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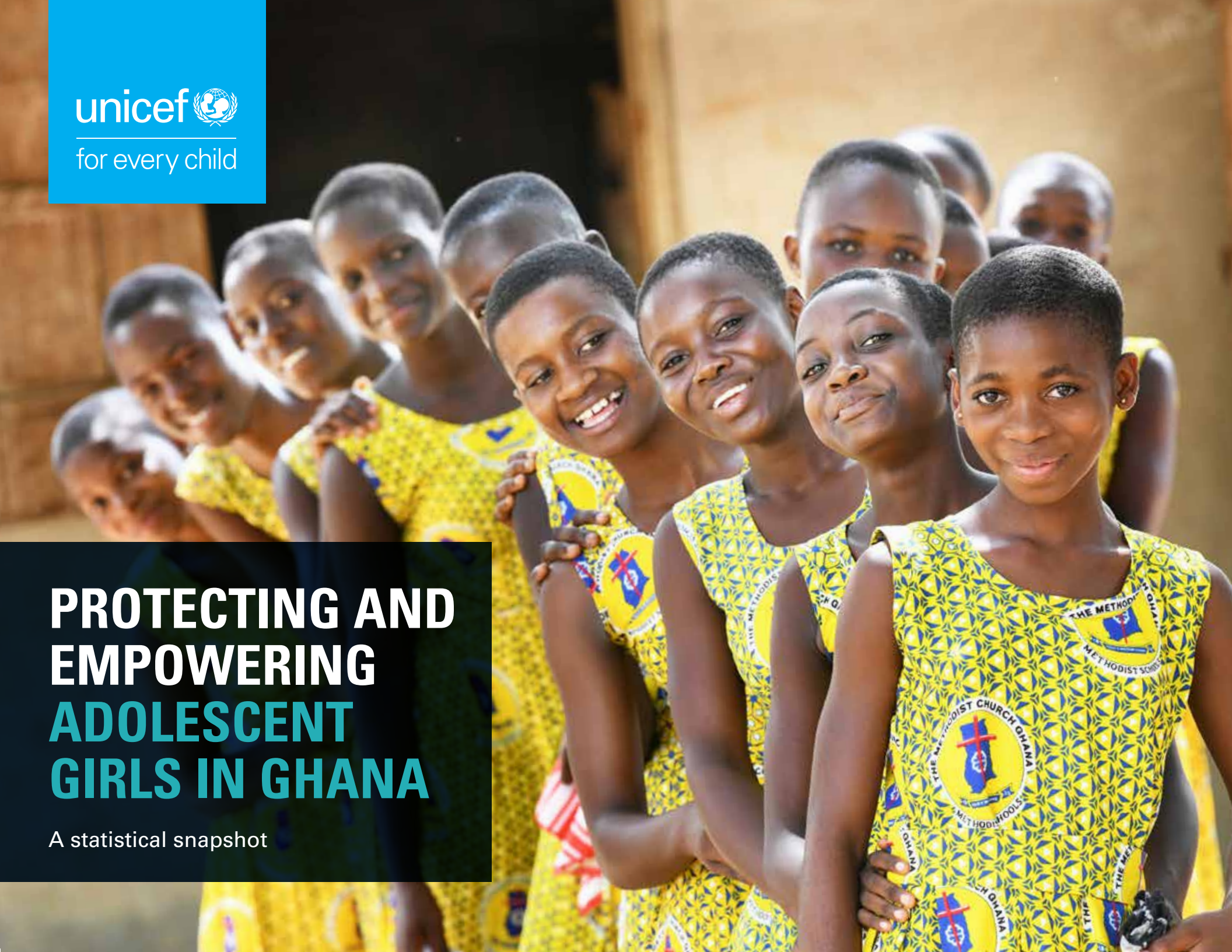

PROTECTING AND EMPOWERING ADOLESCENT GIRLS IN GHANA

A statistical snapshot

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PROTECTING AND EMPOWERING ADOLESCENT GIRLS IN GHANA

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FOREWORD

Ghana was the first country in the world to ratify the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The CRC defines a child as every human being below the age of 18 years, and adolescents up to 18 years old are entitled to all the rights recognized in the Convention.

Adolescence (ages 10-19) is a life stage characterized by growing opportunities, capacities, aspirations, energy and creativity as well as significant vulnerability.[1] Girls are particularly vulnerable due to widening gender inequalities. This can lead to more severe violations of their rights, including child and forced marriage, early pregnancy, sexual and gender-based violence, abuse and exploitation. Social and cultural norms about the value of adolescent girls often increase the likelihood of confinement to the home, burdensome domestic chores and childcare responsibilities. Adolescent girls may suffer from limited opportunities for education, skills development and employment as well as lack of access to information on issues affecting their lives. Some adolescent girls are at greater risk of mental health issues due to their living conditions, stigma, discrimination, exclusion and inaccessible or low-quality support and services. The COVID-19 pandemic and its containment measures have exacerbated the existing challenges girls face in the transition from childhood to adulthood.

Ghana has a relatively young population, with every fifth person aged between 10 and 19 years.[2] Among them, the number of adolescent girls is estimated to be 3 million – the highest in the country's history.[3] Investing in adolescent girls is thus a strategic choice for Ghana. They can be powerful agents of change, with the potential to make positive contributions towards their families, communities and country, and everyone benefits if they are safe, healthy, educated and empowered. A focus on adolescent girls is also critical to the success of the 2030 Agenda for Sustainable Development.

The primary purpose of this statistical snapshot is to fill in gaps by showcasing the latest data in critical areas of heightened vulnerability for adolescent girls in Ghana, including early pregnancy, violence and spending excessive hours on household chores. The publication can be used as the basis for further data collection and knowledge generation. It can inform and support decision-making processes, especially the formulation and implementation of evidence-based policies, advocacy efforts and programmes and improved resource allocation for adolescent girls.

I take this opportunity to thank our partners for their ongoing support and cooperation in programming and in building a robust body of data and evidence to better the lives of adolescent girls in Ghana. UNICEF will continuously work to strengthen the ability of adolescent girls to realize their rights and support them to build a bright future for themselves, their families and the entire country.

ANNE-CLAIRE DUFAY
UNICEF Representative, Ghana

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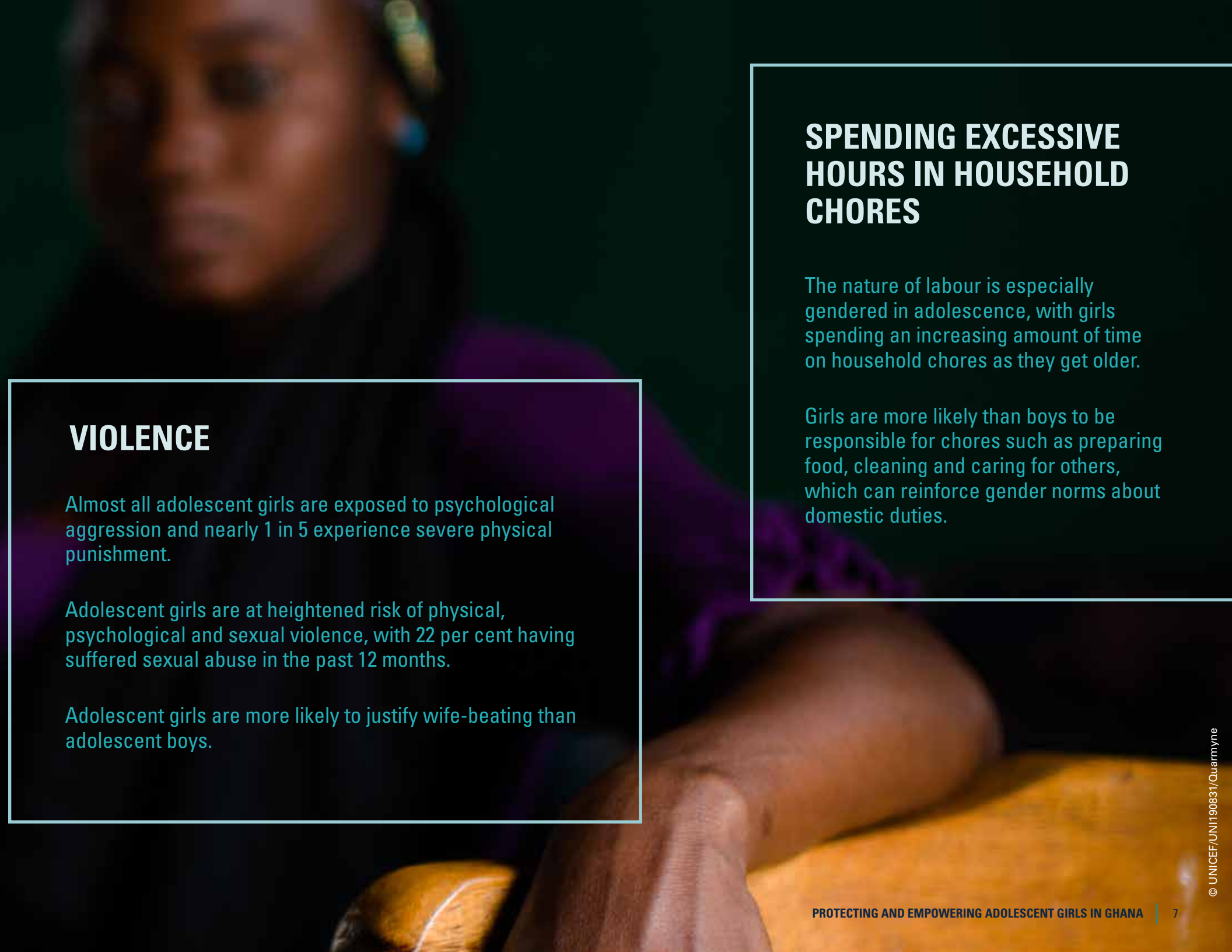
KEY FINDINGS

EARLY PREGNANCY

One in ten adolescent girls had sex before the age of 15 compared to one in fourteen adolescent boys, yet only a minority of these girls have their contraceptive needs met.

Early pregnancy is both a cause and a consequence of child marriage, but it also occurs outside of marriage.

Terminating a pregnancy is more common for adolescent girls than for older women, though many lack the knowledge to access the procedure safely.



VIOLENCE

Almost all adolescent girls are exposed to psychological aggression and nearly 1 in 5 experience severe physical punishment.

Adolescent girls are at heightened risk of physical, psychological and sexual violence, with 22 per cent having suffered sexual abuse in the past 12 months.

Adolescent girls are more likely to justify wife-beating than adolescent boys.

SPENDING EXCESSIVE HOURS IN HOUSEHOLD CHORES

The nature of labour is especially gendered in adolescence, with girls spending an increasing amount of time on household chores as they get older.

Girls are more likely than boys to be responsible for chores such as preparing food, cleaning and caring for others, which can reinforce gender norms about domestic duties.

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PROTECTING ADOLESCENT GIRLS FROM EARLY PREGNANCY

Early childbearing can negatively impact adolescent girls' health, education, development and well-being.

Girls who are pregnant are often stigmatized, rejected and harassed at home or in their community. Many girls experience violence during pregnancy at the hands of those closest to them: their partners, peers or family members. Girls who are pregnant are also often pressured or forced to leave school. This impacts not only their sense of self-worth but also their future educational and employment opportunities. Adolescent girls are also vulnerable to health consequences as their bodies may not be physically ready for pregnancy and childbirth. Fistula, unsafe abortions and mental health problems are possible consequences of early pregnancy. It can also be fatal, with maternal complications among the top three causes of death for older adolescent girls in Ghana.[4]

The Convention on the Rights of the Child recognizes the importance of realizing adolescents' right to health and development, as enshrined in articles 6 (right to life, survival and development) and 24 (right to health). Other articles, such as article 12 (right to express views freely and have them duly taken into account) are also crucial in guaranteeing that adolescent girls fully enjoy their right to health and development.[5]

Babies of adolescent mothers are at an increased risk of lower birth weight, pre-term delivery, severe neonatal conditions and malnutrition in early childhood. Many adolescent mothers may be forced to enter child marriage, which may interrupt or curtail their learning. Marriage may also be viewed by some families as protecting girls from the social stigma of having survived a rape or sexual assault that led to an 'undesired' and 'shameful' pregnancy. One of the main reasons for early pregnancy is the lack of use or knowledge of modern contraception. Access to education, information and services related to sexual and reproductive health – including contraceptives – is indispensable to better protect girls and adolescents.[6]

Several strategic documents have been developed and programmes initiated by various ministries and agencies with support from UNICEF and other partners to prevent and respond to the issue of early pregnancies among adolescents in Ghana. For example, the Ministry of Gender, Children and Social Protection, in collaboration with the Ministry of Health, the United Nations Population Fund (UNFPA) and other relevant stakeholders, developed a Five Year Strategic Plan (2018-2022) to tackle the issue.[7] Its aim is to ensure that all adolescents are fully empowered to prevent early and unplanned pregnancies. The strategy calls for the provision of appropriate, coherent and cost-effective measures to reduce the high rates of adolescent pregnancies and address other reproductive health challenges faced by adolescents and young people.

