

Improving the quality of sexual and reproductive health and rights (SRHR) through pre-service training, research, and evidence-based clinical care delivery in Sub-Saharan Africa



Contribution ID: 7

Type: **Oral Presentation Only**

Youth sexual reproductive health and rights services during public health emergencies

Friday, September 19, 2025 10:40 AM (10 minutes)

Background: Public health emergencies like pandemics and natural disasters hamper the delivery of sexual and reproductive health and rights services to the youth. Adolescents and young people generally suffer from inadequate access to information, limited services that are friendly to them, and sociocultural constraints, which are aggravated in emergencies. The implementation of youth-friendly sexual reproductive health and rights (SRHR) programmes has specific challenges during public health emergencies. During public health emergencies, it is essential to ensure that SRHR services for youths are maintained and their access is not compromised. Giving priority to SRHR services for youths during public health emergencies is critical in ensuring that they can maintain their sexual and reproductive health and rights. This study assesses the processes of implementing youth-friendly SRHR programs during public health emergencies in the Adansi South District of Ghana.

Methods: The study adopted a qualitative method approach. Six (6) focused group discussions (n=54) were conducted amongst young people aged 10-24 years, whilst ten (10) key informants from the health directorate were interviewed. A facility checklist was also conducted in all the seven public health facilities in the district using the WHO guideline on youth-friendly services. Qualitative data were transcribed, coded, and analyzed using thematic content analysis. The study received ethics approval from the Ghana Health Service Ethics Review Committee with approval number GHS-ERC: 009/09/23, and data were collected between February and September 2024.

Results: The findings identified disruption of regular health services, increased difficulty in accessing condoms, STI testing, closure of youth centers and community programs, fear of accessing services due to risk of infection, and closure of schools as key barriers to youth SRHR service delivery and utilisation during public health emergencies. The study also revealed significant shortcomings in the planning and adaptation of youth-friendly SRHR programs during public health emergencies. The results show that all the seven public health facilities in the district had no pre-existing emergency response plans for youth SRHR services according to the facility checklist. The findings also show that there has not been any attempt to develop a youth SRHR-specific emergency response plan. The results also show significant gaps exist in awareness, accessibility, and effectiveness of SRHR programs, particularly during public health emergencies.

Conclusion: The study established that the Adansi South District has critical challenges in implementing youth-friendly SRHR interventions during public health emergencies. Equitable and resilient SRHR service provision among youths calls for enhancing preparedness plans under emergencies. It requires more efforts towards raising awareness and enhancing access, especially among priority interventions such as STI prevention and family planning services under public health emergencies. There is a need for policymakers and stakeholders to prioritize youth-focused interventions to bridge these gaps and provide holistic SRHR support during public health emergencies. The Ghana Health Service should develop a framework that will conduct a thorough analysis of situational obstacles hindering the youth SRHR realization particularly during public health crises.

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Session Classification: Oral SRHR

Track Classification: Sexual and Reproductive Health and Rights