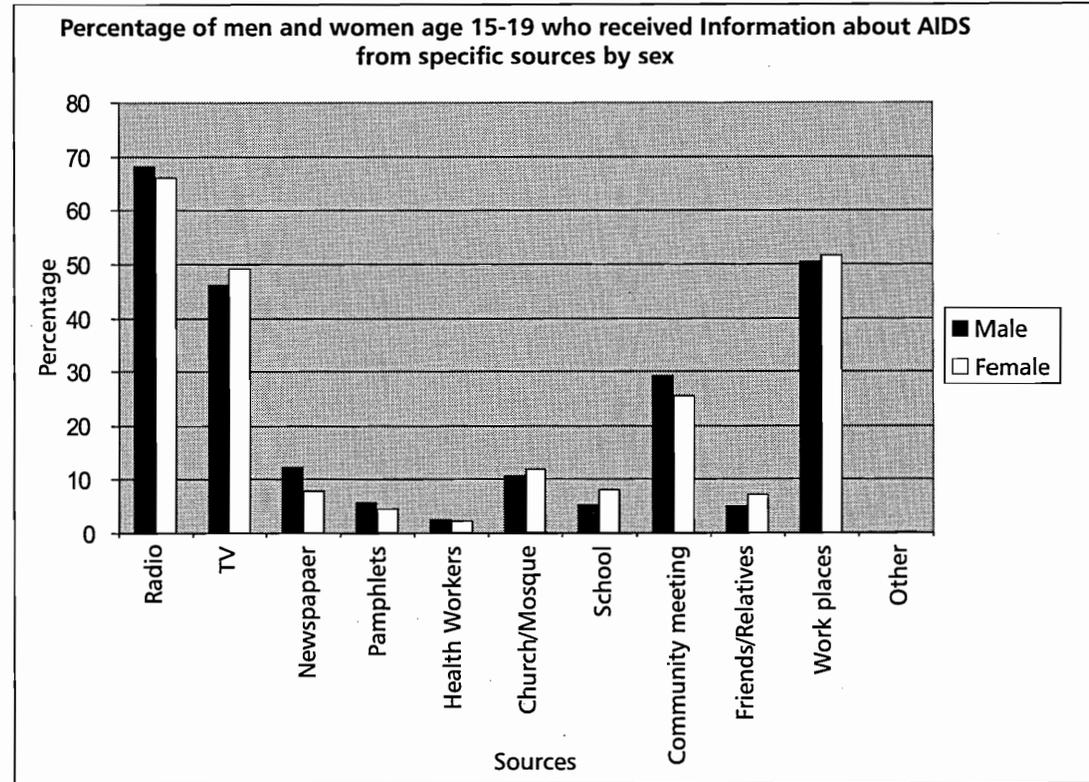
Method	All women	Currently married women
Any method	8.6	19.2
Any modern method	4.8	12.6
Any traditional method	3.8	6.6
N	910	122

Source: GDHS, 1998

Adolescents' Sources of Information about STDs/AIDS



- Adolescents are more likely to receive information about STD/AIDS from the media and the workplace.



Source: GDHS, 1998

Adolescents' Access to Reproductive Health Services

A study of adolescent reproductive health in five regions in Ghana (1998) revealed that only **26%** of adolescents visited public health facilities during the year before the survey and they did so exclusively for curative services, and for antenatal care or delivery.

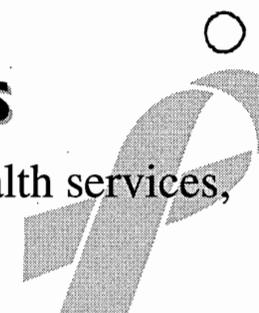
Adolescents repeatedly complain about:

- Poor quality of services being offered.
- Being ridiculed by their peers and adults when they want to use contraceptives.
- The stigma associated with pre-marital sex among younger adolescents.
- Fear of discovery by their parents or the need to avoid recrimination from service providers.
- Most health facilities were designed for adults and do not meet adolescents' need for privacy and confidentiality.
- Negative attitudes of service providers to young people's use of contraceptives. According to service providers in Accra, some of their colleagues are not interested in encouraging the use of contraceptives, especially among adolescents, because of religious beliefs and cultural inhibitions. In a survey, 26 out of 97 service providers (35%) indicated that they would not provide services to unmarried adolescents (GSS, 1995b).
- Service providers lack information on the health status and needs of adolescents.
- Service providers lack communication and counseling skills to adequately deal with the youth.
- Counseling for FP, STD/HIV/AIDS, post-abortion counseling and care, management services for STDs, and clinical management specifically for adolescents living with HIV/AIDS and other RH problems are virtually non-existent in both urban and rural communities.