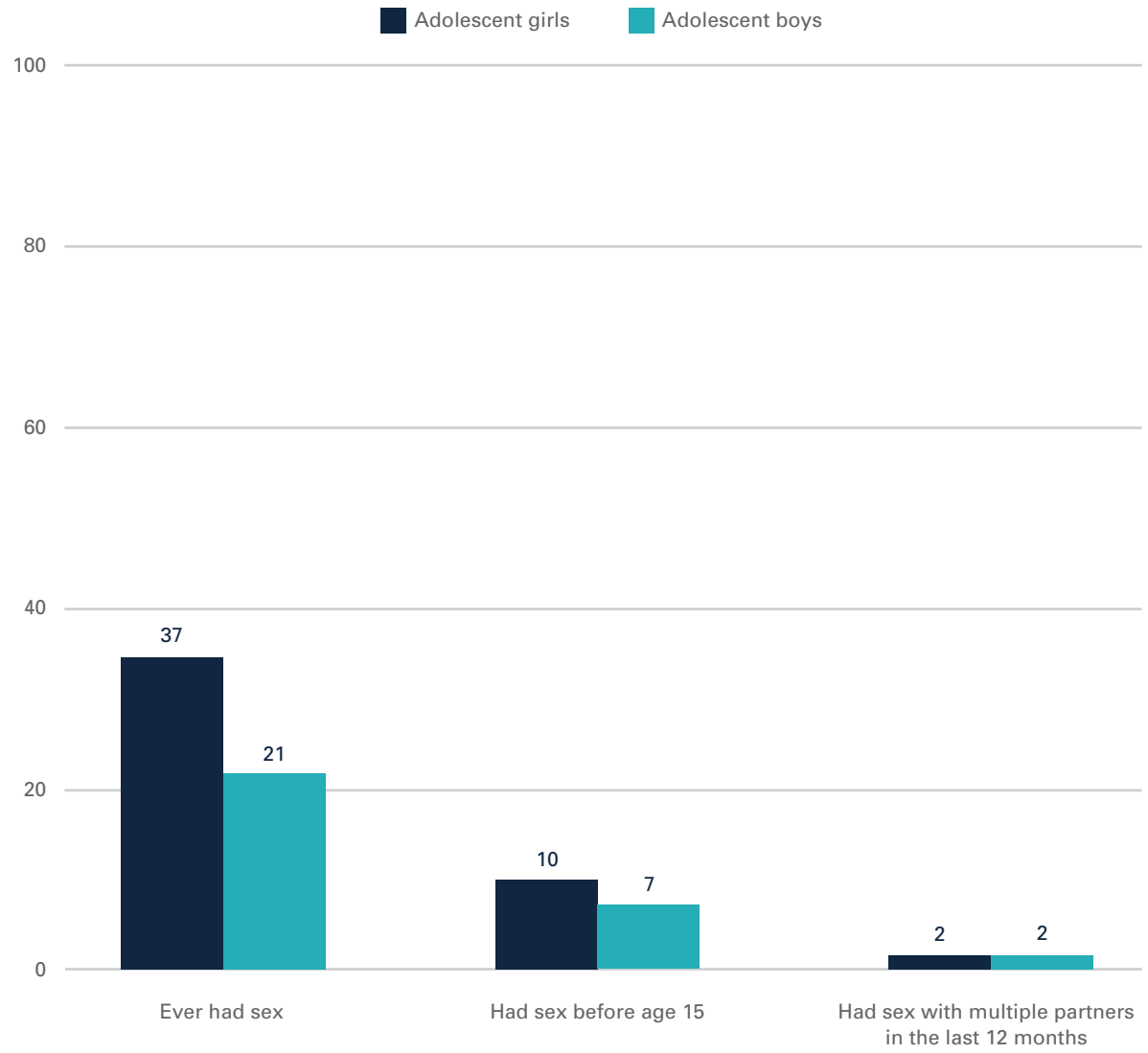
Likewise the Ghana Education Service, with support from UNICEF and partners, has developed 'Guidelines on Prevention of Pregnancy and Facilitation of Re-Entry of Young Mothers After Childbirth'. This is intended to help teenage mothers get back into the education system. Also, the Safety Net Programme is the Ghana Health Service's response to implementing its strategic objective of improving the access of adolescent pregnant girls to timely and quality antenatal care, skilled delivery and post-natal care. This programme, supported by UNICEF and partners, aims to provide not only services but also information about rights and choices for adolescents related to reproductive health. In addition, it facilitates a supportive network for pregnant girls by linking them to other social services such as education and social welfare.

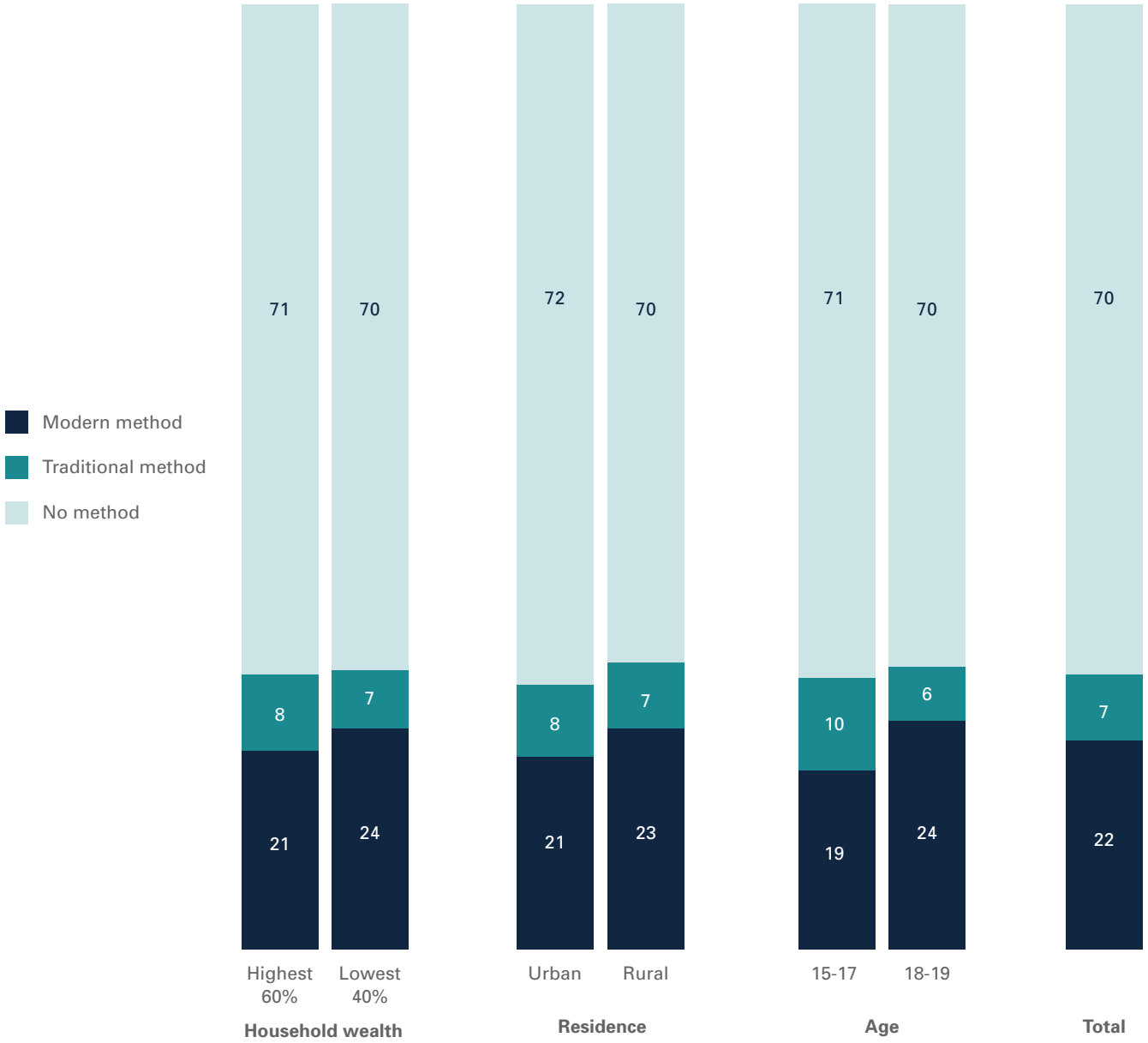
MANY ADOLESCENT GIRLS HAVE HAD SEX, BUT ONLY A MINORITY HAVE THEIR CONTRACEPTIVE NEEDS MET

Adolescent girls are more likely to have ever had sex than adolescent boys, with 1 in 10 having sex before the age of 15 as compared to about 1 in 14 boys

Figure 1.1. Percentage of adolescents aged 15 to 19 years who have ever had sex, had sex before age 15 or have had sex with multiple partners in the last 12 months, by sex

Source: Ghana Multiple Indicator Cluster Survey (MICS) 2017-2018





The majority of adolescent girls who have had sex do not use any method of contraception, with levels consistently low across areas of residence and household wealth; those who do use contraception are three times more likely to use modern over traditional methods

Figure 1.2. Percentage distribution of adolescent girls aged 15 to 19 years who have had sex within the last 30 days and whose demand for family planning is satisfied by traditional and by modern methods

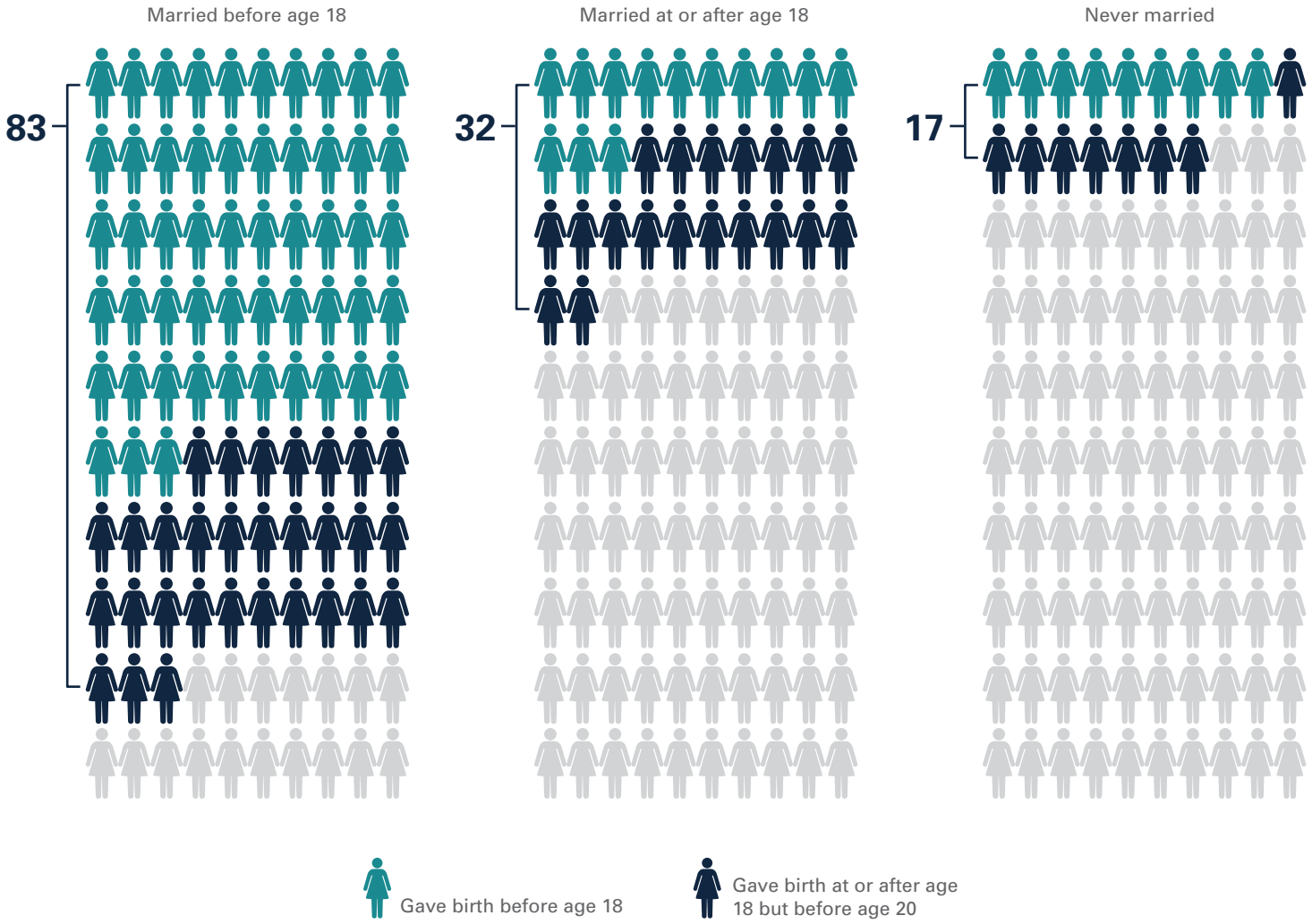
Note: Some figures do not add up to 100 per cent due to rounding.
Source: Ghana MICS 2017-2018

