



**GHANA COALITION OF NGOs
IN HEALTH**

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UNITED NATIONS UNIVERSAL PERIODIC REVIEW OF GHANA

Sexual and Reproductive Health Rights in Ghana (Comprehensive Sexuality Education & Adolescent Reproductive Health Rights)

Submission to the UN Human Rights Council

**By the Human Rights Advocacy Centre and the Ghana Coalition
of NGOs in Health**

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1.0 Introduction

The Human Rights Advocacy Centre (HRAC) is a non-profit, independent, research and advocacy organization set up to advance and protect human rights in Ghana. This document is the joint report of the HRAC and the Ghana Coalition of NGOs in Health, on the situation of Sexual and Reproductive Health Rights (SRHR) in Ghana from 2017-2021, pursuant to Human Rights Council resolution 5/1, reaffirmed in resolution 16/21. The Ghana Coalition of NGOs in Health (GCNH) is a Health Civil Society Organization (CSO) established as an umbrella and coordinating body for health interventions of NGOs/FBOs/CBOs in the health sector in Ghana. GCNH currently has a membership of over 417 NGOs/FBOs/CBOs from all the 10 regions of Ghana.

2.0 Preparation for the report: Methodology and Consultation

The HRAC met with the Ghana Coalition of NGOs in Health and the National Population Council for a consultative meeting regarding the submission. The report has been prepared using information collated from HRAC research, stakeholder consultations, and information obtained from partner NGO's and the media.

3.0 Comprehensive Sexuality Education

Comprehensive Sexuality Education (CSE) teaches young people about sexual and reproductive health, which equips them with the right information to make informed decisions concerning sexual behavior and sexual health.

3.1 Legal Provisions and Policies of Comprehensive Sexuality Education

Comprehensive sexual education is absent from the curriculum in Ghanaian schools. However, the National Population Policy has a policy objective specifically on educating the youth on sexual relationships. Nevertheless, the absence of legal provisions for comprehensive sex education in the Ghanaian school systems limits young people from receiving the correct information and the resources in order for them to make informed choices concerning their sexual health.

3.2 Sexual Education in Ghana

Sexuality education in Ghana was first introduced in the early 1970's when the government recognized the importance of sexuality education and hence introduced the Family Life Education program.¹ This pilot program aimed to help young Ghanaians to improve their quality of life and prepare them for responsible parenthood. In 1987, the Ghanaian government fully implemented the Family Life program in secondary school which was a step lauded by many health and development promoters as a step forward as the program's implementation contributed to addressing problems such as teenage pregnancies, school dropout as a result of teenage pregnancies, and the high prevalence of sexually transmitted infections among Ghanaian youth.

However, currently the Family Life program is no longer a component of the school curriculum as an individual subject but rather a part of the social studies subject.² The content of the topics covered under social studies fails to discuss critical Sexual and Reproductive Health Rights issues in detail such as, sexually transmitted infections, youth pregnancy, and abortion. The topics that are addressed under the subject are very limited. As a consequence, the effectiveness of the social studies subject is woefully inadequate to pass for a sexuality education subject due to the fact that it does not provide youth with all the information needed. To further complicate the matter, the delivery of the education is poor since teachers are often not well trained in teaching SRHR or CSE.

3.3 Sexual Activity

The lack of open discussion about sex leads to youth having very limited knowledge on sexual behavior and activities, yet they are still engaging in sexual activities. Based on results from a study on adolescents living in two municipalities in the Brong-Ahafo Region, the mean age that adolescents first had sex was 17.5 years (17.0 and 17.8 years respectively for males and females).³ About 63% of the participants had sex, with more females (69.2%) than males (54.1%) having had sexual intercourse.⁴ Furthermore, 65% of the adolescents (59.3% males

¹ News Ghana. (2016). Calls for comprehensive sexuality education in Ghanaian schools. Retrieved from <https://www.newsghana.com.gh/calls-for-comprehensive-sexuality-education-in-ghanaian-schools/>

² Asiedu, S., et al. (2011). Sexual and Reproductive Health Education among Dressmakers and Hairdressers in the Assin South District of Ghana. *African Journal of Reproductive Health*, vol.15(4), 109-119.

³ Darteh, E. (2012). Sexual Behaviour and Condom Use among Adolescents Living in Urban Poor Areas in the Brong Ahafo Region, Ghana. *Journal of Alternative Perspectives in the Social Sciences*, Vol. 4(3), 619-639.

