

**Stakeholders Report on Sexual and Reproductive Health and Rights of People  
with Disabilities in Ghana**

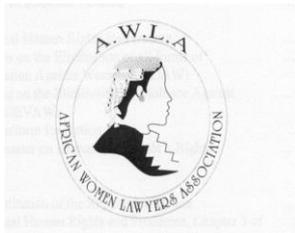
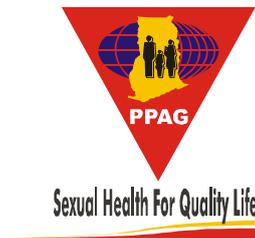
**Submitted by**

**Planned Parenthood Association of Ghana and Partner Civil Society  
Organisations**

**For**

**Universal Periodic Review  
Of Ghana**

## Stakeholders and Partner CSOs



1. Planned Parenthood Association of Ghana (PPAG)
2. Ghana Federation of Disability Organisations
3. Vision for Alternative Development (VALD)
4. Human Rights Advocacy Centre (HRAC)
5. Alliance for Reproductive Health Rights (ARHR)
6. Ghana Coalition of NGOs in Health (GCNH)
7. African Women Lawyers Association (AWLA)
8. Women in Law and Development in Africa (WiLDAF)
9. Hope For Future Generations (HFFG)

## **Executive Summary**

### **Background**

Over a billion – about 15% – of the world's population have some form of disability and about 30 percent of families globally live with a family member who is disabled. Despite the large numbers of people living with disabilities, their needs are often overlooked or neglected. Worse, many people with disabilities are marginalised, and face human rights violations.

### **Methodology**

The review was conducted using information from secondary sources and in – depth interviews with selected implementing institutions/organisations. Studies on people with disabilities (PWDs) were retrieved using PubMed, PsycINFO, Scopus, JSTOR and Google and Google Scholar. Literature search was conducted using several search terms. Constitutional and legal provision/conventions, Disability Act of Ghana, profile of people with disabilities and other relevant materials were also reviewed. As part of the process, a stakeholders consultative meeting was held to collate inputs on the draft document from relevant stakeholders.

### **Findings**

The country has over the years put in place legal frameworks aimed at protecting the rights of PWDs. These policies and Acts provide a framework for programming and planning of interventions. For instance, these have focused on the educational, health and infrastructural needs of PWDs in the country among others. The literature search revealed that most of the studies conducted on the sexual and reproductive health and rights of PWDs focused on their access to services and barriers to accessing services. Barriers to the SRH needs of PWDs were identified as communication barriers, physical barriers, psychological barriers, social barriers, attitudes by health professionals, illiteracy among deaf people, privacy and confidentiality offered at SRH centres, and poor interpretation skills of sign language interpreters. The review also showed that although there seem to be a strong commitment on ensuring that the rights of PWDs are respected and protected, there is little in terms of real actions that have been implemented to address these especially in the area of sexual and reproductive health and rights in the country. Also, there have been attempts at correcting the inconsistencies between the Disability Act, 2006 and the UN Convention on people with Disability.

### **Recommendation**

The report makes the following recommendation. Firstly, the Ministry of Gender and Social Protection (MoG & SP) should work with the Attorney Generals Department to put together the necessary Legislative Instruments (LIs) need for the smooth implementation of the Disability Act and the UN Convention on people with Disability. Secondly, MoG&SP should collaborate with civil society groups such as GFD to intensify efforts aimed at educating the populace on the laws, regulations and Acts concerning PWDs. Thirdly, the Ghana Statistical Services should conduct a nationally representative survey on sexual and reproductive health and rights of PWDs in Ghana to provide a holistic appreciation of the SRH & R needs, concerns and aspirations of PWDs as part of efforts aimed at implementing programmes that would adequately cater for their needs.