Source: GDHS, 1998

Services Available at Health Facilities

Adolescents in both rural and urban Ghana lack access to reproductive health services, particularly in public facilities.



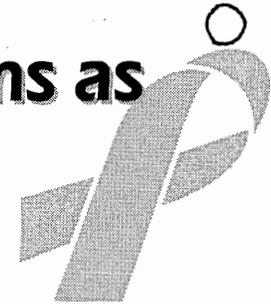
Urban health facilities

Rural health facilities

Services	Urban health facilities					Rural health facilities				
	A/R	C/R	GA/R	N/R	W/R	A/R	C/R	GA/R	N/R	W/R
Regular MCH services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
STD/HIV/AIDS management/counseling for general public	No	?	Yes	Yes	Yes	No	No	Yes	Yes	Yes
STD/HIV/AIDS management/counseling for adolescents	No	No	No	No	No	No	No	No	No	No
FP and counseling for general population	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
FP and counseling for adolescents	No	No	No	No	No	No	No	No	No	No
Pre abortion counseling for adolescents	No	No	No	No	No	No	No	No	No	No
Outreach services for adolescents	No	No	No	No	No	No	No	No	No	No
Staff trained in ARH	No	No	No	Yes	No	No	No	No	No	No

Source: MOH/HRU, Oct. 1999

Adolescent Reproductive Health Problems as Perceived by Adolescents



- The table opposite depicts what adolescents themselves perceive as major ARH problems in five regions in Ghana. ➔

- Compared with other reproductive health problems, there is a low perception among adolescents of their vulnerability to STDs/HIV/AIDS.

Health problems	A/R	C/R	GA/R	N/R	W/R
Teenage pregnancy	68%	81%	93%	49%	87%
Abortion	56%	59%	80%	34%	57%
Substance abuse	53%	54%	53%	37%	56%
STD/HIV/AIDS	13%	12%	18%	5%	11%

