

Photovoice Reflections on Female Sexual and Reproductive Health Resources and Education in Ghana

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Abstract

In Ghana, young women face a difficulty in accessing sexual and reproductive health resources and education. This presents a major health problem for the country leading to general negative health effects, such as the contraction of sexually transmitted diseases, complications with fertility, among others. This paper uses photovoice as a community-based research methodology to understand the perspectives of young women in accessing sexual and reproductive health resources and education. The participants of this study took photos of resources that represented a challenge or an opportunity for them, in terms of access to female sexual and reproductive health resources and education. Focus group interviews and semi-structured interviews were conducted with participants, where their photos were discussed, in relation to the objectives for the research. The findings revealed themes such as economic factors, stigma, gender disparities, and insufficient education. The study concludes by providing recommendations for policy reformulation and implementation on issues of sexual and reproductive health resources and education.

Keywords: Female sexual and reproductive health, Photovoice, Gender, Ghana.

Negative health effects such as the contraction of sexually transmitted infections (STIs) result from inadequate understanding about sexual and reproductive health (Guan, 2021). Access to knowledge about sexual and reproductive health and services was recognized as a fundamental human right at the 1994 International Conference on Population and Development (Agyire-Tettey et al., 2019). Adequate provision of reproductive health care services is crucial because it impacts not only widely acknowledged human rights but also individual and economic growth (Ogundele et al., 2018).

Concern over youth reproductive health has increased because of data showing a steady rise in the prevalence of STDs, early pregnancies, and sexually transmitted infections among young adults in developing countries (Dapaah et al., 2016). Since young people, who are between the ages 10 to 25 (Edwards et al., 2022) consistently have higher rates of STIs and unsafe sexual behavior than other age groups, they continue to be a priority for sexual and reproductive health issues (Dapaah et

al., 2016). Without the knowledge, or services to support a healthy sexual and reproductive life, young people worldwide have had to make their way to sexual maturity without proper education and guidance (Dapaah et al., 2016).

Young adulthood is a crucial stage for physical and mental development, with long-term consequences. Access to comprehensive reproductive health services is crucial for young people's safe and healthy sexual and reproductive lives. However, many struggle to obtain and utilize these resources (Grindlay et al., 2018). Young people in developing countries, where there are few or no adolescent health care services, have significant obstacles in receiving reproductive health services. One of these countries is Ghana.

Laar et al. (2024) report that Ghana is one of several low- and middle-income nations where young people's sexual and reproductive health needs are unfulfilled. There is a disconnect between the responses of present traditional sexual

reproductive health interventions and the informational demands of young people in rural areas. Laar et al. (2024) describe that barriers to traditional sexual and reproductive health services still exist in Ghana, despite multiple government initiatives to guarantee widespread access to sexual and reproductive health information and services.

Sexual and reproductive health is essential to women's empowerment and encourages their full participation in profitable economic endeavors. However, Agyire-Tettey et al. (2019) argue that access to and usage of sexual and reproductive health services are hampered for women and adolescents in Ghana. Existing literature from different parts of the world focus on women and adolescent sexual health needs, including contraceptive use and family planning methods, like the studies of Belda et al. (2017), Rahimi-Naghani et al. (2016) and Dapaah et al. (2016). The absence of social science studies examining the lived experience of women's sexual and reproductive health resource access and use in Ghana calls for research that expands knowledge on this subject. Responding to this need, this study presents a photovoice project focusing on barriers and pathways that eight young Ghanaian women encounter regarding sexual and reproductive health education and resources in Ghana.

Literature Review

Reproductive health education encompasses information and counseling on sexual and reproductive health issues, as well as promotion of healthy sexual behavior, family planning information, condom promotion and provision, testing and counseling for pregnancy, HIV, and other sexually transmitted infections, STI management, among others (Nyarko, 2022). Owusu et al. (2011) report that reproductive health aims to promote responsible and safe sexual behavior, including the ability to reproduce and choose when and how often to do so. Reproductive health education, thus, is critical for ensuring safe sexual behaviors, particularly among teenagers who are more sexually active during puberty. Reproductive health education promotes national development and reduces illness burden by educating young people about sexuality and related issues (Nyarko, 2022).