## **Background**

Disability is not just a health problem but also a multifaceted phenomenon that reflects the interface between features of a person's body and that of the society (Sexual and Family Planning Australia, 2013). It is viewed as a consequence of environmental, social and attitudinal barriers that prevent people with impairments from maximum participation in society.

Over one billion – about 15% – of the world's population have some form of disability (World Health Organisation [WHO], 2016). Between 110 million and 190 million people aged 15 years and older have significant difficulties in functioning (WHO, 2016). A third of families globally live with a family member who is disable (United Nations Population Fund, 2007). About 80 per cent of this population live in developing countries (United Nations, 2007 cited in World Health Organisation, 2009).

Despite the large numbers of people living with disability, their needs are often overlooked or neglected (WHO, 2009). Many of them are marginalised, deprived of freedom, and their human rights (United Nations, 2007). In fact, persons with disabilities may actually have greater needs for SRH information and services than persons without disabilities due to their increased vulnerability to abuse. Persons with disabilities (PWDs) may be denied the right to establish relationships, or they may be forced into non-consensual marriages, where they may be treated more as housekeepers or objects of abuse than as a member of the family (WHO, 2009). As a group, they are more at risk of HIV transmission and other sexually transmitted infections – e.g. high rates of poverty, high rates of illiteracy, lack of access to health resources, and lack of power when negotiating safer sex (Groce, 2005).

Persons with disabilities are up to three times more likely than non-disabled persons to be victims of physical and sexual abuse and rape with those with intellectual and mental disabilities being the most vulnerable (Greenwood and Wilkinson, 2013). They are sometimes placed in institutions, hospitals, and other group living situations, where they are not only prevented from making informed and independent decisions about their SRH, but also face increased risks of abuse and violence (Greenwood and Wilkinson, 2013; Groce & Trasi, 2004).

PWDs are often faced with barriers to information and services related to SHR. These include: attitudes and ignorance of individuals and society, including health care providers, worsen these barriers (Sibusiswe and Pranitha, 2015); communication (Arulogun et.al., 2013; Moyo, 2010). In addition to the impacts of physical, emotional, mental, intellectual or sensory impairments, persons with disabilities often face stigma, discrimination, violence and poverty (United Nations Population Fund, 2007). The review is aimed at assessing the status of sexual and reproductive health and rights of PWDs in Ghana. Also, it aimed at reviewing efforts undertaken to recommendation made to the country at the 2012 UPR in relation to PWDs including: speeding up the implementation of 2006 Persons with Disability Act; strengthen the promotion and protection of the rights of PWDs; adoption of programmes to sensitise and encourage the community for positive engagement; and strengthen efforts to reform policy to improve the lives of PWDs.

## **Methodology**

The review was conducted using secondary published data. Studies on people with disabilities (PWDs) were retrieved using PubMed, PsycINFO, Scopus, and JSTOR and Google and Google Scholar. Documents were restricted to studies conducted from the 2001 onwards. Another source was interviews with selected implementing institutions and

organisations. As part of the process, a stakeholders consultative meeting was held to collate inputs on the draft document from relevant stakeholders.

## **Situation in Ghana**

Persons with disabilities (PWD) have been defined as those who are unable to or are restricted in the performance of specific tasks/activities due to loss of function of some part of the body as a result of impairment or malformation (Ghana Statistical Service, 2012).

### ***Profile of People with disability in Ghana***

As part of efforts at addressing the issues faced by PWDs, the Ghana Statistical Service (GSS) collected information (for the first time) from PWDs during the last census. The results of the 2010 census show that there 3 per cent (737,743 persons) of the population of Ghana had some form of disabilities with about 40 per cent of all PWDs in Ghana having multiple disabilities (GSS, 2013). The three most prevalent types of disability are those related to visual impairment (30.4%), physical disabilities (15.1%), and emotional impairment (8.9%). Other impairments were speech (5.0%), and intellectual disabilities (5.9%) (GSS, 2013).