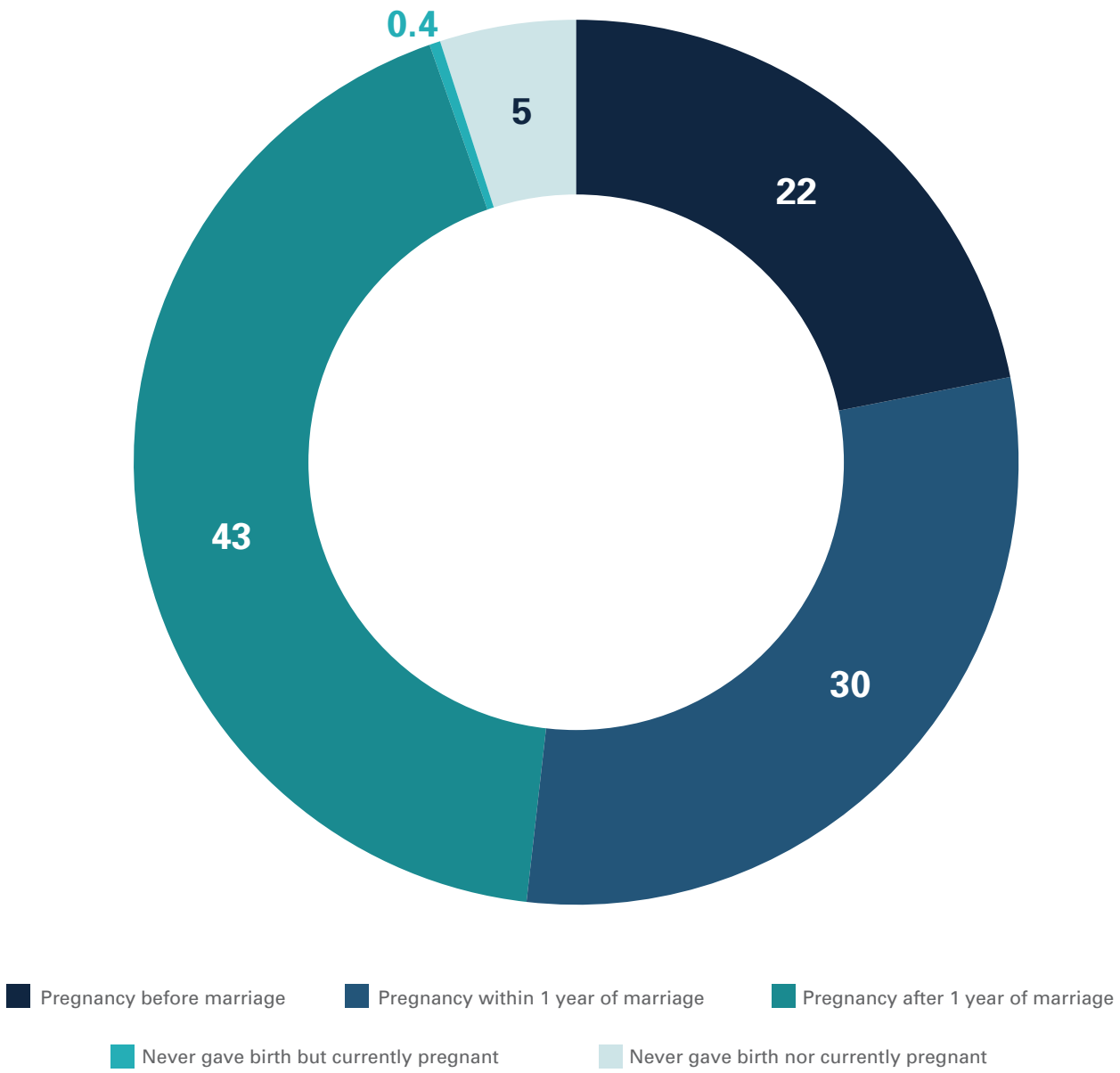
EARLY PREGNANCY IS BOTH A CAUSE AND A CONSEQUENCE OF CHILD MARRIAGE, BUT IT ALSO OCCURS OUTSIDE OF MARRIAGE

Early childbearing is most common among child brides, but giving birth in adolescence also occurs among those who marry later and those who have not married

Figure 1.3. Percentage of women aged 20 to 24 years who gave birth before ages 18 and 20, by marital status

Source: Ghana MICS 2017-2018





Around 2 in 10 child brides were pregnant before getting married, and 3 in 10 became pregnant in their first year of marriage

Figure 1.4. Percentage distribution of women aged 20 to 24 years who were first married or in union before age 18, by timing of pregnancy and marriage

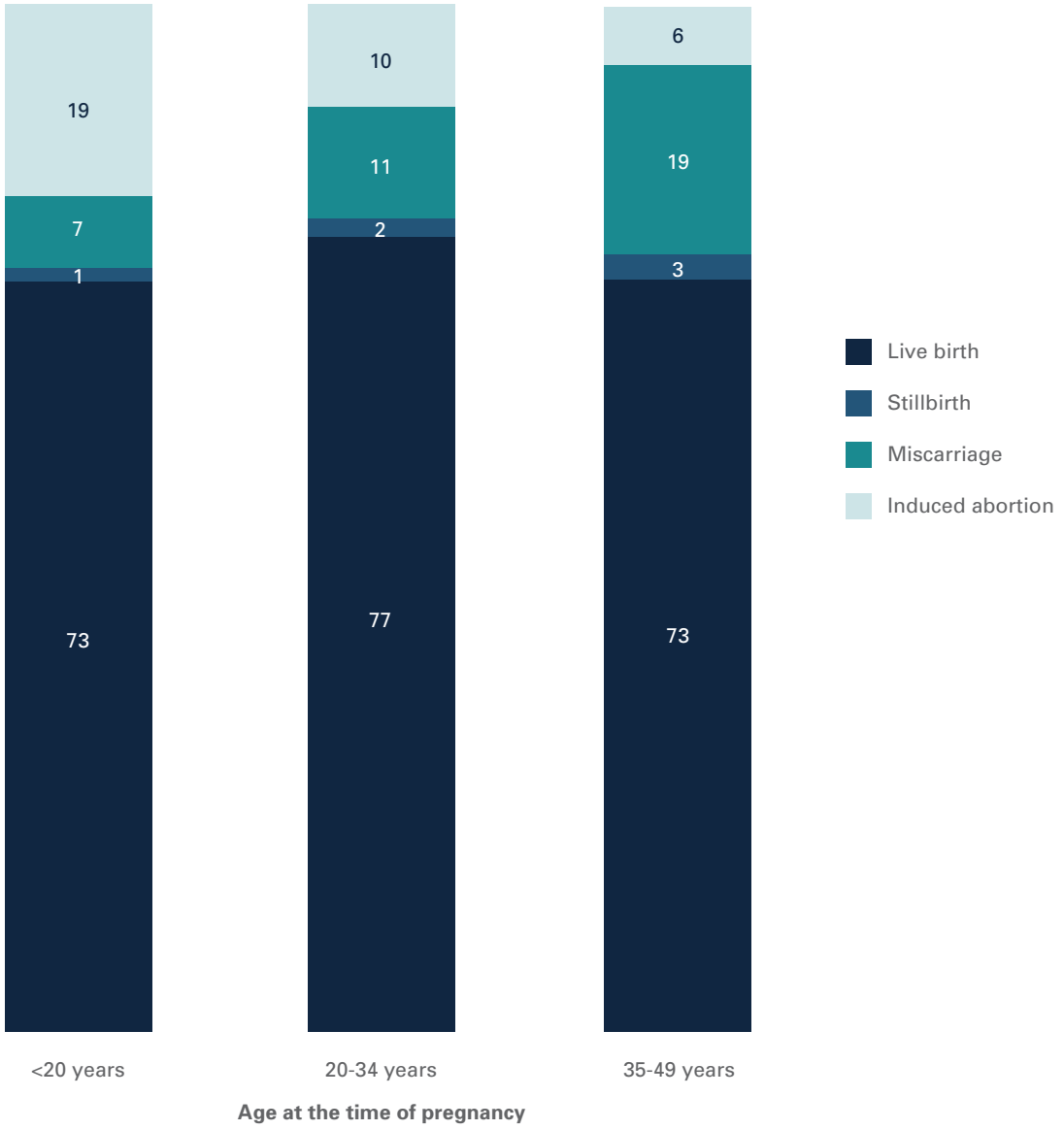
Note: This figure does not add up to 100 per cent due to rounding.
Source: Ghana MICS 2017-2018