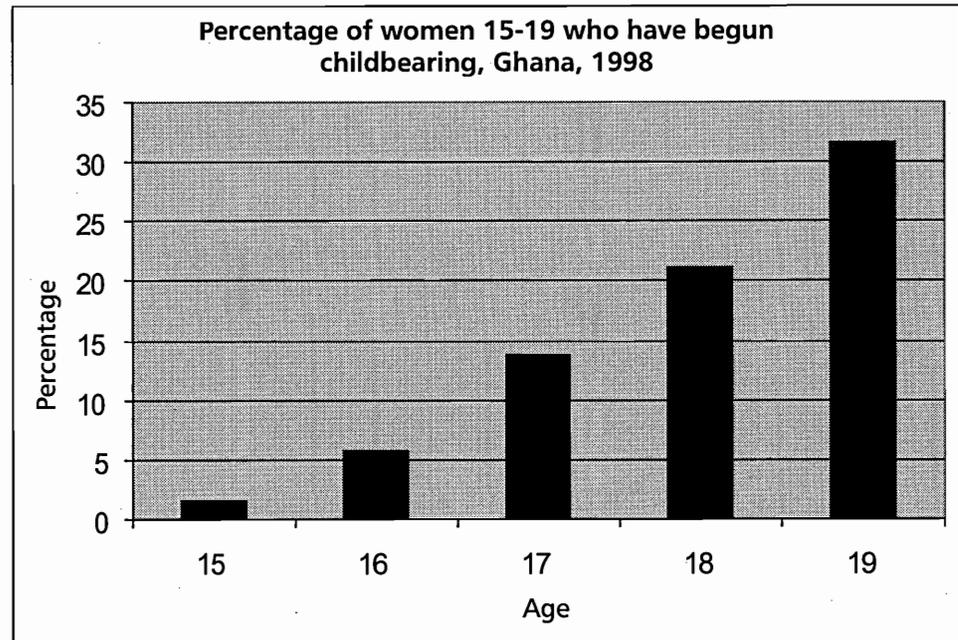
N = 100

Source: MOH/HRU, Oct. 1999

A Pause for Reflection

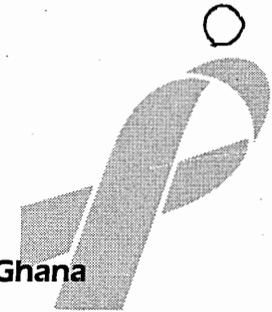
Those who deal daily with adolescent reproductive health in Ghana often point to teenage pregnancy and abortion as a major problem.

- Adolescent pregnancy, abortion, and childbearing have become major issues of public concern.
- The incidence of adolescent childbearing is quite high in Ghana but varies across regions.
- Compared with Accra, pregnancy occurs earlier among adolescents in Kumasi.
- A study in Accra and Kumasi in 1996 of 1,571 adolescents revealed the mean age of first pregnancy to be **18 years** in Accra and **17 years** in Kumasi.



Source: GDHS, 1998; Nabila & Fayorsey, 1996

Teenage Pregnancy in Schools



Percentage of schools reporting teenage pregnancies in three regions of Ghana

Region	Percentage (%) Occurrence of Teenage Pregnancy in	
	Junior Secondary School	Senior Secondary School
Upper East	80.0	80.0
Volta Region	83.3	100.0
Western Region	100.0	100.0
Average	87.8	93.3

N=

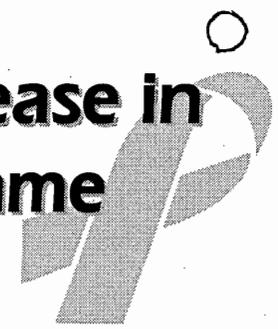
16

16

There is a high incidence of teenage pregnancy in Ghanaian schools, as shown in the table. ➔

Source: CRRD/MOE, 1999

Why Adolescent Pregnancy Is on the Increase in Schools - What Teenagers Say They Blame



- Lack of information about sex and reproductive health issues in schools
- Lack of parental care and financial constraint
- Enormous peer pressure
- Overexposure to the electronic media
- Curiosity (adventure) and experimentation
- Rape
- Negative role models in the home/family
- Poverty
- Poor accommodation
- Cultural practices that force young girls into early marriage
- Breakdown of the extended family system

Source: CRRD/MOE, August 1999

Adolescent Pregnancy and Abortion Have Become a Public Concern



Adolescents who have been pregnant and have had an abortion

Age group/Ever been pregnant	All	Accra	Peri-Urban	Rural
15	5.8	5.5	5.1	10.5
16	9.0	6.1	10.0	17.4
17	15.8	12.5	20.0	21.4
18	27.1	23.4	24.2	47.8
19	32.7	30.6	37.0	33.3
Ever had been pregnant (15-19 years)	34.9	30.0	41.0	56.0
Ever had an abortion (15-19 years)	50.0	60.0	48.1	25.0
Ever had been pregnant (20-24 years)	47.4	63.7	41.8	66.3
Ever had an abortion (20-24 years)	46.2	65.5	37.9	26.3

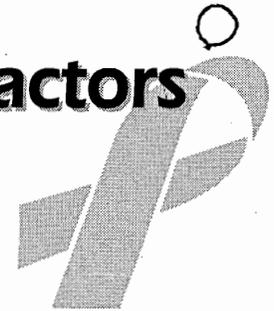
N=995

• Young girls aged 15-19 years living in rural and peri-urban areas are more likely to be pregnant than their counterparts in Accra.

• Of all girls who have been pregnant, half had had an abortion.

• However, young girls who have ever been pregnant and are staying in Accra are more likely to have abortions than their counterpart in rural areas.

