

Universal Periodic Review of Ghana 4th Session 2023

Report submitted by:

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On behalf of Power to You(th) Ghana



The Power to You(th) project will centre youth and harness the power of adolescent girls and young women (AGYW) in achieving change to harmful practices (HPs), sexual and gender-based violence (SGBV), and poor sexual and reproductive health (SRH) outcomes, including unintended pregnancy.

The submission is endorsed by:



Key words: Harmful Practices, Sexual and Gender-Based Violence, Reproductive Health Education, Child Marriage, Comprehensive Sexuality Education

Executive Summary

1. The stakeholder submission is drafted by the Ghana Power to You(th) Consortium (PtY) composed of four (4) Civil Society Organizations (Norsaac, Youth Advocates Ghana, GH Alliance and Songtaba) with the support of International Organizations (Rutgers and Sexual Rights Initiative), on key issues that affects adolescent girls and young women in Ghana which is Gender Based Violence, Harmful Traditional Practices and Unintended Practices.
2. With a population of 32 million people and 30% of this being young people, ages 10-24, the country seems to have a large and growing population of young people. However, with the current inflation rate at 23% (April 2022) which is still on the rise, seeking good and quality healthcare has become a challenge for most young people in the country and this threatens their reproductive health. The government has made efforts in adopting various policies and laws to promote the socio- economic development of the youth in the country, taking into consideration the Medium-Term National Development Policy Framework which seeks to create equal opportunity for all.
3. Unintended pregnancies, child marriage and sexual and gender-based violence still remain an issue in Ghana. Recent statistic post Covid-19 pandemic revealed worrying trends of teenage pregnancies across the country which also contributed to increased incidence of SGBV and practices such as child marriage. The absence of standard age appropriate and content appropriate reproductive health information for young people has also deeply contributed to these issues and taken away their power and agency to make choices, without fear of violence.
4. This submission contains recommendations on prevention and redress of gender-based violence, the mainstreaming of Reproductive Health Education and measures to stop child early and forced marriages in Ghana based on gender norms and unequal power relations against girls. These recommendations seek to strengthen our health and education systems, which have a human rights obligation to provide accurate information about reproduction and educate young people to articulate their goals and choices.

Policy and Legal Context

5. Over the years, Ghana has witnessed significant improvement in establishing sexuality education especially in Sexual and Reproductive Health learning in schools (First Adolescent Reproductive Health Policy (ARHP) - 2000; Sexual and Reproductive Health Policy for young people in Ghana – 2015). In 2019, the implementation and training of teachers on the Comprehensive Sexuality Education (CSE) policy created a social imbalance between stakeholders. The social imbalance led to strategizing among stakeholders to contextualize CSE (culturally and morally) and led to the revamping of CSE into Reproductive Health Education (RHE). Despite the country's significant effort and steps in promoting RHE, there is a high rate of non-compliance to these set guidelines leading to half a million teenage pregnancies within the past five years and as result of increased teenage pregnancy, there are more adolescent girls and young women dropping out of school.
6. Between 2016 and 2020, about 555,575 teenagers aged 10 to 19 years, got pregnant according to the District Health Information Management System. Within the five years period, 13,444 teenagers between the ages of 10 and 14 got pregnant, while 542,131 teenagers aged 15 to 19 years also got pregnant¹. Child marriage is

around 21% in the country and is most prevalent in the Upper West and Northern Region of Ghana. Recent trends of Child marriage take the form of an informal union where the girl moves in to live with the man due to different socio-economic and socio-cultural factors including teenage pregnancy or a promise to send the girl to school. Girls who live in rural areas or come from poor households are at greater risk, and a higher proportion of child brides have little or no education or have their education cut short due to the marriage. A 2020 UNICEF Report on Ghana's Progress on Child marriage indicates as part of its analysis that child marriage in Ghana is often linked with pregnancy, underscoring the need for sexual and reproductive health services for adolescents, including reproductive health education.

7. Globally we have witnessed several conferences, summits, and symposia have been held to discuss challenges and recommendations on how to safeguard and protect women from all forms of harm
8. The prevalence and victimization of sexual violence, particularly against adolescent girls, is approximated to be 25%. The PTY consortium in Ghana carried out a baseline study which shows 80% of adolescents interviewed affirmed that they had experienced or know someone who has experienced rape, beatings, insults, and other abuses.
9. Causes of Gender Based Violence are deeply entrenched in community perceptions of male masculinity and patriarchal systems, other forms include exposure to violence, low literacy, drug and alcohol abuse.
10. There exists quite a number of legal laws to combat this issue but the lack of financing of institutions, stigmatization of victims, lack of data due to low reportage and the interference of family and community leaders are a hindrance to ending SGBV.

Progress and Outcomes of the previous UPR cycles

11. Ghana received recommendations from countries such as Argentina, Rwanda, Uruguay and Spain, to prevent and sanction harmful traditional practices, such as female genital mutilation, the tradition known as "trokosi", early forced marriage and accusations of witchcraft and polygamy, guaranteeing the protection and rehabilitation of victims and a recommendation to adopt measures to ensure universal access to sexual health and reproductive rights by Honduras.
12. Recommendations were also made by Spain to advance the eradication of violence against women, intensifying actions such as those developed by the Domestic Violence Branch of the Police and put in place measures that contribute to the elimination of traditional practices such as female genital mutilation, the "trokosi" practice and forced marriage. This recommendation was accepted and is evidence in the establishment of the Orange Center by the ministry of Gender, Child and Social Protection with Support from UNFPA. A call center for victims of Sexual and Gender Based Violence to call and report cases of abuse where immediate actions are taken accordingly.
13. Canada also made some recommendations for Ghana to take steps to fully implement the National Strategic Framework for Ending Child Marriage and allocate adequate resources to the Ending Child Marriage Unit within the Ministry of Gender, Children and Social Protection. This recommendation was successfully implemented and to support implementation of the strategic plan, a revised National Operational, Monitoring and Evaluation Plan (2020-2021) has been finalized with support from the UNFPA-UNICEF Global Programme to End Child Marriage.
14. Namibia also made a recommendation for Ghana to fast-track the finalisation of the National Strategy framework aimed at responding to and preventing child early forced marriages and following that the National Strategic Framework on Ending Child Marriage in Ghana document has been finalized and adopted from 2017

to 2026 and defines the country's set goals in ending child marriage.