Since 1994, the International Conference on Population and Development (ICPD) has recognized the unique needs of young people in terms of sexual and reproductive health. Numerous programs, activities, and research studies have addressed these issues. Despite two decades of the ICPD, young people, especially those in sub-Saharan Africa, still have poor adoption rates of services (Abubakari et al., 2020). In Ghana, students at the basic level are taught about sexual and reproductive health, including STIs, HIV/AIDS, teen pregnancy, unsafe abortions, and abstaining from sexual activities (Owusu et al., 2011). Berhe et al. (2024) report that Ghana has policies for adolescent health, including adolescent sexual and reproductive health (ASRH), however they confront substantial implementation issues. Financial resources are limited and unduly reliant on external funding, and ASRH is poorly coordinated with other elements of the health system. ASRH is taught in schools as part of Ghana's Comprehensive Sexuality Education (CSE) syllabus, overseen by the Ghana Health Service (GHS) and Ghana Education Services (GES), but it faces challenges due to insufficient teacher training, resulting in poor implementation and

inconsistent messaging. Contraceptive awareness among unmarried teenagers is high, however there is a considerable gap between knowledge and use among sexually active unmarried females aged 15 to 24. Misinformation and misunderstandings regarding side effects, as well as cultural and religious beliefs, are all factors contributing to non-use of these contraceptives.

Berhe et al. (2024) add that Ghana also has poor access to contraception, with just 38% of single adolescent females receiving family planning services, and an estimated 25% of unsafe abortions occurring among girls aged 15 to 19. Furthermore, roughly 16 million girls aged 15 to 19 gave birth in 2019, with 2.5 million under the age of 16. Many teens have insufficient understanding about safe abortion services. It was discovered that 13 of every 15 abortions observed were unsafe among 30 previously pregnant 13–19-year-olds in a slum in Accra.

Klu et al. (2023) state that misconceptions and ignorance about sexuality, fertility, and contraception persist in Ghana. Adolescents and young people are typically unaware of their sexual rights and available options. The lack of knowledge and information about adolescents' perceptions of their SRH rights, as well as their actual acquisition and use of services, exacerbates the situation. Young people in Ghana have had limited access to adequate health information over time. They face challenges such as adverse attitudes from healthcare practitioners, inadequate facilities, financial restraints, and lack of parental support. These factors influence their perceptions of health care and hinder their use (Klu et al., 2023).

The literature shows that there is a lack of education and access to sexual and reproductive health in Ghana, particularly among adolescents and young people, which could be caused by a variety of factors, including stigma, inaccessible health facilities, and insufficient communication among parents and children, healthcare providers and patients on the issue. This study, therefore, employs photovoice as a method to explore sexual and reproductive health from the perspectives of young women in Accra, Ghana.

Methodology

Study Design

This study is qualitative and implements photovoice as a community-based participatory research approach. Wang and Burris (1997) state that photovoice is a participatory strategy employing images and narrative storytelling to depict social injustices and inequality in society. This is a study approach in which research participants take photographs and interpret them to bring about improvements in their communities. The photovoice approach allows researchers and co-researchers or participants to visually depict events and offer personal knowledge about situations that may be difficult to communicate with words alone. This photovoice project, thus, sought to discuss the barriers and pathways that pertain to the accessibility of Ghanaian women to sexual and reproductive health education and resources.

Site and Participants

The site for this project was virtual, on Microsoft Teams, since we were not in the same physical location as the

participants. Relying on our connections from Ghana, we conveniently sampled eight young women. This recruitment was done by speaking to our friend groups about the research and asking them if they could be a part of the study. Golzar et al. (2022) indicate that convenience sampling describes the data collection procedure that allows the researcher to access a population that is easily reachable for a study. The researchers utilized convenient sampling because at the time of the research, we were living in the US and wanted to capture the experiences of young women who were living in Ghana at the time. It was also convenient since all the participants lived in Ghana's capital and so were able to access the internet and get on calls via Microsoft Teams. While this proved a suitable sampling technique for the researchers, we recognize that this sampling technique presents the limitation of our inability to generalize the findings of the study.

This virtual community was made up of young Ghanaian women between the ages of 21 and 30. Participants' education ranges from undergraduate to master's degree completion. The literacy rate of this community is key to establishing the fact that they have access to sexual and reproductive health and education, as they may have come across it during their time in school. The participants of the study were tasked with taking pictures that reflected an aspect of sexual and reproductive health. After the pictures were taken, we engaged the participants in individual and focus group interviews. The researchers employed semi-structured interviews for the collection of narratives about the images captured. Alsaawi (2014) explains semi-structured interviews as a combination of pre-planned questions with open-ended questions, enabling the interviewee to elaborate on specific topics.