⁴ Ibid.

and 68.1% females) had sex when they were aged 15-19 years old with 10% experiencing sexual debut when they were aged 10 to 14 years.

The main factor that was found to increase sexual behavior among adolescents was peer pressure.⁵ Adolescents engage in sexual activity out of curiosity and the need to be accepted by their peers. Peer pressure and the need for acceptance causes youth to learn false information since they are receiving information on sex from their friends and media.

3.4 Family and Religious Beliefs

Since it is culturally unacceptable to discuss sex and sexual issues with adolescents, parents do not discuss reproductive health issues and sexuality with their children.⁶ And in the cases when parents do talk about sex, the information provided by them is insufficient as it is rushed over and not directly talked about. Through a study on adolescents in Kintampo, respondents mostly agreed that parents are their last preference to receive information on sexual and reproductive health from because the conversation is often filtered since parents feel uneasiness discussing such private issues.⁷ Due to the intolerance by family and religious leaders, efforts towards integrating comprehensive sexuality education into the curriculum are impeded.

3.5 Initiatives on Sexual Education

Due to the lack of sexual education, there are different initiatives that have been taking place in Ghana. Sexual Health Education Plus (SHE+) is a project that offers youth access to free Sexual Reproductive Health Right (SRHR) information through text messages on their mobile phones by texting “SHE” to their respective mobile subscribers.⁸ The project is accessible in the Upper East, Upper West, Northern and Volta Regions of Ghana with the main objective being to contribute to Ghana achieving target 5B of the 5th Millennium Development Goal.⁹ Similarly to the SHE+ project, “The World Starts with Me” was created to provide SRHR education. This program enables users to gain IT skills while also learning about sexual education. Through the program, young people are able to find out information on issues that would normally be labeled

⁵ Sneed, C.D., et al. (2015). The Influence of Parental Communication and Perception of Peers on Adolescent Sexual Behavior. *Journal of Health Communication: International Perspectives*, vol. 20(8), 888-892.

⁶ Kwakye, S.O., et al. (2014). Adolescent Reproductive Health. *Population Studies, Key Issues and Contemporary Trends in Ghana*, vol. 5, 203.

⁷ Boamah, E.A. (2012). *Sexual Behaviours and Contraceptive Use among Adolescents in Kintampo, Ghana*. Amsterdam: Vrije Universiteit Amsterdam.

⁸ Savana Signatures. (2016). Sexual Health Education Plus (SHE+). Retrieved from <http://savsign.org/she/>

⁹ WHO. (2015). MDG 5: improve maternal health. Retrieved from http://www.who.int/topics/millennium_development_goals/maternal_health/en/

as too sensitive to discuss in Ghanaian society such as sexuality, reproductive health, pregnancy, contraceptives, and sexual abuse. Similar CSE programs are being implemented by different non-Governmental actors, including the Planned Parenthood Association of Ghana, The Youth Harvest Foundation Ghana and NORSAC Ghana. Additionally, the National Population Council, Ghana Health Services, Ghana Education Services and National Youth Authority, as well as other NGOs, are undertaking activities, such as school health clubs, and adolescent reproductive health corners.

Challenges

- The absence of a legal provision of CSE in Ghana to support the implementation of sexual education policies.
- Unwillingness of Ministry of Education and schools to implement CSE in Ghanaian schools.
- The absence of CSE in teacher education training curriculum.
- Intolerance of families and religious leaders towards the need of CSE both in public and private environments.

Recommendations

In light of the above, the HRAC and the Ghana Coalition of NGOs in Health recommend that:

1. The National Population Council establishes a national policy that offers guidelines on CSE.
2. The Ghanaian Education Service should change the educational curriculum of Junior High School, the Senior High School, and the Teacher Training Colleges of Education to guarantee a full and high-quality CSE.
3. The Ghanaian Education Service needs to upscale community outreach to encourage parents on the importance of CSE through community outreaches that emphasize the need to educate their children both in school and at home.
4. The National Population Council should evaluate initiatives such as the Sexual Health Education Plus (SHE+) and expand throughout Ghana.
5. The Ministry of Gender, Children and Social Protection should strengthened the joint-collaborations between NGOs to take active part in providing programs that aim to educate Ghanaian youth on sexual and reproductive health.