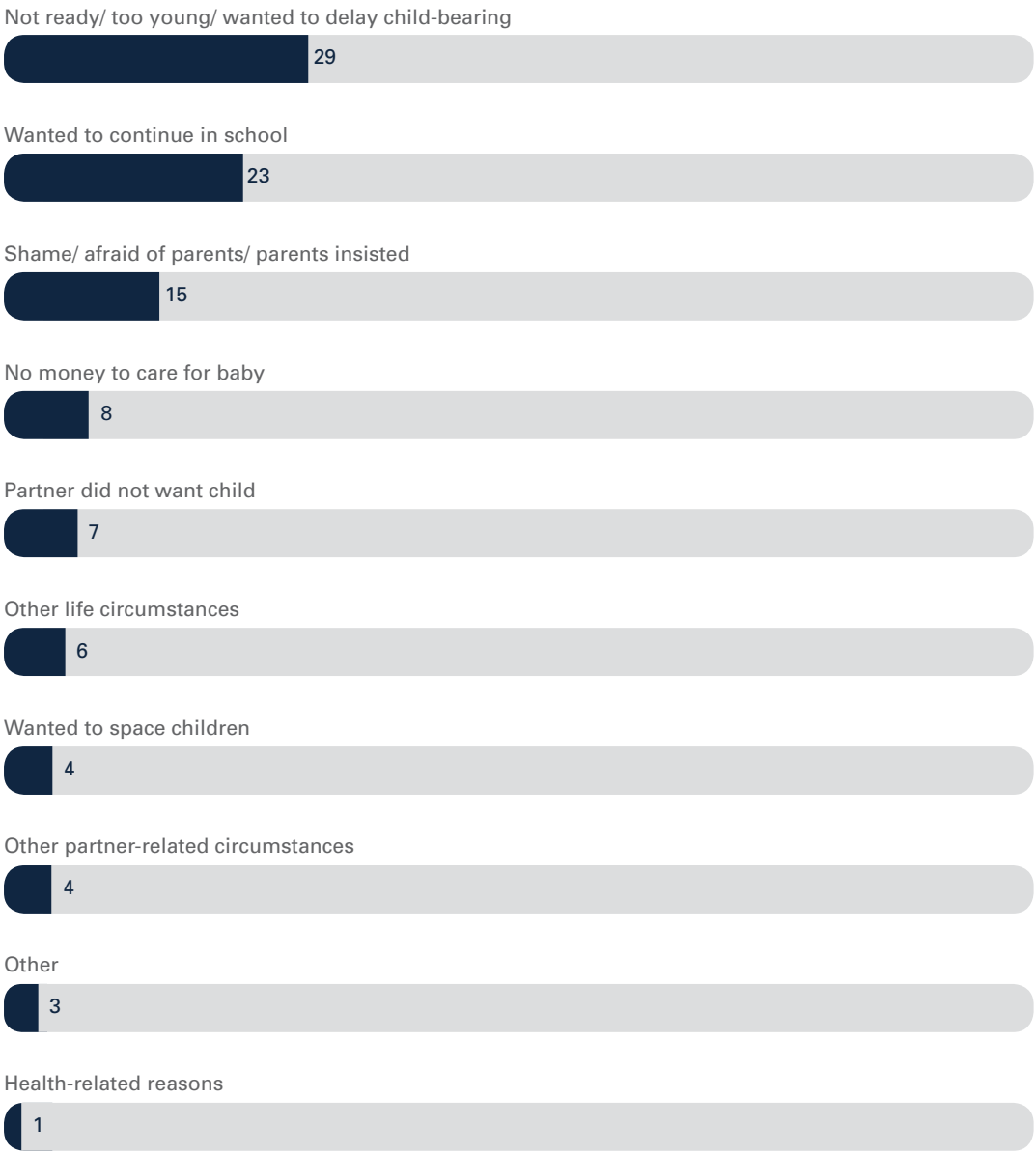
ONE IN FIVE ADOLESCENT GIRLS ENDED THEIR PREGNANCY WITH AN ABORTION, MOST COMMONLY CITING NOT FEELING READY AS THE REASON FOR THEIR DECISION

Terminating a pregnancy is more common for adolescent girls than for older women

Figure 1.5. Percentage distribution of girls and women aged 15 to 49 years who had pregnancies in the past 5 years, by pregnancy outcome and age at the time of pregnancy

Notes: Data refer to the age of the girls and women at the time of the pregnancy. Some figures do not add up to 100 per cent due to rounding.
Source: Ghana Statistical Service, Ghana Health Service and ICF, Ghana Maternal Health Survey 2017





Among adolescent girls, the most commonly cited reasons for terminating a pregnancy were that they felt unready or too young or that they wanted to continue in school

Figure 1.6. Percentage of adolescent girls aged 15 to 19 years who had an induced abortion in the past 5 years, by main reason for the most recent induced abortion

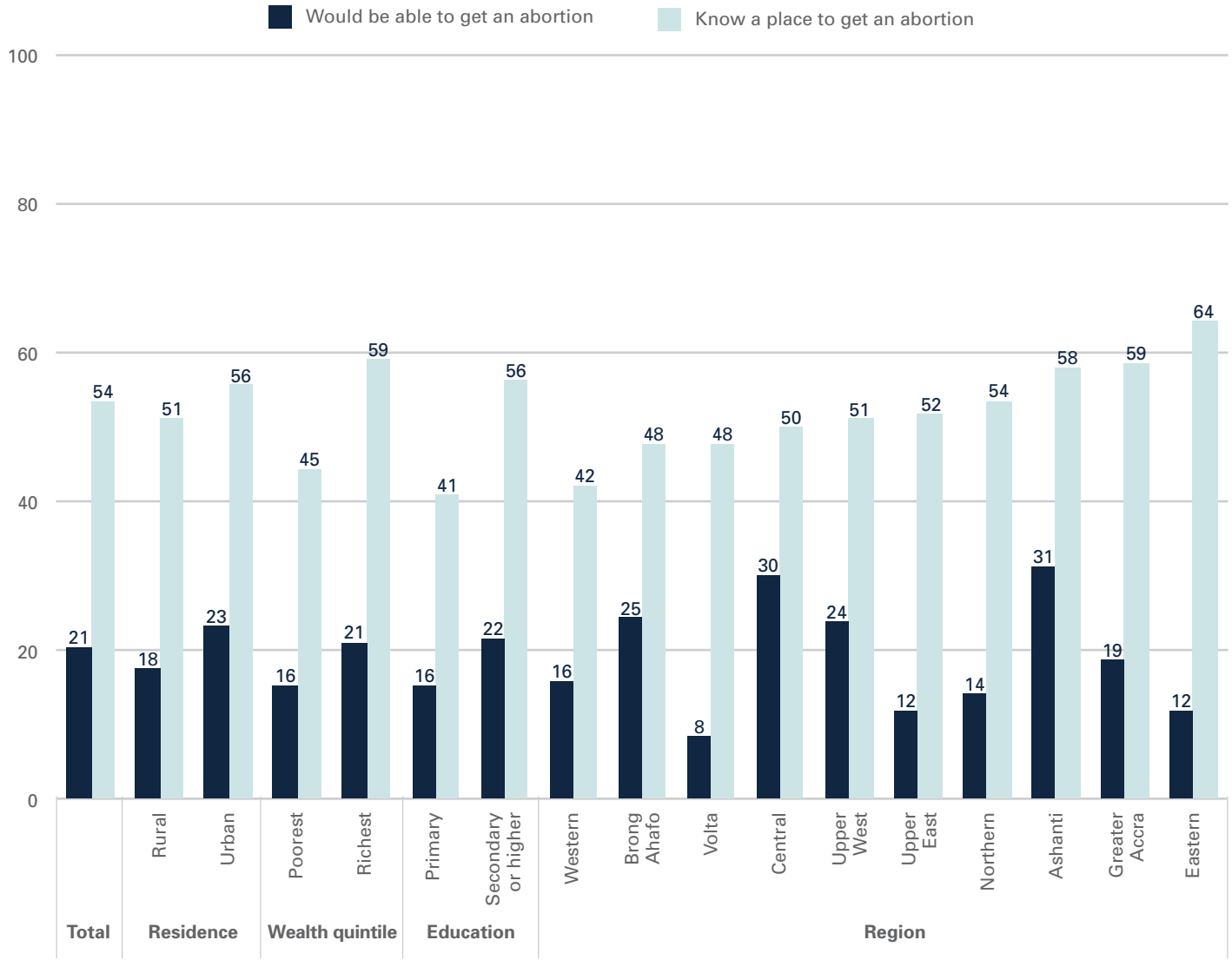
Source: Ghana Maternal Health Survey 2017

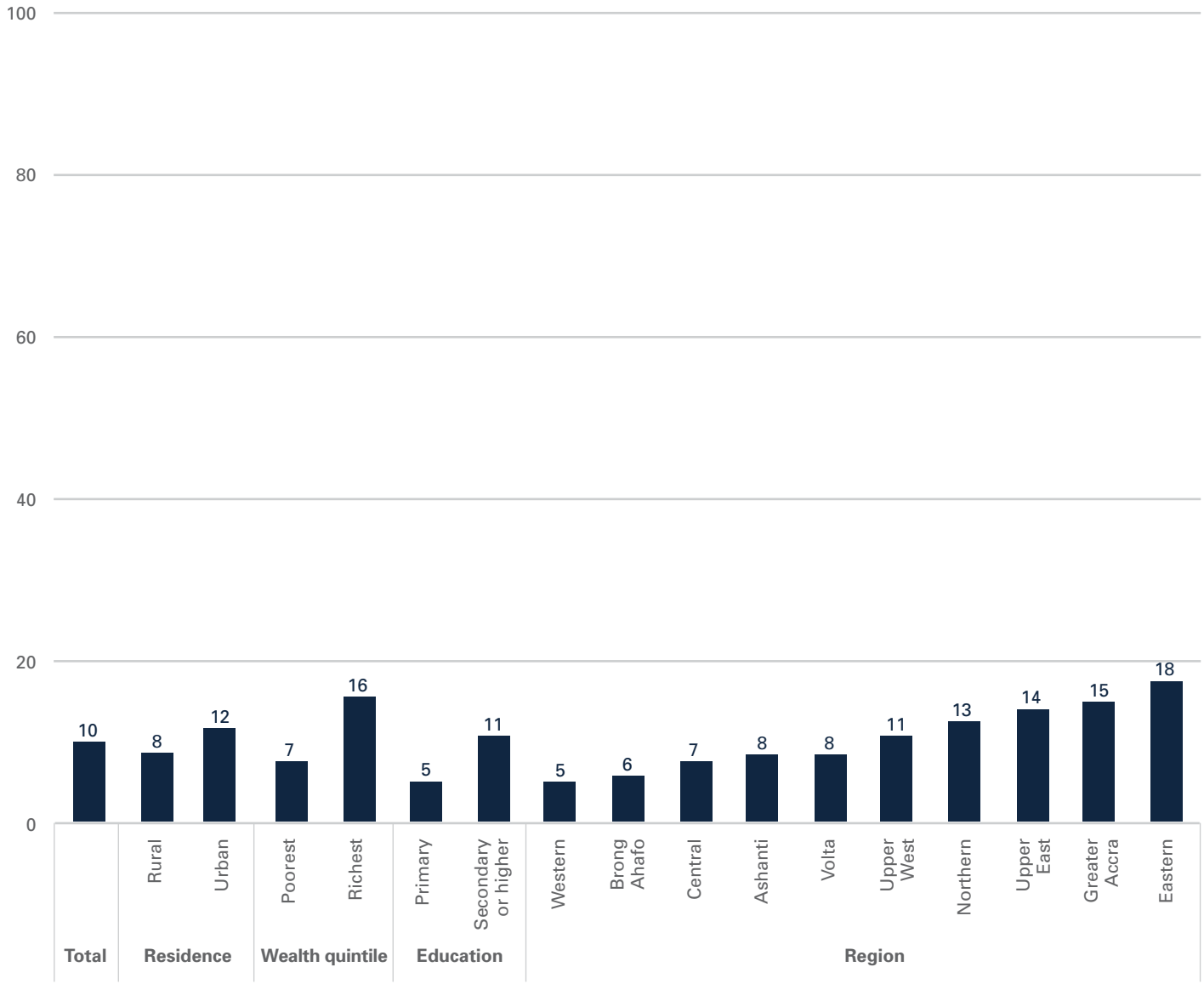
ADOLESCENT GIRLS HAVE LIMITED KNOWLEDGE ABOUT SAFE WAYS AND MEANS TO TERMINATE A PREGNANCY

Among those who have not had an abortion but know what it is, just over half know a place where the procedure is performed and less than a quarter say they would be able to access abortion services

Figure 1.7. Among adolescent girls aged 15 to 19 years who have not had an abortion but know what it is, percentage who know a place to get an abortion and who would be able to get an abortion, by background characteristics

Note: This chart includes data on the former 10 regions in the country since the survey took place prior to the creation of the current administrative boundaries, which include 16 regions.
Source: Ghana Maternal Health Survey 2017





Among those who have had an abortion or who know what it is, only 1 in 10 know that it is legal

Figure 1.8. Among adolescent girls aged 15 to 19 years who have had an abortion or know what it is, percentage who know that abortion is legal, by background characteristics

Note: This chart includes data on the former 10 regions in the country since the survey took place prior to the creation of the current administrative boundaries, which include 16 regions.