## **Sexual and Reproductive Health for people with disability in Ghana**

A review of the literature on the sexual and reproductive health of PWDs shows that there is a lack of information and data available around these issues. A few of the studies have focused a sub-groups of PWDs mainly people with hearing and visual impairments and have focused on barriers to utilisation of SRH services.

### **Access to SRH information**

Research on the access to sexual and reproductive health information shows that it is often not available to PWDs especially young people. In situations where they are, services are not accessible or appropriate, for example, inaccessible print or electronic media or the providers who cannot communicate with PWDs (Mprah, 2013). Given the level of marginalisation of PWDs, the barriers to access to SRH information compounds existing inequalities by denying them essential information they need to enable them live a health sexual and reproductive health life. Providing young PWDs with tailor made comprehensive sexuality education (CSE) would go a long way to improve accessibility to information on SRH and also, possibly reduce existing inequalities.

### **Barriers to utilisation of Sexual and reproductive health**

Studies among people living with disabilities, particularly, deaf people in Ghana have documented a number of barriers in their utilisation of SRH information and services. These include: communication (Kuffour (2013), social attitudes and cultural assumptions (Mprah, 2011), ignorance of health professionals about deafness, attitudes towards deaf people by health professionals (Ganle, et al., 2016), illiteracy among deaf people, privacy and confidentiality offered at SRH centres, limited amount of time for allocated for consultation, and poor interpretation skills of sign language interpreters (Mprah, 2013). Discrimination against PWDs and lack of understanding of the plight of PWDs has also been reported as barriers to services (see Mensah, 2015; Mprah, 2013). These barriers are interrelated and affect PWDs ability to effectively utilise SRH & R services hence the potential of putting the lives at risk.

## **Constitutional and other Legal Provisions/Conventions**

A number of constitutional and other legal frameworks that seek to protect and guarantee the rights of PWDs in Ghana are in place. These include: the 1992 Constitution of Ghana, which provides for the guarantee of the fundamental human rights of all persons including PWDs. To further show its commitment to PWDs, the Government of Ghana put together the Persons with Disability Act, 2006, (Act 715). The Act deals with issues such as rights, employment, education, transportation, housing facilities, effective health care, adequate medical rehabilitation services, generation and dissemination of relevant information and participation of PWDs in cultural activities. In addition, Ghana has signed, ratified and adopted international agreements, such as the Convention on the Rights of PWDs and the African Decade of the Disabled Persons which seek to protect the fundamental freedoms and human rights of all PWDs and to promote and respect their inherent dignity. Notwithstanding these statutes and conventions, PWDs have continued to experience various barriers that prevent their full and effective participation in society, including the full enjoyment and realization of their sexual and reproductive health and rights. The question is whether these initiatives captured in the programmes and policies are being implemented or not and to what extent PWDs are benefiting from them.

## **Views of selected stakeholders**

### ***Sexual and Reproductive Health programmes for PWDs***

Response to questions on programmes in place for people with disability (PWDs) revealed that there were no specific programmes designed for PWDs beside sensitisation programmes. The organisations/institutions depended mainly on generic programmes organised by NGOs on the area of reproductive health in the country.

### ***Challenges/barriers faced by PWDs in their quest to seek SRH services***

The respondents articulated some challenges faced by PWDs with regards to accessing SRH services. These include: language barriers; physical barriers; psychological and social barriers; the absence of walkways designated for PWDs in public buildings and the lack of sign language interpreters during visits to facilities.

### ***Implementation of the 2006 Person with Disability Act***

The organisations whose personnel took part in the interviews intimated that their organisations had played and continue to play various roles in ensuring the speedy implementation of the Act. The Department of Social Welfare indicated that they were working with some other organisations to amend the constitution to address issues confronting PWDs. Also, there are attempts at increasing awareness around the needs of PWDs. The Ghana federation for People with disability, on their part have been at the forefront of advocating for the implementation of the various legislations. For instance, they have developed a draft Legislative Instrument, which was been forwarded to government before even March 2012.