6. The Ministry of Gender, Children and Social Protection should work with its implementing partners to engage traditional and religious leaders in national discussions about CSE.
7. The Ghana Health Services should upscale youth corners for the out-of-school youth who would not otherwise have access to CSE and provide refresher training to youth corners specifically in regard to youth friendliness.

4.0 Adolescent Reproductive Health Rights

Adolescent Reproductive health right is implicit in the right to health and realized through the ability to enjoy the highest attainable standard of physical and mental health, and to have access to services to enable them to maintain or restore reproductive health.

4.1 Laws and Policies

There are no explicit laws on adolescent reproductive health in Ghana, thus heavy reliance is placed on international conventions such as the African Charter on Human and Peoples Right, the International Conference on Population and Development - Programme of Action (ICPD-PoA) of 1994, ICPD Beyoung 2014, the Fourth Women's Conference in Beijing in 1995 and the post conference meetings such as that of The Hague in 1999 and New York in 2000. Nevertheless, there are different domestic legal provisions covering children's rights, which include adolescents. Notwithstanding the absence of explicit national laws on adolescent reproductive health rights, the National Population Policy (Revised Edition 1994), the 2000 Adolescent Reproductive Health Policy (ARHP), the goals of Vision 2020, the Youth and HIV/AIDS Policies and the national health policy protocols and standards are quite pertinent to this subject.

The medium term objective of the Government of Ghana, as stated in the Vision 2020 document, is to achieve a middle-income status by the year 2020. In furtherance of the National Population Policy of 1994, the Government through the Ministry of Health has produced a national health policy, which sets out guidelines and standards for health delivery, including sexual and reproductive health. The policy on the reproductive health of adolescents and the youth emanates from the general health policy and the National Population Policy and responds to the peculiar reproductive health needs of young people. The Adolescent Reproductive Health

Policy also complements the National Youth and the HIV/AIDS policies. The policies are meant to guide policy makers and program managers as they formulate, implement and evaluate programs and services that address the sexual and reproductive health needs of adolescents and young people in Ghana.¹⁰

4.2 The Current Situation

There are four main indicators that are used to judge the quality of access to reproductive health services including access to contraceptive use, family planning services, maternal mortality and adolescent reproductive health.¹¹ According to a survey conducted in the Upper East and Central Regions of Ghana, adolescents still avoid sexual reproductive health services particularly due to stigma around premarital sex. Over 750,000 adolescents become pregnant annually. 2 in 3 young women and 4 in 5 young men with STI symptoms do not seek treatment, while approximately half of unmarried sexually active female adolescents and over one-third of sexually-active male adolescents do not use contraceptives.¹²

According to the Ghana Demographic and Health Survey 2014, 14% of women aged 15-19 have begun childbearing; either they have had a live birth (11%) or are pregnant with their first child (3%), a slight increase from 13% in 2008. The percentage of women who have begun childbearing increases rapidly with age, from 2% among women age 15 to 36% among women age 19. Teenage childbearing is higher in rural areas (17%) than in urban areas (12%) not surprisingly, early childbearing is inversely related to women's educational level. Teenagers with no education are almost four times as likely to have begun childbearing as those with a secondary or higher education (23% and 6%, respectively).¹³

4.3 Programs to Improve Gaps

In furtherance to the objectives of the Adolescent Reproductive Health Policy, the Government of Ghana successfully initiated a new youth project titled Ghana Adolescent Reproductive

¹⁰ Republic of Ghana. (2000). Adolescent Reproductive Health Policy. National Population Council, p.1-22.

https://s3.amazonaws.com/ndpc-static/pubication/AdolescentReproductiveHealth+Policy_Oct2000.pdf

¹¹ Alliance for Reproductive Health Rights. (n.d). Improved Access to Reproductive Health Services, crucial to attainment of MDG 4 & 5. Retrieved from <http://arhr.org.gh/themencode-pdf-viewer-sc/?file=http://arhr.org.gh/wp-content/uploads/2016/04/Improved-Access-to-Reproductive-Health-Services.pdf&settings=11111111&lang=en-US#page=&zoom=auto>

¹² Aninanya, G. A., Debuur, C. Y., Awine, T., Williams, J. E., Hodgson, A. & Howard, N. (2015). Effects of an Adolescent Sexual and Reproductive Health Intervention on Health Service Usage by Young People in Northern Ghana: A Community-Randomised Trial. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4415997/>

¹³ Ghana Statistical Service, the Ghana Health Service & the National Public Health Reference Laboratory. (2014). *Ghana Demographic and Health Survey 2014*. Rockville: GSS, GHS, and ICF International.