The Knowledge, Attitude, and Behavior Factors That Fuel This Epidemic



- 97.2% of boys and 96.5% of girls aged 15–19 have heard of AIDS.
- 86% of adolescents know of at least one modern method of contraception, but only 13% of sexually active women aged 15–19 have ever used a modern method of contraception, and only 5% used a method during the last sexual intercourse. Among young people aged 12–24, only 19% of females and 18% of males used contraceptives.
- More than 80% of adolescents and young adults did not use a contraceptive during their last intercourse. Among the 20% who did use a method of contraception, slightly over 80% used condoms, with about 57% of males and 25% of females declaring having used a condom.
- 83% of street youth in Accra know about condoms, but only 28% had ever used them.

Female Genital Mutilation/Cutting (FGM/C) Is a Reproductive Health Concern in Ghana



Percentage of Women circumcised in Kassena-Nankani district by age

Age Group	Percentage (%)	Number
15 - 19	25.8	590
20 - 24	59.3	676
25 - 29	82.7	809
30 - 34	89.3	727
35 - 39	92.6	672
40 - 44	94.8	577
45 - 49	96.4	525

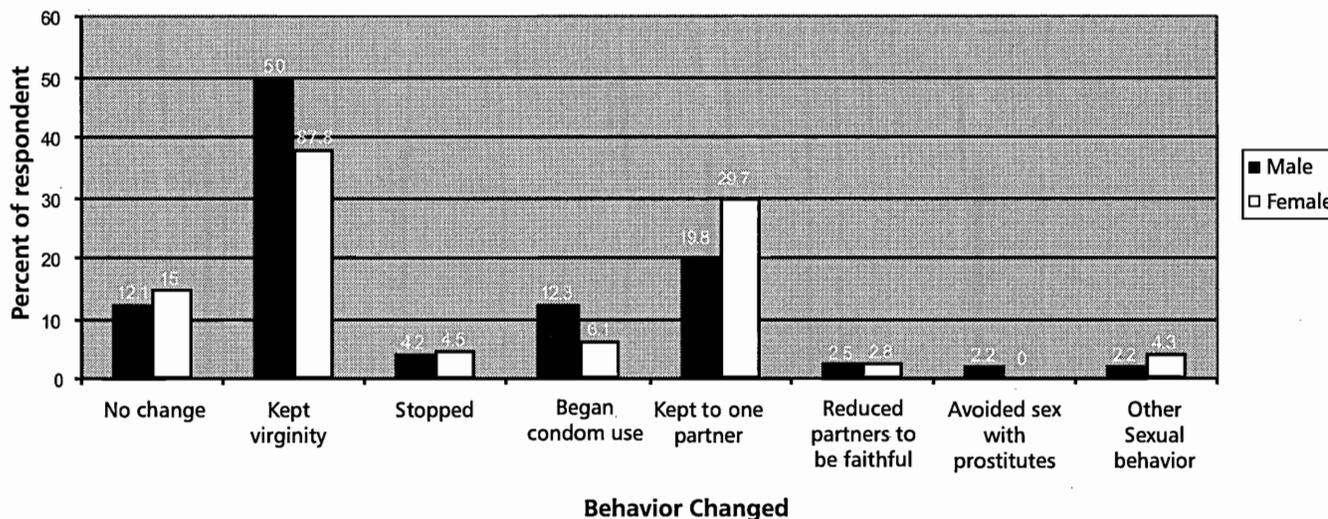
- Incidence of FGM/C is quite high in rural communities of Upper East and West regions.
- A study of FGM/C practice among women aged 15–49 years in the Kassena-Nankani District of Upper East region revealed a prevalence rate of 77%.
- In the study, FGM/C was carried out at an average age of **17 years**.
- FGM/C is also practiced in some migrant communities in urban areas.
- In Ashaiman and Madina in the Accra-Tema metropolitan area and in Ga District, the incidence is **7.5%** and **31.6%**, respectively.

