‘No Right to Get Sick’: Resolving the plight of adolescents by confronting their health care needs

By Mathias Aboba

It goes without saying that the youth of any country are its future. Access to health services by majority of the population in rural Ghana is far from ok. The case is even more worrying when one narrows the focus down to vulnerable target populations. One of such neglected group is Ghana’s adolescents. It could be said, therefore, that Ghana is neglecting its future.

Young boys and girls, particularly those in their teenage years, are usually at the critical stage of life requiring all manner of support to help them grow well, particularly health wise. One of the crucial health needs of adolescents is reproductive rights and health education. But often times most adolescents escape this education, causing them to go through these new and difficult times. The challenges of adolescents include teenage pregnancy, sexually transmitted infections, and dropping out of school.

One of the reasons why adolescents are unable to access health services is their perception that health services are for adults or babies. Nothing, it seems, is designed for their needs. In particular, they want privacy and lack the courage to demand reproductive rights and health education. One girl, when asked what she did when she got sick responded with the odd observation, “You see, us girls have no right to get sick.” When asked what this meant, she explained that any girl seeking health care is treated with disdain, as if their fever or health problem is something caused by a recent abortion. As she explained, “Boys don’t have this problem. If they go to a clinic, they are not asked embarrassing questions.”
So discreetly, the combined impact of lacking privacy, low respect for adolescent needs, and gender problems combine in ways that work against adolescents’ utilization of health services. Lack of access is usually something that we consider as geographic remoteness of facilities. But, if we listen to adolescents talk about their worries and concerns, “social access” is the bigger problem. Against this backdrop it is abundantly clear that any attempt which seeks to address the special health needs of adolescents must overcome social and motivational barriers that diminish the comfort zone for adolescents to seek health care. This is where CHPS can solve major problems: CHPS not only lowers both economic and geographical barriers, it can also resolve issues of privacy and social concerns of youthful clientele.

In this regard evidence shows that community-based health systems hold the solution to the health needs of adolescents. Ms. Gumah Memuna, a Community Health Officer at Ninsum CHPS Compound in Garu Tempane, tells how support from the Ghana Essential Health Intervention Programme (GEHIP) has improved and intensified community, home and school visits to readily respond to adolescents health needs in the area.

Ms Memuna explains,

“Now with the resource support coming from GEHIP for strengthening CHPS operations.....we have also increased our net of tailored services; our outreach programmes consider the various target populations but knowing the special difficulties adolescents have in approaching our static service points we give them special attention. When we go on home visit we make sure that we invite them when they are available to listen to the health talk. On many occasions when I notice something unusual in an adolescent in a home I would make time to talk to him or her separately after discussing general issues with the entire family. Also because I have lived in the village over time and know a lot of the young boys and girls I take time to monitor their lifestyle and challenges and when I have the opportunity usually at community meetings I raise some of negative tendencies by the youth and advise parents on what to do. Here in the Garu area it is a traditional society with Islamic religion dominance. As a result early marriage and for that matter early sex is a common challenge facing adolescents. For a long time teenage pregnancy has been a problem here and the rate of school dropout especially among girls is high. Sexually transmitted infections and unsafe abortion practices are also common. So basically these things form the basis of our service packages for adolescents when we go on outreach in the communities, schools and homes. Interestingly the response has been good. For some time now not only have we noticed decline in particularly teenage pregnancies but also a number of these youth now have the courage to seek help at the health facility. Now virtually, everyday a number of young girls and boys walk up to us at the compound to seek information and support. Now most of them don’t shy away so much. Even those who are still timid and shy away from the health center because the education has gone down well they still find way out to approach us outside the compound, sometimes even at the market. To me I think addressing the health needs of adolescents is one of the reasons why community health systems need support as GEHIP is doing. With the fuel, logistical and motivational support the vision to take improved health services to the people everywhere can be realised.
It is important that we learn from Ms. Gumah Memuna. The CHPS program needs to prioritize orientating its CHOs on how to implement best practices for adolescent health services. Sensitive, sensible, and private care strategies developed in Garu-Tempane should become a model for all districts to follow.