Procedure

After successful recruitment for the study, participants completed the consent process. An introductory meeting, in the form of a training workshop, was conducted to brief participants about the nature of the study and key terms that were important to the study and ethics in research. We, together with the participants, determined the objectives for the study and the questions guiding our interpretation of the photos.

Participants were asked to use the cameras on their smartphones to take pictures of aspects of their lives that reflected a pathway or barrier in accessing sexual and reproductive health resources and education. Participants were tasked with taking a minimum of two photos and a maximum of five photos over the course of three weeks for the project. Weekly meetings were held with individual participants during the data collection period to discuss their images. Participants additionally recorded their reflections in the form of audio notes, which were discussed in the meetings.

The participants shared ideas and images on a private platform site that required protected passcodes for access. The decision to use this platform was made by the participants who expressed that this platform was simple and accessible as a site for communication. Participants were given a period of three weeks to take a set of pictures, out of which they were to select their favorite three pictures which related to the

study topic. Three meetings were held with participants on Microsoft Teams in which participants made interpretations of the photos shared.

The researchers facilitated semi-structured interviews about the images and probed participants about the pictures they had taken and how they related to pathways and barriers in accessing sexual and reproductive health resources and education. An interview guide, popularly referred to as the SHOWED method (Wang and Burris, 1997), consisting of six questions, served as a basic set of prompts for us. The six questions in this interview guide are as follows:

1. What do you see in this photo?
2. What is happening here?
3. How does this picture relate to our lives, especially in terms of accessing sexual and reproductive health resources and education?
4. Why does the situation exist?
5. What can we do about the situation?
6. What can we do to address these issues?

We added an additional question to the interview guide, which was "How do you feel about the picture?" Throughout the discussions, participants made submissions that necessitated follow-up questions. Interview meetings consisted of a blend of focus group interviews and individual interviews, all lasting less than one hour in length.

Ethics

Some ethical considerations for this study were adopted from Laar et al. (2024). These considerations included the emphasis of the voluntary nature of involvement, the recording and transcription, and the guarantee of anonymity and confidentiality of their data. Every participant gave their consent. An additional responsibility of these participants included seeking the approval of other people they photographed. Photographs clearly depicting individuals were not used for any part of this study. Participants were not identified by their names or any forms of identifiers throughout the reporting of findings for the study.

Data Analysis

The data for the study was thematically analyzed. The interviews were transcribed using the feature that comes with Microsoft Teams that allows for audio transcription. Cleaning and correcting imperfect transcriptions were the first phase of preparation for analysis. Next, the researchers read the raw data multiple times and identified codes that would later be developed into themes. Following reflection on the participants' own words, phrases, and experiences, the codes were inductively categorized into themes that related to the research issue. To find meanings and connections between the themes, the themes were examined in more detail in the last phase of analysis.

Data Analysis Process

The study adopted the thematic analysis steps proposed by Braun and Clarke (2006). Data analysis followed a thematic approach, allowing for identifying and interpreting patterns and themes within the collected data. An inductive approach ensured that the themes emerged directly from the data. The data were analyzed based on the study's objectives.

We carefully read through the transcribed data to find meaningful patterns related to our research questions. After reading the transcribed data multiple times, we individually color-coded similar narratives from the participants, which we later developed into codes. These codes accurately represented the data that we collected and answered our research questions. After developing the codes, we employed intercoder reliability where we read through each other's code sheets and the data again, to check for consistency in the codes that we each generated and to compare our codes to generate themes that would help us answer our research questions. After this, we reviewed all the codes to ensure coherence and consistency with the raw data. At this stage, the themes were named and described to ensure that they could be understood. Finally, the themes were analyzed and discussed in the context of the research.

Results and Interpretations

This section presents the findings from the data collected for the study. They are discussed under the following themes: variety of resources, economic factors, stigma, gender disparities and insufficient education.

Variety of resources

Contraceptives, menstrual pads, tampons, menstrual cups, reusable pads, pain relief medicines, heating and cooling pads, hot water bottles were some of the materials that participants took photos of. In the discussion, it was revealed that participants had fair access to a number of these items. They agreed that with contraceptives, especially emergency contraceptive pills, the variety that was available to them in the pharmacies was an indication that they had some control over preventing unwanted pregnancies and protecting themselves in that regard. One participant said, "In the pharmacy, there are a lot of pills for sale. It means that in the event of you having unprotected sex, you know that there are pharmacies that will have these to help you prevent getting pregnant." From their responses, it was evident that the easy access to emergency contraceptive pills were a relief to the participants, who described the availability of contraceptive pills as a step in the right direction with regards to easily accessible birth control methods.