Sources: Navrongo Health Research Unit Panel Survey, 1995; Mbacke et al., 1998; Population Impact Project Research Update, April 2000

Behavior Change among Adolescents Who Have Heard about HIV/AIDS

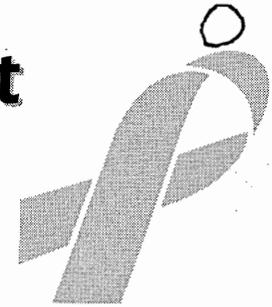


Percent of Ghanaian Adolescents Who Have Changed Their Behaviour Due to AIDS Awareness by Type of Behavior Change



Source: GDHS, 1998

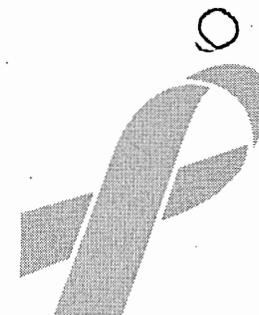
What 10–24-Year-Olds Do To Protect Themselves against HIV Infection



	Male (%)	Female (%)
Use condom	15.9	21.5
Don't share blade/needle	9.3	8.6
Abstain from sex	44.1	30.1
Stay faithful to one partner	24.5	26.9
Avoid eating with other people	0.2	-
Avoid bad company	0.4	-
Go for medical check up	0.6	1.0
Pray to God	0.2	-
Nothing	4.8	11.9
N	487	100

Source: Anarfi and Kanna, 2000

What Sources of Contraceptives Do Adolescents Know?



Sources of condoms identified by adolescents in five regions of Ghana

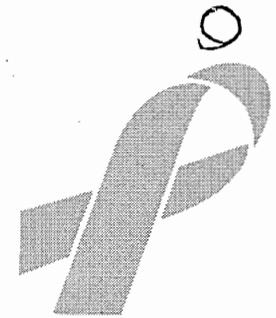
Knowledge of sources of contraceptives is crucial if potential adolescent users are to avail themselves of FP methods.

Sources	Ashanti	Central	GT. Accra	Northern	Western
Pharmacy/ Chemical Sellers	59	55	45	27	67
Government/ Hospitals/Health Care	4	19	13	27	3
Others	2	8	5	0	0
Don't know	12	10	11	13	18

N = 1000

Source: MOH/HRU, Oct. 1999

Maternal and Double Orphans as a Result of AIDS



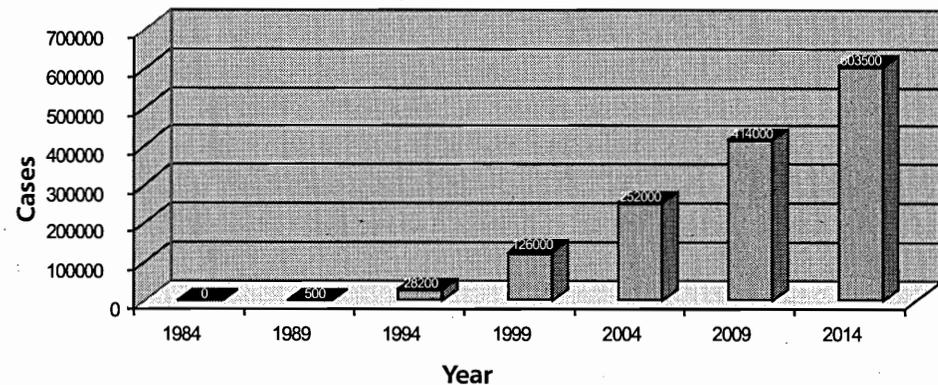
- One of the most serious consequences of AIDS deaths of men and women in their prime is an increase in the number of orphans.

- The problem of AIDS orphans in Ghana is not as pronounced as in countries such as Kenya and Uganda. However, the rapid spread and the current prevalence rate certainly gives cause for concern.

- The graph opposite shows projected number of AIDS orphans in Ghana. ➔

- By the end of 1999, an estimated 126,000 orphans in Ghana had lost one or both parents to AIDS. This number is expected to rise sharply in the next few years.