Source: Ghana Maternal Health Survey 2017

EARLY PREGNANCIES INCREASE THE RISK OF MATERNAL MORTALITY, A LEADING CAUSE OF DEATH AMONG ADOLESCENT GIRLS

Deaths from maternal conditions rank among the top three causes for older adolescent girls

Table 1. Top 5 causes of death among adolescent girls aged 10 to 14 years and 15 to 19 years, 2019

Source: World Health Organization, Global Health Estimates 2020

Girls 10-14	Girls 15-19
1. HIV/AIDS	1. Tuberculosis
2. Road injury	2. HIV/AIDS
3. Diarrhoeal diseases	**3. Maternal conditions**
4. Meningitis	4. Road injury
5. Malaria	5. Malaria

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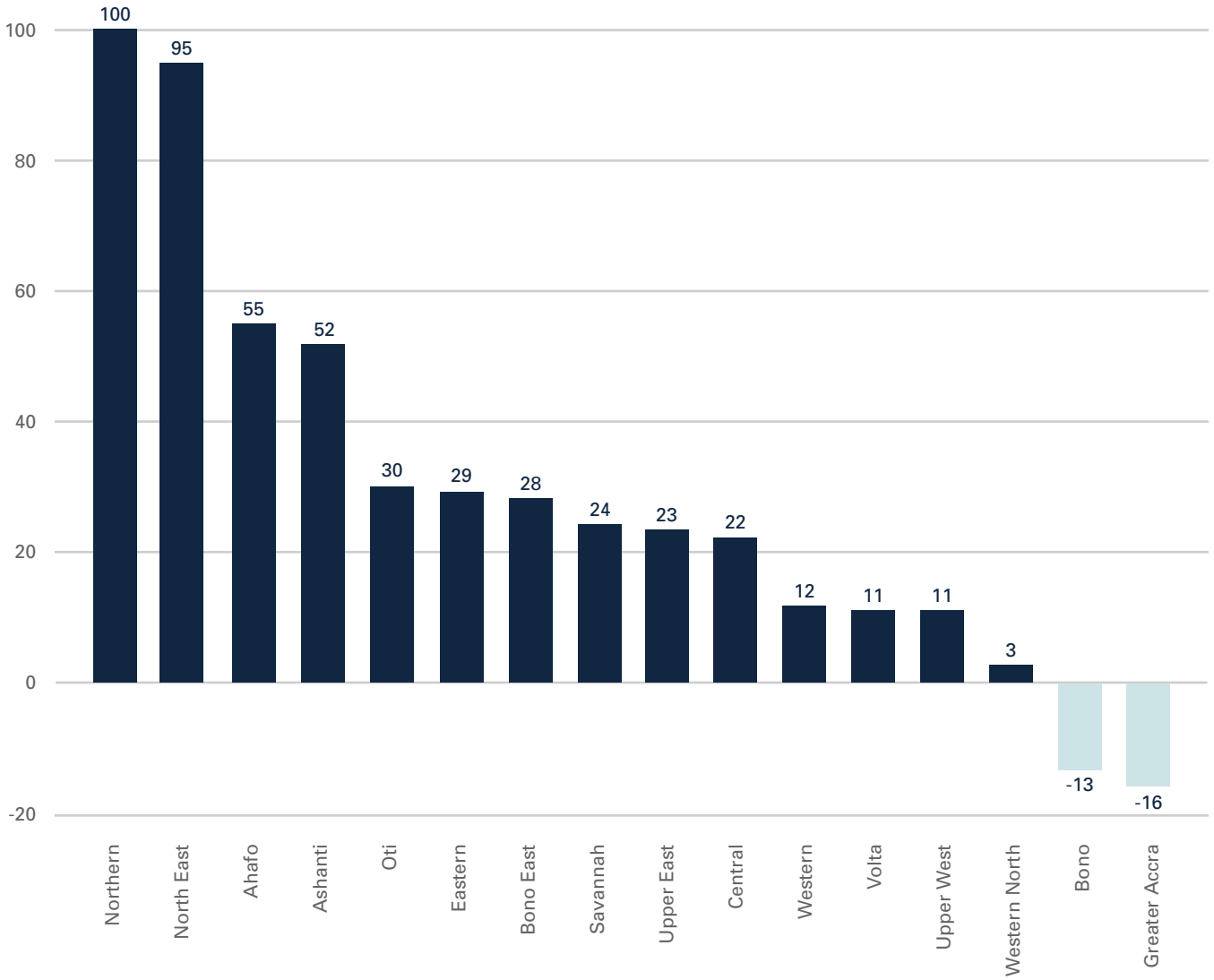
One in six pregnant adolescent girls registered for antenatal care are from Ashanti region

Table 2. Percentage distribution of pregnant adolescent girls aged 10 to 19 years registered to receive antenatal care in 2020, by region

Notes: Figures have been rounded and do not add up to 100 per cent. These data need to be interpreted with caution as they are not representative of all pregnant adolescents in Ghana but only those who sought care in health facilities.
Source: District Health Information Management System (DHIMS2), Ghana Health Service

Ahafo	2
Savannah	3
Upper West	3
North East	3
Western North	3
Oti	4
Bono	4
Bono East	5
Volta	6
Upper East	6
Western	8
Greater Accra	8
Northern	8
Central	9
Eastern	10
Ashanti	16



From 2016 to 2020, most regions saw an increase in the registration for antenatal care among younger pregnant adolescents, with the exception of Bono and Greater Accra regions

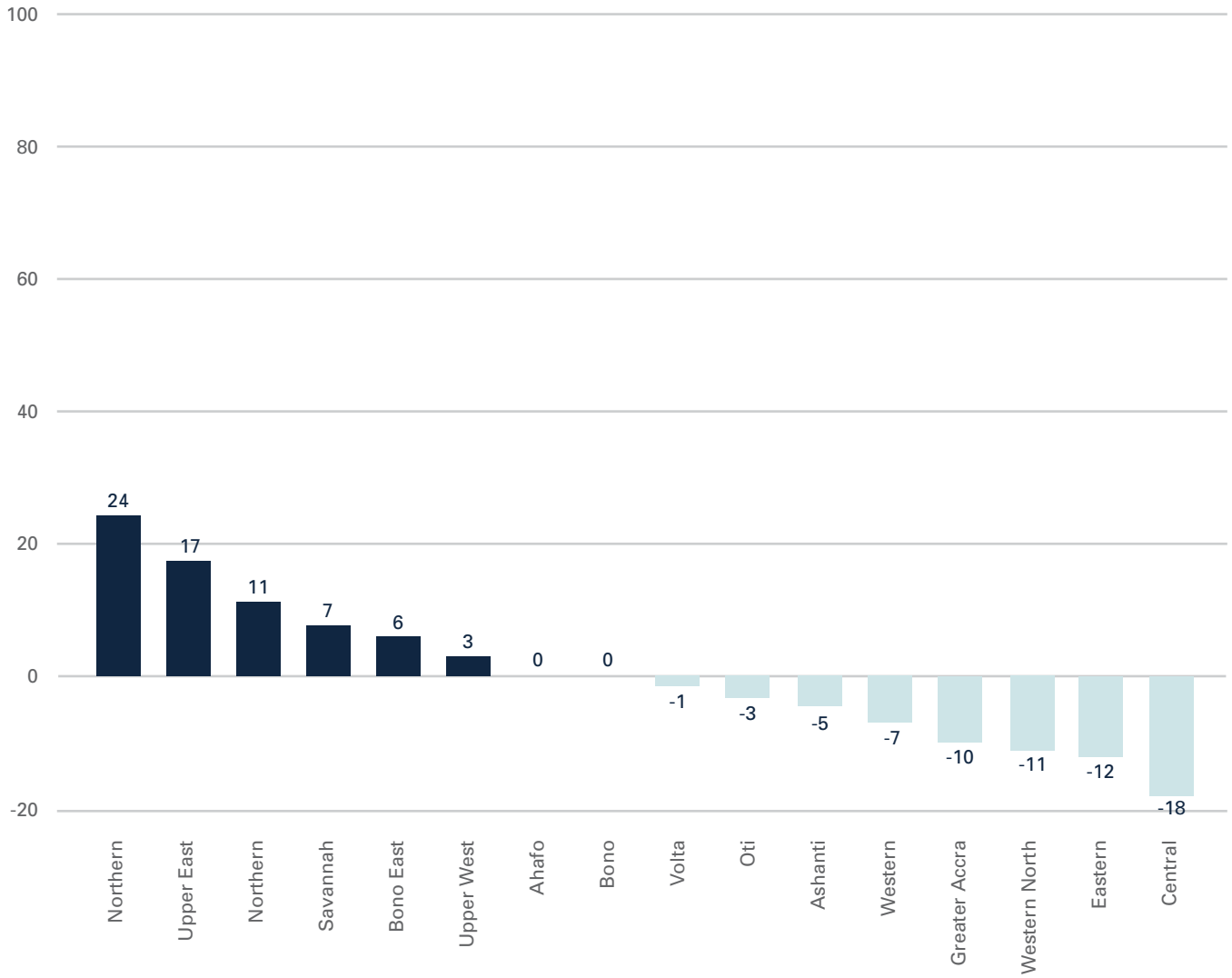
Figure 1.9. Percentage change in registration for antenatal care among pregnant adolescent girls aged 10 to 14 years, from 2016 to 2020, by region

Note: These data need to be interpreted with caution as they are not representative of all pregnant adolescents in Ghana but only those who sought care in health facilities.
Source: District Health Information Management System (DHIMS2), Ghana Health Service

In the same period, however, several regions saw a decrease in registration for antenatal care among older pregnant adolescent girls

Figure 1.10. Percentage change in registration for antenatal care among pregnant adolescent girls aged 15 to 19 years, from 2016 to 2020, by region

Note: These data need to be interpreted with caution as they are not representative of all pregnant adolescents in Ghana but only those who sought care in health facilities.
Source: District Health Information Management System (DHIMS2), Ghana Health Service



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"I dream of becoming a midwife. I want to be there for the young mothers and their babies during childbirth. I feel they need someone at that point in their lives to assure them that their lives are not over. When they see how I overcame my situation to achieve my dreams, they will be inspired.

I'm so much more confident now because I have learnt about reproductive health, personal and menstrual hygiene and self-confidence. I am also very grateful for the help in facilitating my re-entry into school.

I thought my life was over. I thought my education was over. Now I have a second chance."

PEACE, 16.

PROTECTING ADOLESCENT GIRLS FROM VIOLENCE

Every 10 minutes, an adolescent girl somewhere in the world dies because of violence.[8] And adolescent girls face many different forms of violence: It can be physical, emotional or sexual, and it can occur at home, in school, in public spaces or online. Some forms of violence – such as physical punishment or domestic violence – are often socially accepted, making them more difficult to eliminate. Violence may occur at the hands of people adolescent girls trust, such as family members, teachers, partners, friends or neighbours. It is widespread among more marginalized adolescents, including those suffering from poverty, without parental care, with disabilities or living in institutional care. Access to justice for girls who experience violence may not be realized at all or, at best, delayed. All forms of violence undermine adolescent girls' physical and mental health, safety, education and development as well as their dignity and sense of self-worth.

Article 19 of the Convention on the Rights of the Child makes it clear that children have the right to be protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse. In addition, Sustainable Development Goal (SDG) 5 and SDG 16 include dedicated targets to measure progress against some key indicators of violence.

Since 2012, as part of the process of child protection system strengthening, a number of initiatives have been undertaken by the Government of Ghana with support from UNICEF and other partners to address violence against children, culminating in the launch of the Child Protection Social Drive dubbed Ghanaians Against Child Abuse (GACA). The GACA campaign employs a range of communication strategies and approaches – including digital social media, public billboards, community engagements and mobile theatre performances – to create awareness about child abuse and reduce the acceptance of social practices that have negative impacts on adolescents.