Menstrual pads, which was an item that the participants easily identified, also showed that their menstrual needs were well taken care of. One participant explained that the varied lengths and thickness that existed in the market catered for the varied bleeding patterns of women. The number of pads, and the waste bag usually included in one of the brands of pads was also helpful, in the sense that it was easy to carry a pad in their bag in times of emergencies.

Tampons and menstrual cups, which are not common in the Ghanaian market, was brought up in the discussion of the photos. One participant, who was in Europe at the time of this project, identified the use of tampons and menstrual cups as a pathway, and as a barrier. She stated that, she only got to experience the use of tampons and menstrual cups when she travelled to Europe. The inability of the Ghanaian participants to have access to these items posed a barrier, because according to another participant, tampons and menstrual cups reduce the occurrence of rashes that happen with the use of menstrual pads.

It was a common experience for participants that the cramps they experienced during their menstruation caused so much pain, and so they often used pain relief medications. These pain reliefs came in the form of pain killers, heating and cooling pads, hot water bottles, and herbs. Participants were familiar with the different pain killers that were available, and they individually attested to using several of them. One participant took a photo of herbs that they had in their backyard garden that they brewed into tea and drank as a pain relief.

Most of the other participants did not know about this herb, so there was some education on the herb. From the discussions, participants agreed that this too would prove beneficial to women across the country because it reduced the cost involved in obtaining different pain reliefs for the cramps they feel during their periods.

These findings confirm the evidence by Klu et al. (2023) and Nyarko (2022) who state that young people with formal education understand sexual and reproductive health from a variety of viewpoints, and that higher education levels are associated with increasing utilization of sexual and reproductive health services.

Economic Factors

The cost of contraceptive pills and sanitary pads came up in an interview with one of the participants. According to a participant, the prices of some emergency contraceptive pills were high, and this could be discouraging for young women who need access to this resource. She explained that emergency contraceptive pills were a painless substitute, as opposed to other birth control methods. This makes it quite easy to obtain them. The participant also stated that the high price of menstrual pads was a serious problem, and it could be attributed to the inability of the government to make sanitary pads easily accessible to young women.

When asked why she took the picture, she said, "The pads are so expensive! How do they expect young girls like us to be able to afford these every month?" She stated that the prices of sanitary pads had increased by almost 300% in the last five years, which made access to these sanitary pads a matter of luxury rather than necessity. She also attributed the hike in price to the exorbitant taxes that have been imposed on sanitary pads. She also stated that given the economic issues plaguing the country, the high cost of sanitary pads could deter young girls who are unable to cater for themselves from accessing this basic reproductive health resource. She stressed that the use of sanitary pads was a healthcare issue and should be treated as such.

Stigma

While stigma was not explicitly discussed because of the photos that were shared, we realized that some form of stigma was at play in the interactions with the participants. In the discussion of contraceptive pills, one of the researchers asked the participants if there was anyone who had some experience with using either contraceptive pills or female condoms. There was no answer from anyone in the group. However, in the individual interviews, some participants mentioned that they had used contraceptive pills before, for sexual purposes as well as for hormonal balancing. In another interview with another participant, she stated that, the silence

that accompanied the researcher's question in the focus group discussion could be attributed to the general hush culture associated with topics of sexual and reproductive health in Ghana. It is common in Ghana that young women do not speak about their sexual and reproductive health because they do not want to be perceived as immoral. So, although young women may be sexually active, there is the tendency to be quiet about sharing their experiences and concerns with other people.

This is in tandem with Berhe et al. (2024), who assert that one major challenge in the Ghanaian society concerning reproductive and sexual health is, discussing sex is frequently frowned upon, making it extremely difficult for young people to openly address sexual and reproductive health difficulties with parents or other members of the community. As a result, young people are hesitant to seek guidance or obtain contraception, which raises the risk of unsafe sex, STIs, unwanted pregnancies, and abortions. Abubakari et al. (2020) also report that the stigma associated with sexuality can hinder young people from accessing necessary information and sexual and reproductive health services. Young women face stigma when seeking family planning services and taking contraception, leading to feelings of fear, shame, and embarrassment.