Maternal and double orphans as a result of AIDS ('000s)



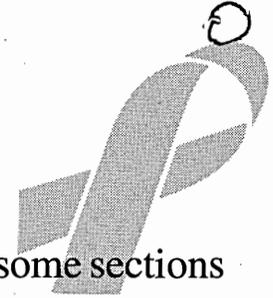
Source: MOH/NACP, 1999

Family Life Education in Ghana



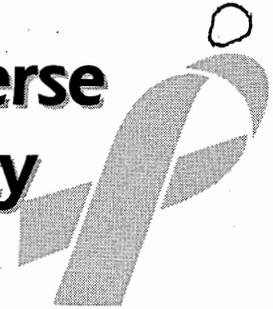
- Parents, especially fathers, do not play a significant role in the sex education of their children. This is confirmed by recent focus group discussions with young people.
- Traditionally, grandmothers, aunts, and other female members of the extended family were responsible for sex education.
- FLE and, in particular, social codes regarding sexual behavior were major components of elaborate traditional puberty and engagement/marriage rites and ceremonies.
- The influence of these sources of FLE on the sexual behavior of adolescents has waned under the impact of “modernization.” Schools, teachers, and parents have been able to take over responsibility for sex education for adolescents.
- In a recent survey, only about 8% of adolescents cited close relatives as a source of information on sexuality. Less than 10% cited schools. This is not surprising, even though a program for FLE in schools was introduced many years ago.

Family Life Education in Ghana



- In Ghana, there is no significant organized opposition to FLE in schools even though some sections of the general population may, at times, have expressed reservations.
- On the contrary, there is serious concern at all levels of society about the increasing number of sexually active adolescents, the high incidence of unwanted pregnancy, school dropouts among girls, STDs, and unsafe abortion.
- Public concern is based on morality rather than on any appreciation of the risk to health/wellbeing of young people posed by HIV/AIDS.

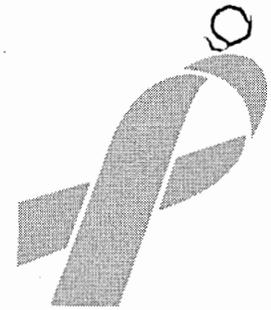
National Response to Address the Adverse Consequences of Adolescent Sexuality



Increasing public concern about the adverse consequences of adolescents sexuality has led to several positive developments in recent years. They include the following:

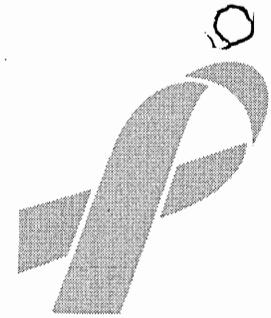
- A draft national youth policy
- A draft adolescent reproductive health policy
- A draft national HIV/AIDS policy including the establishment of a national HIV/AIDS commission chaired by the head of state
- The development of a coordinated multi-sectoral national response to the HIV/AIDS epidemic
- Intensification of the FLE program in schools
- The involvement of religious organizations such as Christian Health Association of Ghana (CHAG), Muslim Youth Association, Seventh-Day Adventist Youth Counseling and Education

The Way Forward



- With 4.6% of its adult population (15–49 years) currently affected, Ghana is on the verge of a generalized HIV/AIDS epidemic.
- Factors that have fueled the epidemic in other countries include: widespread poverty, high levels of unemployment, particularly among the youth, increased social mobility, and rural–urban migration. All these factors exist in Ghana today.
- Unless urgent and adequate steps are taken to prevent and control the spread of HIV/AIDS, the epidemic will increase rapidly, with devastating effects on socioeconomic development and health.

The Way Forward



So what can be done?

- ➔ Review, approve, and implement relevant policies and strategies currently in draft form.
- ➔ Urgently institute a coordinated multi-sectoral national response to the HIV/AIDS epidemic, including the establishment of the National Commission on HIV/AIDS.
- ➔ Mount IEC strategies to motivate behavior change among adults as well as adolescents.
- ➔ Develop strategic partnership with private sector organizations such as the Ghana Employer Association, Association of Ghana Industries, Ghana Chamber of Commerce, GUNTA, and the labor movement (Ghana Trade Union Congress).
- ➔ Involve traditional rulers, community and religious leaders, and leaders of women's organizations, youth, and parents in all aspects of the program to combat HIV/AIDS.
- ➔ Find innovative ways of providing services for adolescents.



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