### ***Steps towards the ratification of the UN Convention on the Rights of Persons with disabilities***

The Ghana Federation of Disability, worked to form what is referred to as the disability caucus of parliament to lobby members of parliament to see issues of PWDs as essential business to deal with. This and other attempts by other organisations are believed to have culminated into the ratification of the convention on the rights of PWDs in March 2012. The

Federation has also undertaken a gap analysis of Ghana's disability act versus the UN convention on the rights of PWDs and have proposed a draft amendment which has been forwarded to government for an amendment of Ghana's Disability Act so that it is in consonance with the UN convention on the rights of PWDs. The Ghana Council on Disability has set up a committee to draw up a programme to cover the whole country. This committee would provide the country with a credible programme. The committee has been set up for that programme.

## **Conclusion**

The review showed that some attempts have been made with the implementation of the 2006 Persons with Disability Act to strengthen the promotion and the protection of the rights of persons with disabilities; there is the need or government and its partners to work to improve on the rights especially the sexual and reproductive health right of PWDs. This could be achieved through continuous sensitisation and positive engagement with persons with disabilities. With the expiration of the moratorium on the 2006 Disability Act, there is the need for urgency in implementing programmes and policies aimed at contributing towards improvements in the lives of PWDs in general and their sexual and reproductive health and rights in particular. This would protect their health and guarantee them the ability to contribute their quota to nation building.

The review revealed a number of initiatives that are being done to improve the conditions of PWDs. These include:

1. The setting up of the committee by the National Council on people with Disability to track and report on activities aimed at improving the conditions of PWDs;
2. Proposal on inconsistencies between the Ghana Disability Act, 2006 and the UN convention on people with Disability;
3. Training programmes organised to empower PWDs with economics skills;
4. Programmes aimed at sensitising the society of the rights of PWDs; and the
5. Incorporation of sign language interpretation as an academic programme into the training of nurses. These initiatives should not be limited to nursing training institution but extended to include all other training institutions.

## **Recommendations**

The report makes a number of recommendations regarding the sexual and reproductive health and rights of PWDs:

1. Despite the efforts made by government to speed up the process of implementing the 2006 Disability Act, the Ministry of Gender and Social Protection (MoG&SP) should put together an action plan outlining the commitment of government and other partner organisations to the full implementation of the Act. Also, there should be budgetary allocation for this process.
2. Further to to upholding human rights of Ghanaians as enshrined in the 1992 constitution, the MoG&SP should work with the Attorney Generals Department to put in place the necessary Legislative Instruments (LI) to eliminate all barriers (especially those affecting access to SRH information and services) affecting the smooth implementation of the Disability Act. This would go a long way to promote and protect the sexual and reproductive rights of persons with disability.
3. To further deepen the role of civil society in achieving the tenets of the UN convention on disability and the 2006 Disability Act of Ghana, the MoG&SP should work with civil society to develop an implementation plan that will set out the roles

and responsibilities of the various stakeholders and civil society groups. This is will ensure the timely implementation of their targets.

4. The Ghana Statistical Services (GSS) and other researchers should focus some research attention on people with disabilities other than visual impairments, physical disabilities and hearing impairments. This would engender some programmatic attention on people with disabilities.
5. The GSS should conduct a nationally representative survey on sexual and reproductive health and rights of PWDs in Ghana to provide a holistic appreciation of the SRH & R needs, concerns and aspirations of PWDs as part of efforts aimed at implementing programmes that would adequately cater for their needs.
6. To ensure consistency between the UN Convention on disability and the Disability Act, the Ministry of Gender and Social Protection should coordinate efforts aimed at synchronising the Disability Act and the UN Convention. This would go a long way to promote their rights.
7. The Ghana Disability Council should work with stakeholders such as the GFD to intensify efforts aimed at sensitising the populace on the laws, regulations and Acts concerning to engender support for the SRH issues of PWDs. Also, this would encourage positive engagement with PWDs.
8. Finally, the Ghana Disability Council in collaboration with the Curriculum Development Division of the Ghana Education Service should to improve accessibility to information on SRH and reduce existing inequalities in access to information through a tailor made comprehensive sexuality education (CSE).

