'Education, Equality, Empowerment - Promoting Women's Rights to Contraception and Sexual Health advice'.

Executive summary

According to the World Health Organisation, over 46,000 adolescent young girls give birth worldwide. [1] Giving birth while being underage is linked with multiple detrimental health and social effects; this includes raised maternal and newborn mortality rates. It is essential for emergent nations' economic outcomes that young girls and their potential children have good health and security. Underage pregnancies, along with short-interval pregnancies, lead to early education withdrawal and restrict the social and economic chances of adolescents. A focal approach to broaden chances is to increase access to birth control and devote oneself to the economic and social circumstances that prompt underage and short-interval pregnancy.

This policy brief calls attention to policymakers on why they should start acting now to assist in determining and implementing the most direct and successful options to allow young girls to obtain and utilise contraception. Progressing evidence indicates that the long-term health and economic advantages of expanding and improving access to contraception will massively outweigh the price, and prices of inadequate action are extremely high.

Introduction

This policy brief will look at Ghana's lack of access to and use of contraception. Ghana is one of a few countries that recorded a decrease in the utilisation of contraception; this has been found in two of the latest national surveys. This country has one of the top rates of unfulfilled necessity for contraception in the African continent.

> "Despite critical international milestones such as the International Conference
> on Population Development Goals 3 and 5 and regional commitments (e.g., Maputo Protocol) calling for universal access to sexual and reproductive
> health and rights (SRHR), political, social and economic barriers have restricted
> progress, particularly in relation to postcoital pregnancy avoidance." [2]

According to Ghana Statistical Service, women who were in relationships and wished to prevent pregnancy but were not utilising contraception made up 30%. [2] Approximately 22% of women in a relationship were utilising contemporary means, these are often

hormonal means. Although the use of contemporary contraception has expanded over the last 30 years, a study in 2018 found that, nevertheless, more than half of pregnancies were unplanned. [3] There are many barriers to contraception in Ghana.

Scope of the Problem and Context

A big problem for the lack of use of contraception in Ghana is that many women believe contemporary contraceptives are dangerous because of the true or perceived threat of long-term side effects. [4] These worries may perhaps evolve from a first-hand encounter or arise from a valid or invalid second-hand knowledge. The frequency of worries for their health as grounds for lack of use has grown since the mid-80s. [5] This is the biggest concern stated by women from Ghana as to why they are not taking advantage of contraception although they wish to prevent getting pregnant. [6]

Having changes in menstrual bleeding as a result of contraception is a prevalent worry for Ghanaian people. Women interviewed in a city family planning health centre conveyed a low endurance for changes in menstrual bleeding or lack of menstruation.[7] A study done in 2014 found that women thought that a lack of a period due to using contraception brings about cancer and fibroids. [9] A different study found that irregular menstruation is a key impediment to the use of hormonal contraception; this is made worse by inadequate information on how hormonal contraception operates. [7] A shift in menstrual bleeding is a crucial cause for decreasing or discontinuing contraception in other areas of Africa. [10]

Another worry for Ghanaian women is the consequences of contraception on fertility, although there is research which concludes that contraception does not have a negative impact on fertility. [9] In a small study that was conducted, women also brought up the worry of UTIs from condoms, a lowered sexual drive, male impotence, and high blood pressure from the pill. [11]

The lack of knowledge is a major barrier to the access of contraceptive help. Abortions were legalised in 1985 in Ghana. Ghanaian women can access abortions on three grounds: risk to the mother's life, rape or incest, and foetal abnormalities. In a survey done, it was found that knowledge of this law is incredibly small. Just 11% of women interviewed in the Ghana Maternal Health Survey in 2017 knew that abortions were allowed legally. [12]

Having a child at a very young age causes many detrimental ramifications for young mothers and their babies alike. These include decreased earning ability, insufficient educational achievement, failing health and even death.

1. Young girls who give birth have decreased rates of involvement in the workforce, trouble locating jobs, and decreased salary. The children they bear also have decreased salary possibilities, which conserves the cycle of destitution.

2. Babies and their young mothers often have fewer years in school, and their school achievement is diminished.

3. Young girls have a heightened chance of sickness, disease, and even death as a result of difficulties with birth and pregnancy. Death rates in developing countries are much higher than in first-world countries. Also, babies in developing countries have a heightened risk of newborn death, malnourishment, and diminished cognitive capability.

The World Health Organisation published a review on young people's health in 2014. [13] In which they state that a lot of advancement has been made in the world following the year 2000 in regards to response to underage pregnancy. For instance, there has been a declining birth rate of young girls in a considerable amount of countries. There are also the death rates of underage girls due to pregnancy and birth that have massively declined through the last ten years, especially in counties where maternal death rates are excessively high; this includes countries in Africa and Asia. However, maternal deaths still place second amidst reasons for death in underage girls throughout the world. WHO states around *"1 in 20 girls aged 15 to 19 currently gives birth each year - representing 11 per cent of all births."* [13]

Prohibiting draconian law and policies concerning access to contraception formed on civil status and age create a crucial obstacle to the access and continued use of contraception amidst underage people. This is frequently incorporated with prejudice from health care professionals and the scarcity of readiness to accept young people's sexual health needs.

Recommendations

A survey participant's focal point was the detriment to health and later-on fertility due to contraception. This is further proven because the worries over negative side effects were the leading cause for stopping the pill and that having dealt with prolonged health problems regarded to be because of hormonal birth control use in the past was connected with a 59% lower chance of presently taking hormonal birth control. The adverse side effects that were brought up the most were health worries and shifts in menstrual bleeding. Shifts in period bleeding have been discovered as a specially difficult thing for women in Ghana. There have been other surveys that have discovered that many women believed that changes in menstrual bleeding caused damage to their fertility. While documentation is inadequate for Ghana, the women's popular worries regarding changes in bleeding could be connected to their worries regarding infertility as a result of contraception. In this respect, I would recommend counselling which discusses hormonal birth control's effect on later-on fertility and additional health problems that may relieve some of the worries regarding menstrual changes.

Another big problem is opposition from women's significant other. The most mentioned reason for the significant other's opposition is worry over side-effects; this was accompanied by worry over later-on fertility. Which displays how extreme and widespread worry about negative side effects and long-term fertility is implanted in communities in Ghana for both sexes. Though surveys usually view opposition from significant others and health worries as completely separate problems for lack of use, some think around 60% of resistance may come from identical worries. I would recommend it is beneficial to examine alterations to questionnaires to make room for this likelihood. Acknowledging worries regarding later-on fertility and side effects may incidentally relieve opposition from the significant other. Including the significant other in counselling about contraception might offer an occasion to discuss these worries with them.

I would recommend that good counselling on family planning is essential to guarantee that Ghanaian women are able to make well-informed decisions about the contraception they choose to use. Some surveys indicate that counselling regarding shifts in menstrual bleeding, negative side effects, and effects on later-on fertility are not globally offered. Contraceptive counselling should be made widespread to guarantee that all Ghanaian women acquire well-rounded and thorough knowledge, particularly on subjects that create a specific worry, e.g., later-on fertility.

I think the United Nations needs to put pressure on the leaders of Ghana to address underage pregnancy constructively in the context of their national programmes. While the

minimum age for marriage is 18 in Ghana, many underage girls are forced into being child brides. The Ghanaian government needs to enforce this minimum age as many underage married girls get pregnant when their bodies are not developed enough to healthily carry a pregnancy. In some countries, the government have put in place widespread programmes to combat this. These countries provoke and embolden other nations to take charge and do what is feasible now.

Recommendations and consulted sources

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