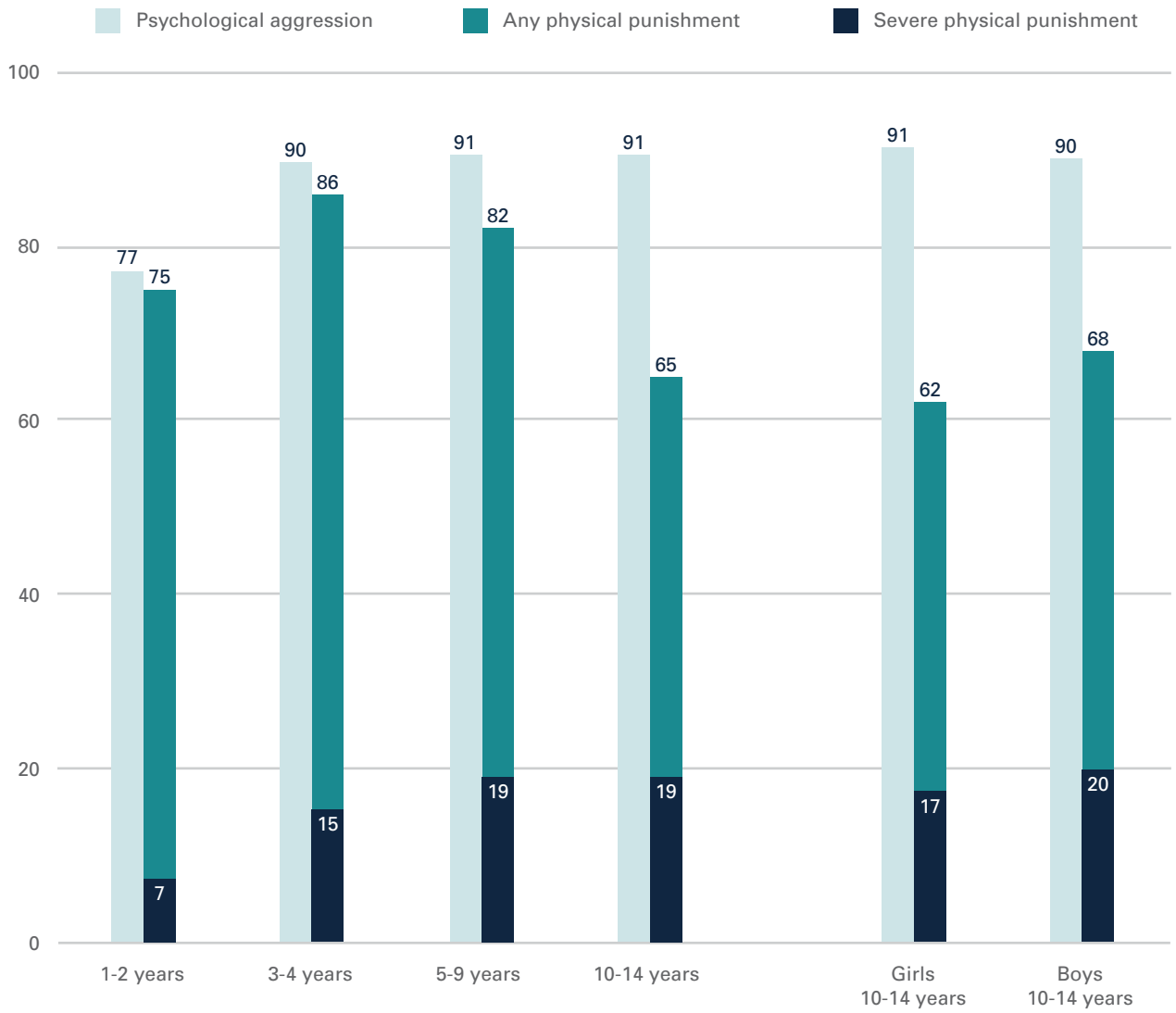
The achievements of the campaign include its success in mobilizing relevant actors (both formal and informal) around child/adolescent protection issues, its widespread reach and endorsement in communities across the country, its awareness-raising among children, adolescents and community members on a range of protection issues and the development of community-driven laws aimed at protecting children and adolescents. On the other hand, entrenched beliefs and customs, community fatigue where campaign messages have not been accompanied by corresponding services to address some of the structural roots of violence and provide support to victims, coupled with inadequate resources and inefficiencies in delivering support services, have proved to be detrimental factors.

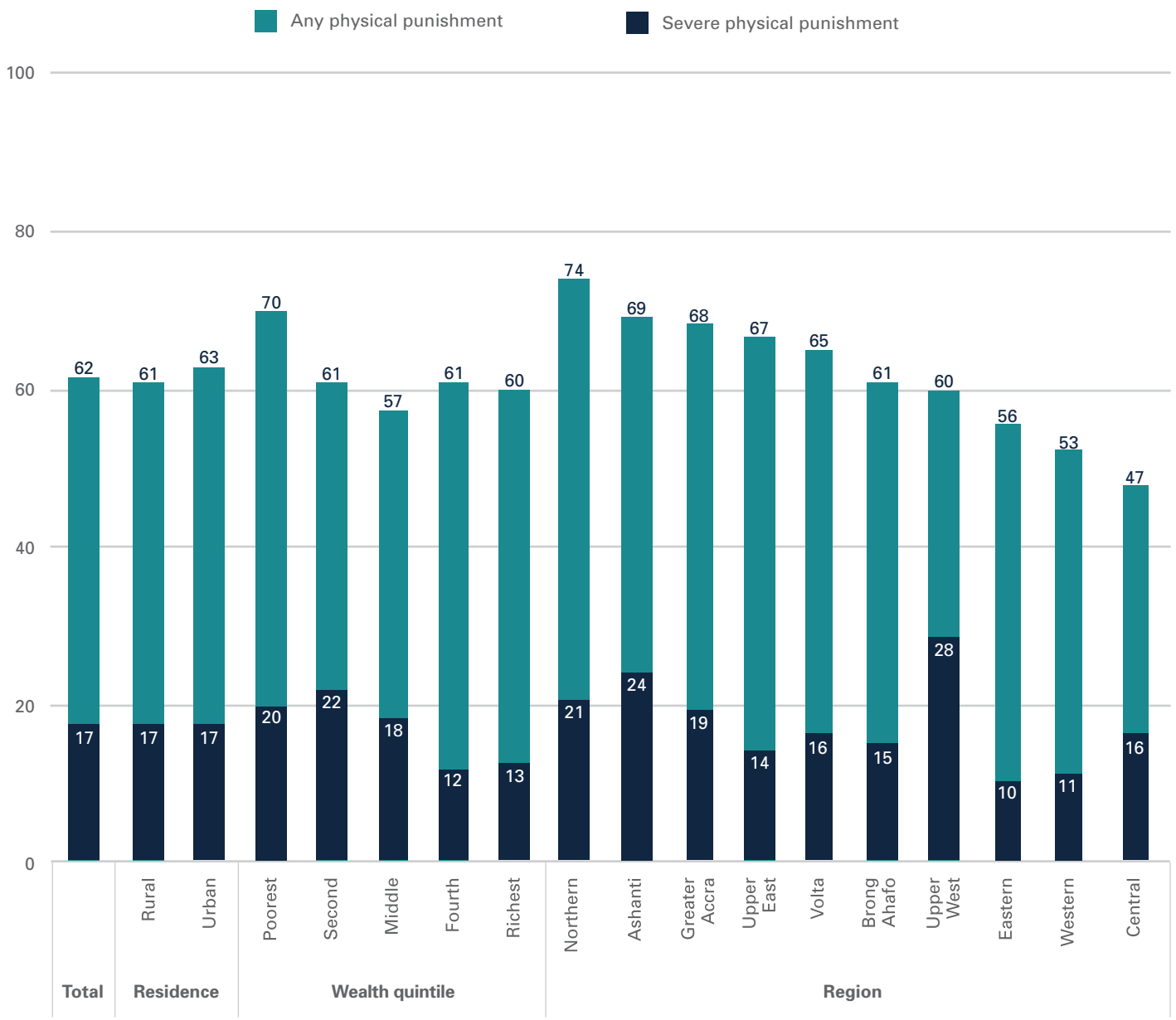
VIOLENT DISCIPLINE IS VERY COMMON IN GHANA, AND NEARLY 1 IN 5 ADOLESCENT GIRLS ARE SUBJECTED TO SEVERE PHYSICAL PUNISHMENT

Almost all adolescent girls are exposed to psychological aggression while nearly 2 in 3 experience physical punishment

Figure 2.1 Percentage of children aged 1 to 14 years who experienced psychological aggression, physical punishment or severe physical punishment in the past month, by age and sex

Source: Ghana MICS 2017-2018





Physical punishment, including severe types, is common for adolescent girls across the country, regardless of place of residence and household wealth

Figure 2.2. Percentage of adolescent girls aged 10 to 14 years who experienced physical punishment in the past month, by background characteristics

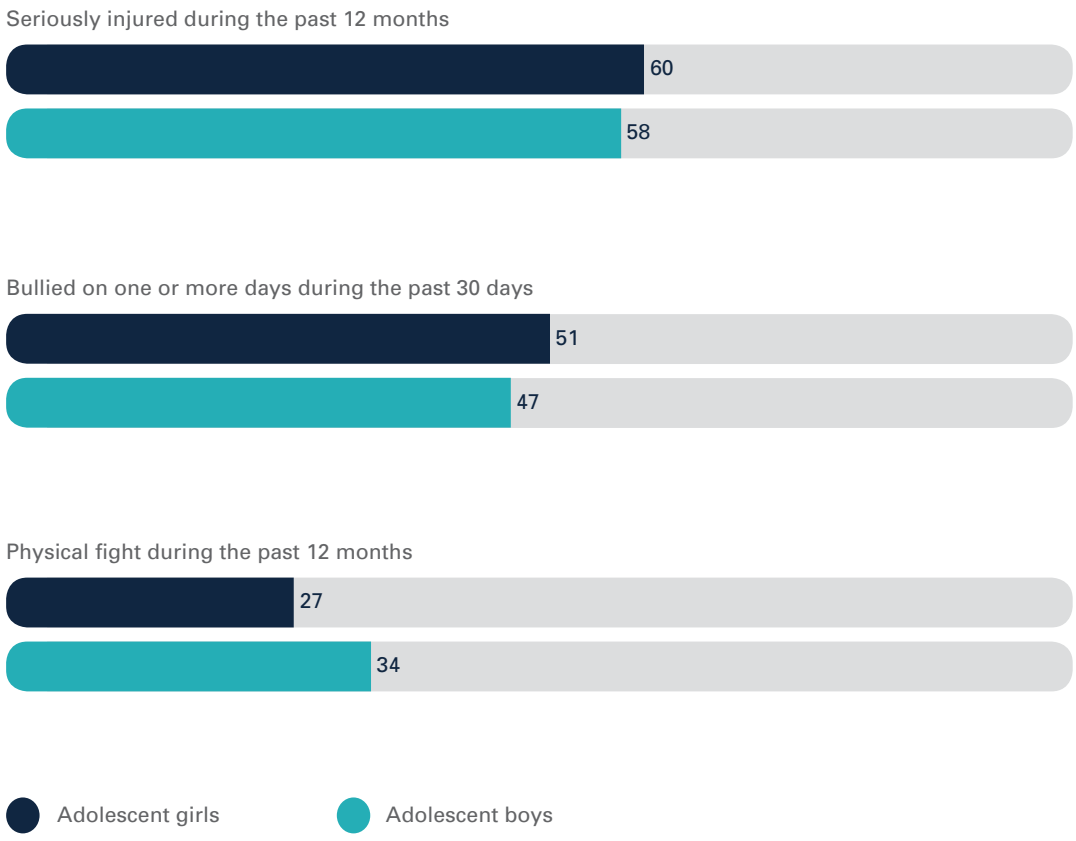
Note: This chart includes data on the former 10 regions in the country since the survey took place prior to the creation of the current administrative boundaries, which include 16 regions.
Source: Ghana MICS 2017-2018

BULLYING AND PHYSICAL FIGHTS ARE COMMONLY EXPERIENCED BY ADOLESCENT GIRLS AND BOYS

The majority of adolescent girls and boys report serious injuries and bullying, and about 3 in 10 report involvement in physical fights

Figure 2.3. Percentage of adolescents aged 13 to 17 years in senior high who were seriously injured in the past 12 months, bullied in the past month or in a physical fight during the past 12 months, by sex

Note: Senior high refers to grades SHS 1-4. Students in junior high, grades JHS 1-3, are not included.
Source: Ghana Global School-based Student Health Survey 2012



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ADOLESCENT GIRLS ARE AT A HEIGHTENED RISK OF PHYSICAL, PSYCHOLOGICAL AND SEXUAL VIOLENCE

Almost 4 in 10 adolescent girls experienced psychological violence in the past 12 months; around 3 in 10 and over 2 in 10 experienced physical and sexual violence, respectively