## References

1. Arulogun, O. S., Titiloye, M. A., & Desmenu, A. (2013). Barriers faced by service providers in meeting the sexual and reproductive health needs of deaf persons in Ibadan metropolis: A qualitative study. *Journal of Medicine and Medical Science*, 4 (11) 433 - 438.
2. Ganle, J. K., Otupiri, E., Obeng, B., Edusie, A. K., Ankomah, A., & Adanu, R. (2016). Challenges Women with Disability Face in Accessing and Using Maternal Healthcare Services in Ghana: A Qualitative Study. *Plos One*, 11 (6): e0158361.doi:10.1371/journal.pone.0158361.
3. Ghana Statistical Service. (2013). *2010 Population and Housing Census: National Analytical Report*. Accra: Ghana Statistical Service.
4. Government of the Republic of Ghana (2006). *Persons with Disability Act, 2006 Act 715*. <http://www.gfdgh.org/GHANA%20DISABILITY%20ACT.pdf>
5. Greenwood, N. W., & Wilkinson, J. (2013). Sexual and Reproductive Health Care for Women with Intellectual Disabilities: A Primary Care Perspective. *International Journal of Family Medicine*, 642372: 1 - 8. dx.doi.org/10.1155/2013/642472.
6. Groce, N. E., & Trasi, R. (2004). Rape of individuals with disability: AIDS and the folk belief of virgin cleansing. *The Lancet*, 363: 1663 - 1664.
7. Groce, N. (2003). HIV/AIDS and people with disability (2003). *Lancet*, 361, 1401–1402.
8. Inclusion Ghana (2011). Baseline report on level of stigmatisation, discrimination and exclusion of person with intellectual disability and their families in Ghana, available at <http://www.inclusion-ghana.org/resources/reports/Final>
9. Kuffour, E. (2013). *Persons with Disabilities: A Neglected Group in HIV and Sexual & Reproductive Health Programming*. HIV/Core/Population Council.
9. Mensah, A. (2015). Socio - Economic factors Influencing access to healthcare by persons with disability in the KumasiMetro. *Unpublished Thesis*, 1 - 68.
10. Mprah, W. K. (2013). Perceptions about barriers to sexual and reproductive health information and services among deaf people in Ghana. *Disability, CBR & Inclusive Development*, 24(3), 21-36.
11. Mprah, W. K. (2011). *Sexual and reproductive health needs assessment with deaf people in Ghana*. (Doctoral thesis), University of Illinois, Chicago, United States.
12. Sibisiswe, S. M., & Pranitha, M. (2015). Access to sexual and reproductive health service: Experiences and perspectives of persons with disabilities in Durban, South Africa. *Agenda*, 29 (2) 79 - 88.
13. Tuakli-Wosornu, Y. A., & Haig, A. J. (2014). Implementing the World Report on disability in West Africa: Challenges and opportunities for Ghana. *American Journal of Physical Medicine and Rehabilitation*, 93(1), S50–S57.
13. UNFPA (2007). *Emerging issues: sexual and reproductive health of persons with disabilities*. New York: Author.
14. United Nations. (2007). *Factsheet on persons with disabilities*. New York: Author. Retrieved from <http://www.liverpoolvct.org/index.php>.
15. World Health Organisation (WHO) and World Bank. (2011). *World report on disability*. Geneva: Author.
16. World Health Organisation (WHO). (2009). *Promoting sexual and reproductive health for persons with disabilities*. Author: Geneva.

17. World Health Organisation (WHO). (2016). *Disability and health: Fact sheet*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs352/en/> On 29/11/2016.