ABSTRACT

Background

Public health emergencies, including pandemics, natural disasters, and climate related disruptions, often strain health systems and disrupt the delivery of essential Sexual and Reproductive Health and Rights (SRHR) services, particularly for vulnerable populations such as youth. Even under normal conditions, the youth face barriers to accessing accurate information and youth friendly services, as well as sociocultural barriers that limit their ability to seek care. These challenges are frequently intensified during emergencies due to service interruptions, resource reallocation, mobility restrictions, and reduced availability of trained providers. Ensuring the continuity and effective implementation of SRHR services for youth during public health emergencies is essential to safeguarding their health and wellbeing and preventing adverse sexual and reproductive health outcomes. However, there remains limited evidence on how these services are implemented and sustained during emergencies, particularly in district level settings in Ghana. This study examined the implementation of SRHR services for youth during public health emergencies in the Adansi South District of Ghana.

Methodology

This study used a descriptive qualitative design to explore the experiences, perceptions, and challenges faced by the youth, health service providers, and facility managers regarding SRHR services during public health emergencies in Adansi South District, Ghana. Participants were purposively selected. Nine focused group discussions (FGD) involving 81 youth aged 10-24 years were conducted, while 16 key informants from the Ghana Health Service, National Youth Authority and Civil Society Organisation were interviewed. A facility assessment, using a WHO adapted checklist, was also conducted in all seven public health facilities in the district on youth-

friendly services. Data were collected using semi structured interview guides, transcribed verbatim and analyzed thematically using NVivo 15 software. Ethical approval was obtained from the Ghana Health Service Ethics Review Committee.

Results

The results show that the delivery of youth friendly SRHR services was considerably disrupted during the emergency period compared to the pre-emergency period. Standard youth friendly services, including nutritional support, youth friendly counselling, health education, and developmental screening, were either suspended or integrated into routine health services without specific attention to the needs of youth. The findings further indicate that existing SRHR service delivery systems for youth lacked the resilience required to sustain service provision during public health emergencies. Needs assessment and planning with the youth for instanced ceased, and communication strategies for the youth were not tailored towards their needs during emergencies. In addition, the study discovered widespread barriers such as weak coordination, lack of youth inclusion in planning, non-youth-centered messaging, and limited digital engagement undermining access. The results also show that social and health system dynamics strongly influenced youth contraceptive behaviours

Conclusion

This study highlights significant challenges in the implementation of youth friendly SRHR services during public health emergencies in the Adansi South District. These findings underscore the need to strengthen the resilience and preparedness of health systems to ensure the continuity and accessibility of youth friendly services during emergencies. There is a need for the Ghana Health Service to adopt context specific strategies that address systemic and operational barriers

to the effective implementation of youth Sexual and Reproductive Health and Rights services, particularly during public health crises.