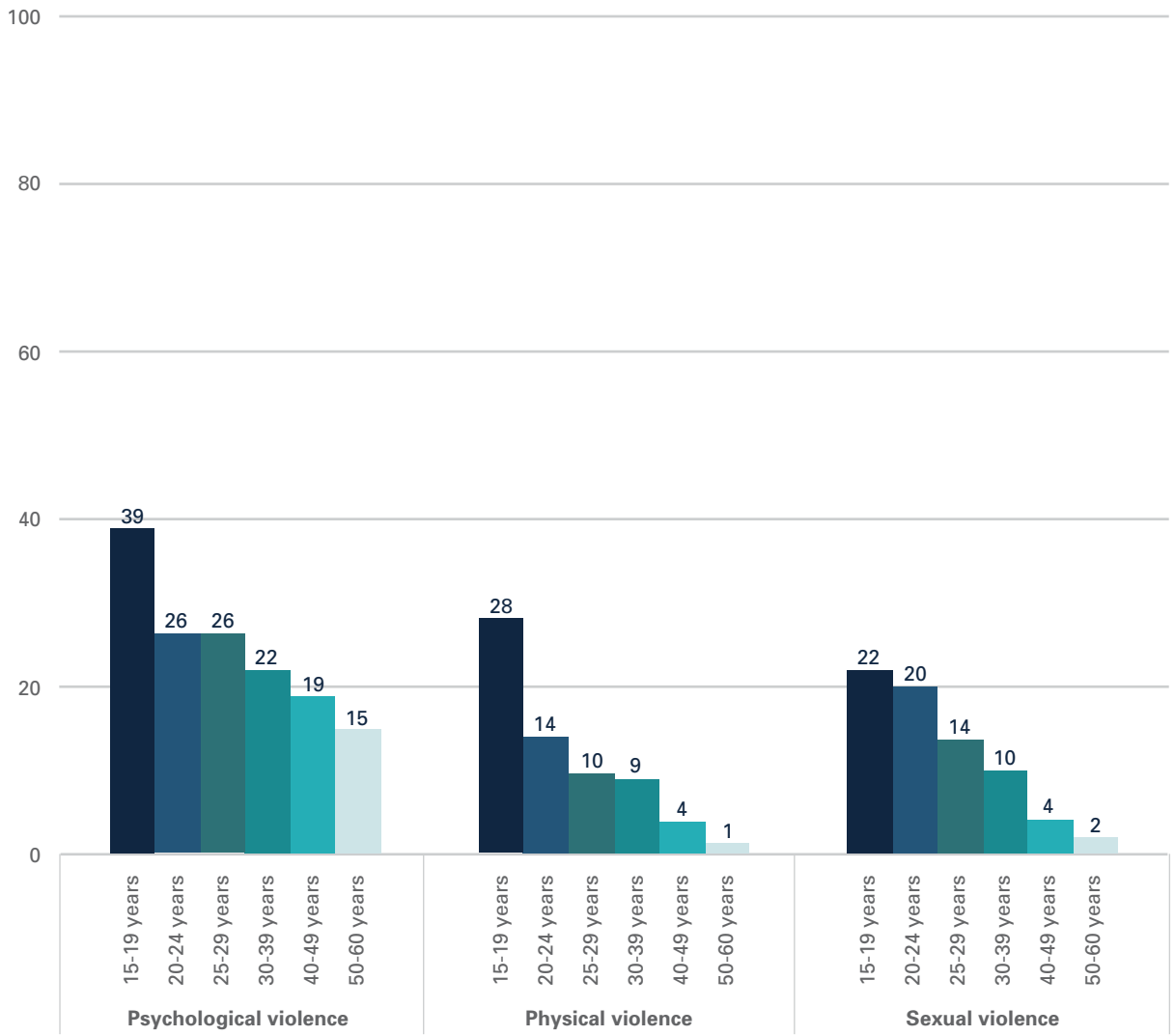


Figure 2.4. Percentage of girls and women aged 15 to 60 years who experienced domestic or non-domestic physical, psychological or sexual violence in the last 12 months, by age

Source: Institute of Development Studies, Ghana Statistical Service and Associates, *Domestic Violence in Ghana: Incidence, attitudes, determinants and consequences*, IDS, Brighton, 2016

Adolescent girls experience sexual violence more commonly than adolescent boys do

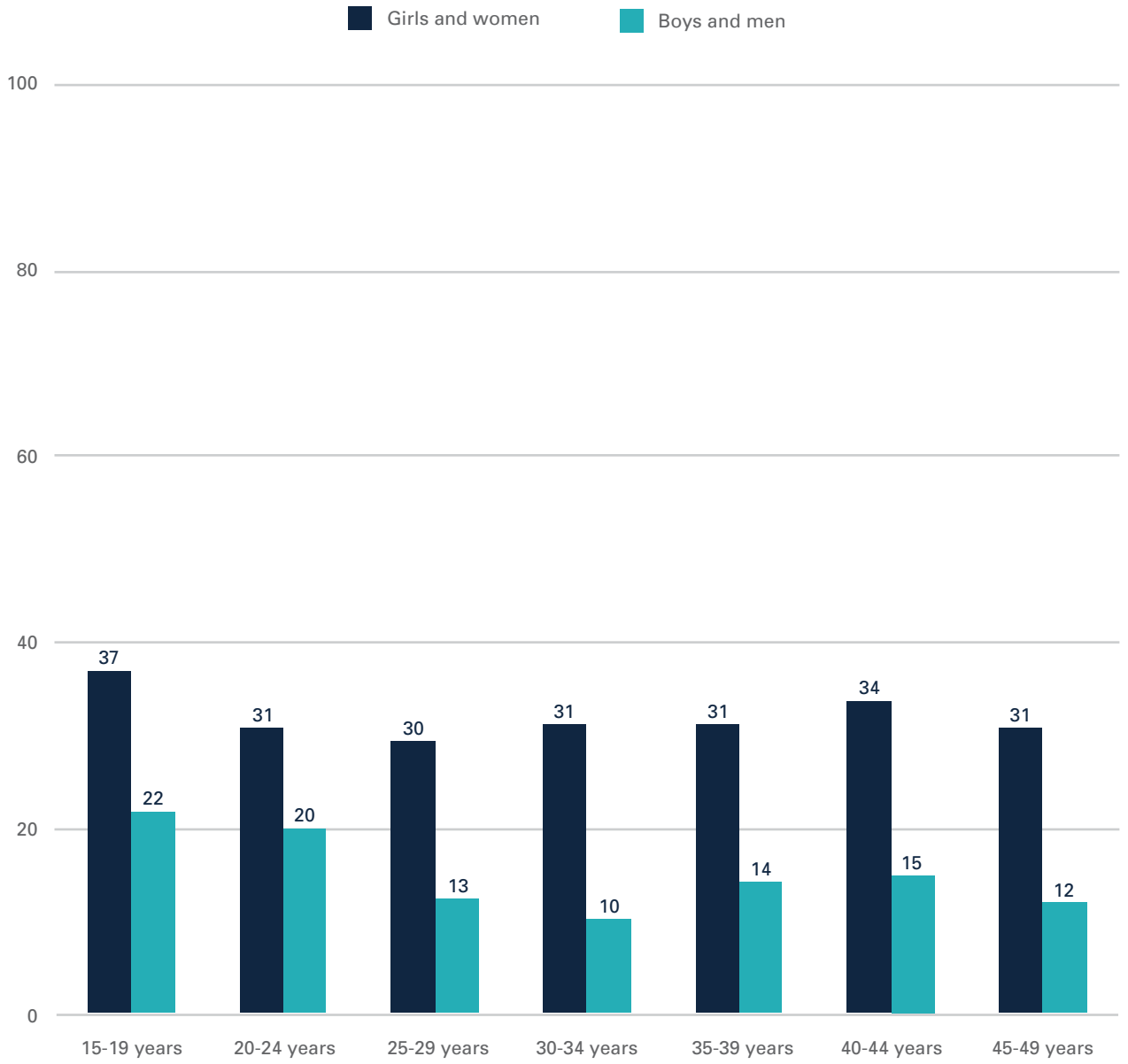
Figure 2.5. Percentage of adolescents aged 15 to 19 years who experienced domestic or non-domestic psychological, physical or sexual violence during the past 12 months, by sex

Source: Institute of Development Studies, Ghana Statistical Service and Associates, *Domestic Violence in Ghana: Incidence, attitudes, determinants and consequences*, IDS, Brighton, 2016

Adolescent girls are more likely than adolescent boys and older women to justify wife-beating

Figure 2.6. Percentage of girls and women and boys and men aged 15 to 49 years who believe a husband is justified in beating his wife under certain circumstances, by age

Source: Ghana MICS 2017-2018



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PROTECTING ADOLESCENT GIRLS FROM EXCESSIVE HOURS SPENT ON HOUSEHOLD CHORES

It is increasingly acknowledged that the unequal distribution of household chores negatively impacts the lives of girls and women. Therefore, recognizing time spent on unpaid household services is a target under SDG 5 on gender equality. While household chores are not always detrimental to children's health and well-being, the types of chores commonly undertaken by girls – preparing food, cleaning and caring for others – set the stage for unequal burdens later in life and limit girls' outlook and potential while still young. The gendered distribution of chores can socialize girls into thinking that such domestic duties are the only roles girls and women are suited for, curtailing their dreams and narrowing their ambitions. In addition, household chores are usually not valued by family and community the way income-earning activities are, rendering the contributions of girls less visible and less valuable and having lasting effects on their self-esteem and self-worth.[9] In addition to carrying out chores in their own households, girls are also sent to other households to perform domestic work. General Comment No. 20 of the Committee on the Rights of the Child asserts that preventing harmful work and working conditions should be made a priority, paying special attention to girls involved in domestic labour.[10]

Key factors that continue to drive child labour in Ghana include household poverty, school dropout, family dissolution, gender inequalities, social norms and difficulty with enforcing child labour laws and policies in the informal sector. Education is key to the empowerment of adolescent girls and the elimination of child labour. Although Ghana has been successful at closing the gender gap when it comes to completing school at primary level, the gap is still high at secondary level even among the wealthiest households. Those adolescent girls who are unable to get an education due to factors such as poverty, gender inequality and long distances from school end up working in the formal or informal sector.

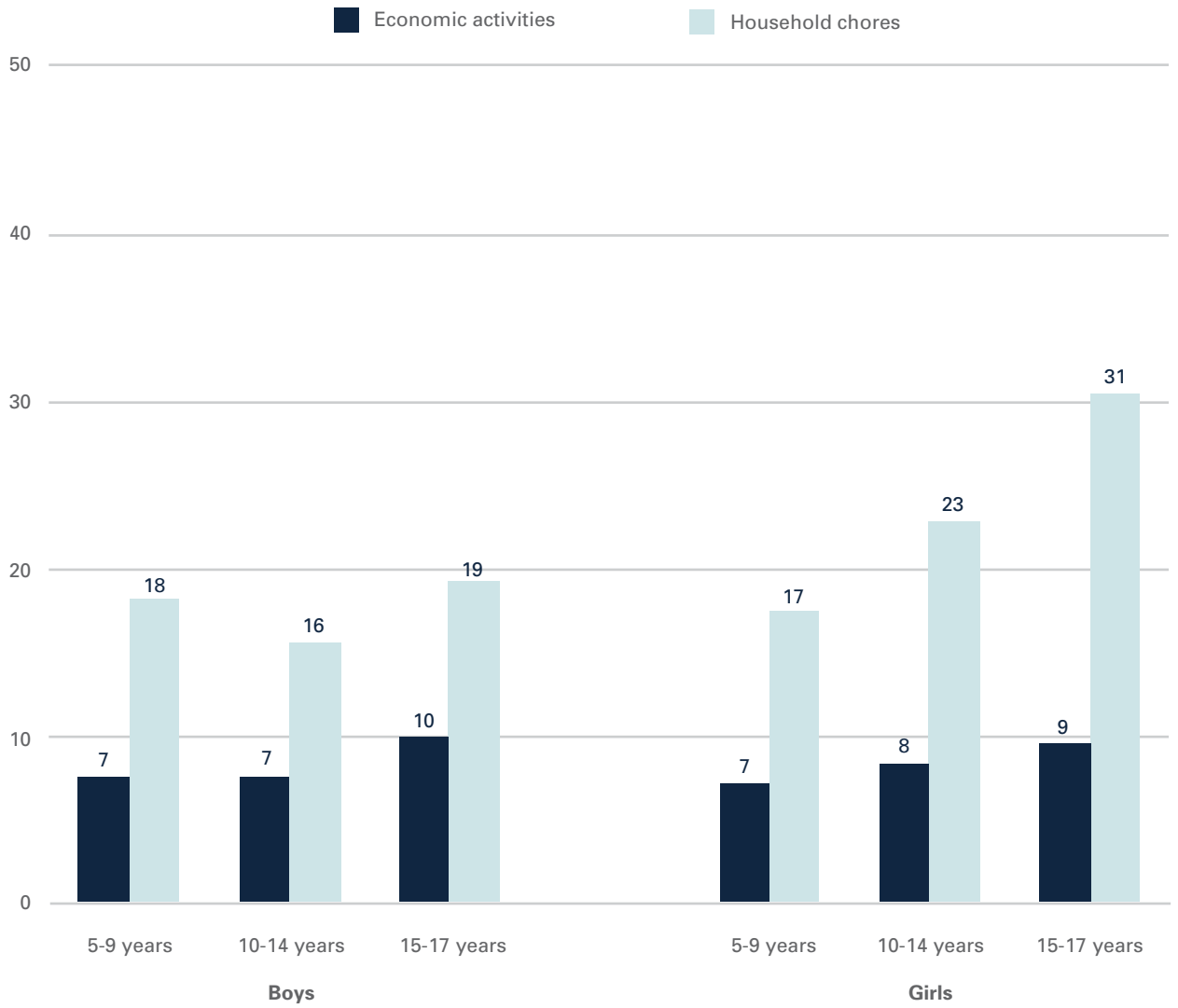
To address the dual challenges of education and poverty, the Government has developed the Free Compulsory Universal Basic Education Policy, the Early Childhood Development Policy and the National Social Protection Strategy. In 2010, it initiated the first National Plan of Action for the Elimination of the Worst Forms of Child Labour (2009-2015) and, in 2017, put in place a second National Plan of Action for 2017-2021. With these national plans, Ghana has committed to go further and faster to achieve SDG target 8.7 on ending child labour.