Gender Disparities

Some participants shared photos of a variety of brands of male condoms at pharmacies they frequently visited anytime they needed to purchase sanitary items, or medicines. One participant, when asked about her photos, said, "Men have so many options, and women have really little, and it's funny because the few options that women have can alter their hormones and stuff like that, while men have to experience nothing like that. The gender disparity is huge."

In another photo a participant shared an advertisement of female condoms. The advertisement of female condoms came as a shock to another participant. According to her, she had almost forgotten that female condoms existed, since they were not as talked about as male condoms. She went on to state that, female condoms were not as common because the design of the condoms made it uncomfortable for women to use during sex. She went on to say that "...it's like there are more options for the men than there are for women."

Another participant explained that the only way to prevent transmission of STIs was using condoms. Female condoms were hard to come by and uncomfortable for women to use, but male partners get to wear condoms. This then creates a power dynamic where women are left powerless, since they cannot protect themselves, and men, powerful, since it is their call to prevent the transmission of STIs during sex.

Insufficient Education

One of the participants, who is a health worker, took photos of drugs that she described as being used for either sexual or reproductive purposes. In the ensuing conversation, she explained that sometimes, women had no idea of their cycles, and any anomalies associated with them. She explained that until they came to the hospital or the pharmacy, they did not know that their cycles were irregular. She further stated that literate women were the ones who have some idea of their cycles and whether they were normal or not, as well as

women who have access to the internet.

She stated that, "...because in the society we find ourselves in, people aren't really educated, right? So let me just say that few women see a doctor and then get informed about what's happening to them and then seek or look for drugs to help with their condition." The participant further stated that knowledge on menstrual cycles and everything else associated with it should be taught in basic schools. The rationale was that, since some young girls start menstruating before they get to high school, education on menstrual cycles should be incorporated into the basic school's curriculum.

The participant also mentioned the myths that surrounded some reproductive health conditions such as fibrosis. The common myth was that the growths can be dissolved with hot water bottles. The participant related the spread of this myth to insufficient education on the condition, stating that these myths prevent women from seeking out accurate information about their reproductive and sexual health. Another participant decided to visit a sexual and reproductive healthcare facility to seek for information about birth control methods. According to her, when she got to the facility, she was denied the chance to ask the healthcare providers any questions.

This confirms the assertion of Abubakari et al. (2020) who, in their study, found that some sexual and reproductive health treatment providers lacked empathy for young people presenting with sexual and reproductive health problems at their institutions.

Communication Implications of Findings

Photovoice is a part of the broader community-based approaches to research; it contributes to the field of communication by centering the voices of the participants and making them an integral part of the research. This bottom-up approach counters the conventional top-down approach to health communication that often marginalizes communities in discursive spaces. By placing these young women at the center of the research, we highlight their voices and their experiences with their own pictures and words. In a society where women are not given autonomy over their voices, this study opens conversations on how women can take back the power of their voices especially in matters that relate to their reproductive and sexual health.

Photos tell a complex, multifaceted story that words sometimes do not. In sensitive situations like this topic, words may not be enough to express lived experiences and so conducting this study, with photovoice as a method, presented several communication opportunities, beyond words, that expand the field of communication.

Little research exists on using photovoice as a method to study pathways and barriers in women's access to reproductive and sexual health resources and education in Ghana. This study, thus, seeks to contribute to expanding the existing body of literature on health communication, health literacy, and the broader field of communication.

Conclusion

This study explored female sexual and reproductive health resources and education in Ghana. Using photovoice as a method, the perspectives of eight Ghanaian women were gathered for the study. Findings from the study showed that young women had access to some resources that were needed for their day-to-day sexual and reproductive health needs such as sanitary pads, emergency contraceptive pills, among others. Even though Ghana has had improvements in the matter of providing sexual and reproductive health resources and education in years past, the data shows that more work needed to be done. This can be done by making health facilities and health care providers easily accessible and reducing the taxes imposed on items such as sanitary pads. The current tax percentage on menstrual pads, which is 32%, is exorbitant and makes a basic reproductive health resource inaccessible for young women all over the country. We call for a reformation on the policy of taxation on menstrual resources, where the current tax percentage should be highly subsidized. The study also concludes that there should be an urgent implementation of the comprehensive sexual education in basic schools in Ghana. This education program may work to reduce the stigma that is associated with conversations about sex in Ghana. Based on the findings of the study, it is evident that there is currently low stakeholder involvement in women's sexual and reproductive health in Ghana. We therefore call for a stakeholder engagement influencing policy decisions and implementations and the extending of support and programs to rural parts of the country.

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