Health Project (GHARH). The project is being implemented in all the twenty seven districts of the Brong-Ahafo Region of Ghana and in 72 communities from October 2014 to March 2017 in Brong-Ahafo Region and from September 2016 to June 2017 in Ashanti Region.¹⁴ “The Young and Wise” is a comprehensive, brand driven, youth program targeting young people aged 10-24. It is collaborative initiative spearheaded by the Planned Parenthood Association of Ghana (PPAG) and the Ghana Social Marketing Foundation (GSMF), designed to effect positive behaviour change among the youth in order to reduce HIV/AIDS, Sexually Transmitted Infections (STIs) and Teenage Pregnancy.

4.4 Teenage Pregnancy

Teenage pregnancy is defined as an unintended pregnancy during adolescence. A female teenager can be pregnant as early as age 12 or 13, although it is usually 14 or older. The rates of teenage pregnancy in Ghana are high; of all births registered in the country in 2014, 30 per cent were by adolescents, and 14 per cent of adolescents aged between 15 and 19 years had begun childbearing.¹⁵

Regional assessment of teenage pregnancy in Ghana shows that, the Upper East Region recorded the highest rate of teenage pregnancy in 2014, representing 15% of the population sample with Northern Region having the lowest national prevalence rate of 4.4%.¹⁶

To address the high rates of teenage pregnancy in Ghana, the Ministry of Gender, Children and Social Protection convened a nationwide stakeholders meeting on December 7, 2015, to assess the current level, to conduct a situation analysis and to strategize for sustained national sensitization on the issue of teenage pregnancy. In addition, the Ministry compiled a Mapping Report on Teenage Pregnancy in Ghana, focusing on the key strategies in addressing teenage pregnancy.¹⁷ The Minister mentioned that preventing unintended conceptions, strengthening education, employment and support; and providing sex education before young people become

¹⁴ Graphic Ghana. (2014). Government launches Adolescent Reproductive Health project. Retrieved from <http://www.graphic.com.gh/news/general-news/government-launches-adolescent-reproductive-health-project.html>

¹⁵ Coughlin, J. (2016). Teenage pregnancy in Ghana: Assessing situation and moving forward. Retrieved from <http://www.graphic.com.gh/news/general-news/teenage-pregnancy-in-ghana-assessing-situation-and-moving-forward.html>

¹⁶ Ghana News Agency. (2015). Teenage pregnancy on the rise in Upper East – Gender Ministry. Retrieved from <http://citifmonline.com/2015/12/25/teenage-pregnancy-on-the-rise-in-upper-east-gender-ministry/>

¹⁷ Coughlin, J. (2016). Teenage pregnancy in Ghana: Assessing situation and moving forward. Retrieved from <http://www.graphic.com.gh/news/general-news/teenage-pregnancy-in-ghana-assessing-situation-and-moving-forward.html>

sexually active are some of the ways to combat this phenomenon. The health advisor of the Department For International Development (DFID) mentioned at the meeting that DFID is committed to support reproductive health with 20 million pounds from 2013-2016 through the Global fund, to support the Government of Ghana to procure family planning commodities, improve adolescent reproductive health, and capacity building for government institutions and other allied agencies.

Challenges

- Inadequate education and information (including counselling) on reproductive health rights for teenagers or young adults.
- Unfriendly attitude by health professionals at adolescent reproductive health centres
- Unfavourable cultural beliefs, religious beliefs, and standards on sex education and sexual behaviour of teenagers.

Recommendations

The HRAC and the Ghana Coalition of NGOs in Health recommend that:

1. Ghana Health Services should improve the existing health centers and establish new ones to make the centres accessible to all young people in the country.
2. Ghana Health Services and the National Population Council should expand youth corners for reproductive health across the country
3. Ghana Health Services should build capacity (including topics such as human rights, non-discrimination, youth-friendliness, SRHR, stigma) for health professionals at the health centers to help improve service delivery and there should be follow-ups to ensure that the skills required are put to good use.
4. The Ministry of Gender, Children and Social protection should conduct an in-depth assessment of teenage pregnancy in Ghana and develop a national strategic plan out of the assessment.
5. The Ministry of Gender, Children and Social protection should work its CSOs partners to embark on empowerment programs for adolescents with a focus on protecting human rights of youth
6. The Ghana Education Services should lead the development of a comprehensive reproductive health education strategy, including curriculum development.