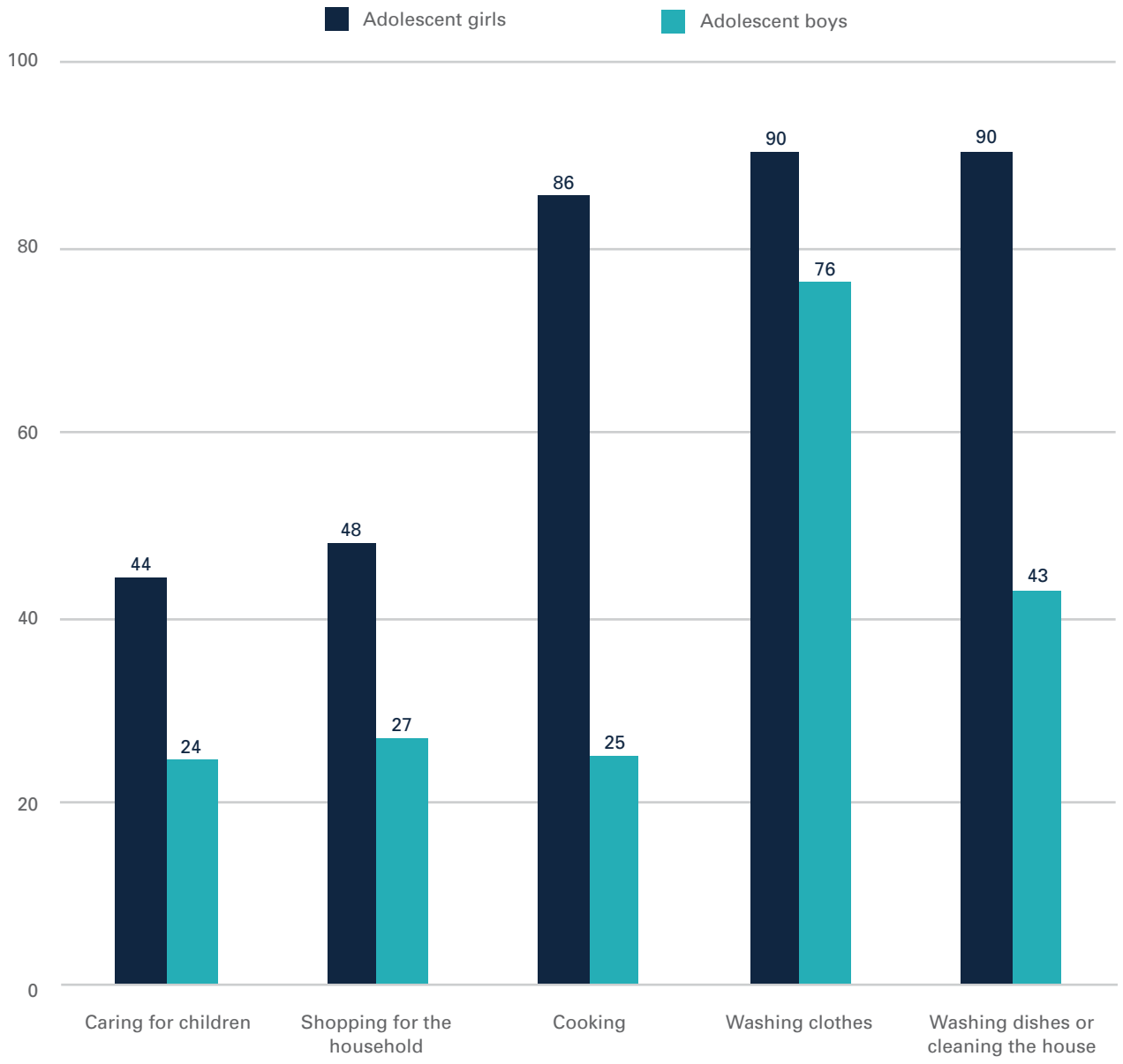
THE NATURE OF LABOUR IS ESPECIALLY GENDERED IN ADOLESCENCE, WITH GIRLS SPENDING AN INCREASING AMOUNT OF TIME ON HOUSEHOLD CHORES AS THEY GET OLDER

Adolescent girls spend more time doing household chores than boys do, and the disparities increase as they age

Figure 3.1. Average weekly number of hours spent on economic activities and household chores among girls and boys aged 5 to 17 years, by age

Source: Ghana MICS 2017-2018





Adolescent girls are more likely than adolescent boys to spend time on tasks such as cooking, cleaning and caregiving

Figure 3.2 Percentage of adolescents aged 15 to 17 years who are engaged in household chores, by type of activity and by sex

Source: Ghana MICS 2017-2018

REFLECTIONS ON THE FINDINGS

Towards the realization of the rights of adolescent girls

Since 1990, when it became the first country to ratify the Convention on the Rights of the Child, Ghana has made significant progress toward realizing the rights of adolescent girls. It has also reinforced its profound commitment to supporting adolescent girls in reaching their full potential through many other international instruments, alliances, coalitions and partnerships, such as the 2030 Agenda for Sustainable Development and the Safe to Learn Call to Action.

At the national level, Ghana has invested in proactive measures to develop and implement several legal and institutional frameworks to promote the empowerment of adolescent girls. These include the Coordinated Programme of Economic and Social Development Policies (2017-2024), the Five-Year Strategic Plan to Address Adolescent Pregnancy in Ghana (2018-2022) and the National Strategic Framework on Ending Child Marriage in Ghana (2017-2026).

However, the data in this statistical snapshot reveal that more efforts are required to fulfil the rights of adolescent girls, fully address the particular challenges that they face and strengthen their contribution to their own lives and those of others. For example, inadequate attention to and insufficient respect for the value of adolescent girls increase their vulnerability to early pregnancy, sexual and gender-based violence and burdensome domestic responsibilities. In addition, gender-discriminatory norms and negative socio-cultural attitudes pose pervasive and significant barriers to adolescent girls gaining access to sexual and reproductive health information and protective services.

While not covered in this publication, adolescent mental health is also becoming an important issue, and the number of young people affected is projected to increase in Ghana.[11] Mental and psychological conditions such as anxiety, depression and eating and behavioural disorders interfere with adolescents' ability to enjoy a positive quality of life, cope with everyday stresses and contribute to their communities. In the most extreme cases, they can lead to self-harm or suicide. There is a serious lack of services in Ghana, including limited availability of mental health specialists; only about 3 per cent of the training received by primary care physicians is dedicated to mental health.[12] Turning to traditional or faith-based healers is a common alternative. Additional research is required to explore the impact of mental health issues on adolescent girls in Ghana and the overall availability of services.

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Pathways to change

Statistics in this publication highlight the need for policymakers and other stakeholders to take the following measures to advance the rights of adolescent girls. The experience and perspectives of adolescent girls themselves should be duly considered in the implementation of such measures, while leveraging partnerships and multi-sectoral coordination are key to their success.

- Promote the empowerment of adolescent girls by increasing the scale and reach of gender-transformative programmes to ensure that they, especially the most marginalized, are able to make free, informed and positive decisions and life choices and successfully navigate the transition into adulthood
- Create a more protective and gender-equitable environment and challenge harmful and gender-discriminatory social norms through dialogues and awareness-raising activities, in cooperation with all stakeholders
- Strengthen relevant sectoral systems and institutions and enhance the capacity of the workforce to deliver integrated and coordinated services for adolescent girls and their families
- Support the Government at national and decentralized levels to coordinate the formulation, enforcement and implementation of laws, policies, strategies and action plans, and increase budget allocations to better respond to the needs of adolescent girls
- Generate, disseminate and use quality and timely data and evidence to inform policy and programme design, identify gaps and advocate for the allocation of appropriate resources for adolescent girls

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Call to action

This statistical snapshot highlights some of the unique problems faced by adolescent girls, especially the most marginalized and vulnerable who continue to be left out or overlooked, and stresses the importance of addressing their specific needs. It calls for taking the necessary measures to ensure the realization of their rights, cognizant of the Convention on the Rights of the Child and the SDGs. Investing in adolescent girls will have a ripple effect. They form an integral part of society and hold the potential to contribute to their present and future families and communities. It is imperative to prioritize their education, protection, health and well-being to not only fulfil their fundamental rights but also contribute to peace, security and sustainable development for the entire country.

TECHNICAL NOTES

This publication is based primarily on data from the Multiple Indicator Cluster Survey (MICS) 2017-2018.

The data source on abortion is the Ghana Maternal Health Survey, a nationally representative household survey implemented in 2017 by the Ghana Statistical Service. The survey achieved a response rate among eligible women of 99 per cent.

The data source on physical fights, injuries and bullying is the Global School-based Student Health Survey (GSHS) conducted in Ghana in 2012. For the senior high survey, the school response rate was 96 per cent and the student response rate was 74 per cent. The GSHS is a collaborative project of the World Health Organization and the United States Centers for Disease Control and Prevention to help countries measure behavioural and risk factors among adolescents aged 13 to 17 years.

The data source used to report on adolescents' experiences of psychological, physical and sexual violence is the Ghana Family Life and Health Survey, implemented by the UK's Institute of Development Studies, the Ghana Statistical Service and associates in 2015. The survey was administered to a representative sample of women and men between the ages of 15 and 60 years. The survey included both a household questionnaire and individual questionnaires for women and men. These questionnaires were based on a number of existing surveys and studies: the World Health Organization's 2005 *Multi-Country Study on Women's Health and Domestic Violence against Women*, the Demographic and Health Survey, the MICS attitudes towards domestic violence module, the 1998 study on violence against women and children in Ghana[13] and modules used in surveys implemented by research team members elsewhere. The survey achieved an overall response rate of 99 per cent.

Confidence intervals are not shown in this publication. Caution is therefore warranted in interpreting the results since apparent differences among groups may not be significant. Key messages were developed taking confidence intervals into account; in cases where the title indicates a difference among various population groups, it has been confirmed as statistically significant.

ENDNOTES

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For information on the data in this brochure:

UNICEF
Data and Analytics Section
Division of Data, Analytics, Planning and Monitoring
3 United Nations Plaza
New York, NY 10017, USA

Email: data@unicef.org
Website: data.unicef.org

For information on adolescents in Ghana:

UNICEF Ghana
P.O. Box AN 5051
Accra-North
Ghana

Email: accra@unicef.org
Website: unicef.org/ghana