Priority Issues and Recommendations in this Report

15. In this report the Power to Youth Coalition focuses on the topics of child marriage, sexual and gender-based violence, and reproductive health education. We believe important steps need to be taken to implement and strengthen existing legislation and this includes recommendations that Parliament and the Gender ministries should ensure that, the inconsistencies within the laws are addressed such as the children act which stipulates the marriage age of 18, and the criminal code specifies the legal age of consent regarding sex at 16. This can lead to early marriage, teenage pregnancies, and infant mortalities. Additionally, the Ministry of Gender, Children and Social Protection should take immediate steps to set up shelters for victims as stipulated by the DV Act and finally on reproductive health education we entreat the Government and National Population Council to account to Ghanaians the status of the RHE National guidelines previously developed and plans to launch it for use.

Harmful Practices (Child Marriage)

16. In Ghana, child marriage is illegal and punishable by law. Sections 14 and 15 of the Children's Act (Government of Ghana, 1998) spell out the minimum age, caution against forcing children to marry or to be betrothed and indicate a penalty of one year in prison and/or a fine. However, due to poverty and some entrenched beliefs, some families still see marriage as an alternative for the adolescent girl as a way of preventing immoral behavior and pregnancy and bringing respect and honor to the family. On average, 1 out of 5 girls in Ghana is married before their 18th birthdayⁱⁱ. In other words, the percentage of girls between 20-24 years who were married or in a union by the age 18 is 21% nationally. This amounts to approximately 260,000 affected girls in the country.
17. However, for girls living in the three Northern Regions of Ghana (Northern Region, Upper East and Upper West regions), these numbers increase to 1 out of 3 girls (34%) marriage before age 15 does occur, although it is rarer for girls in other parts Ghana (national prevalence 5%). If observed trends continue, the prevalence of child marriage in Ghana could halve by 2050. Due to the COVID-19 pandemic, the country saw an increase in the overall amount of violence against children and adolescent girls, sexual and gender-based violence, child marriage and adolescent pregnancies during 2020. The pandemic also exacerbated the existing high levels of sexual violence, as indicated by the two national household surveys on the impact of COVID-19 conducted by Ghana Statistical Service with support from UNICEF, the World Bank and the United Nations Development Programme (UNDP)ⁱⁱⁱ.
18. About 4.4 and 5.8% of women aged 15–49 married by exact age 15 in 2006 and 2011 respectively. In addition, among women aged 20–24, the proportion who married before the exact age 18 was 22% in 2006 and 21% in 2011^{iv}. Some communities believe that Child marriage is used as a mechanism to protect chastity as premarital sex and childbearing bring shame to the family. In most traditional Ghanaian societies premarital sex and childbearing is frowned upon, hence early marriage is encouraged. This embedded in their religious doctrines where both Christianity and Islam seek to ensure that sex and childbearing should occur within marriage. Hence, they tend to encourage early marriage, mostly indirectly.

19. Available data in 2011 reveals that, 18% prevalence rate for girls in urban areas compared to 36% prevalence rate for girls in rural areas regarding child and early forced marriage. In addition, it reported a staggering 41.2% prevalence rate for the lowest income household in comparison with a much lower 11.5% prevalence rate for the highest income household. Furthermore, across Ghana, uneducated young women are twice as likely to have married in childhood compared to those who attended secondary school or higher.
20. Evidence shows that child marriage is a catalyst for poverty which undermines status and honour in societies. In Ghana, it was found that early marriage negatively influences education as it reduces the probability of literacy and completing secondary school. Also In Ghana, early marriage among girls has been found to be one of the important challenges facing effective enrolment and school attendance, which leads to school dropout. In essence, thereby ending the right to education for girls to acquire employable skills, which results in persistent poverty among girls and effectively undermines their status and honor as they are unable to meet their daily needs.
21. The absence of standardized Reproductive Health Education (RHE) also exposes many girls below the age of 16 to be involved with boys/men in unprotected sex which often results in pregnancy with some forced to marry as a result of the pregnancy.
22. Additionally, the contradiction between the sentence for defilement and child marriage also deepens the occurrence. While marrying a child attracts a prison sentence of one year, defilement attracts between 7 and 25 years (Government of Ghana, 1960, Section 101). This may send a wrong message to potential violators of the law who are sometimes able to get away with being charged with defilement by marrying their victim.
23. Though there has been a lot of commitment towards curbing child marriage. The Ministry of Gender, Children and Social Protection established a Child Marriage Unit in 2014 to promote and coordinate national initiatives aimed at ending child marriage in Ghana. In 2016, the unit in partnership with the United Nations Children's Fund (UNICEF) and other key stakeholders developed a National Strategic Framework on Ending Child Marriage in Ghana. The framework was to ensure effective, well-structured, and well-guided collaboration between state and non-state institutions
24. Despite signing on to international resolutions, national laws, and efforts by various national and international organizations, child marriage in Ghana remains a phenomenon of concern with very limited empirical evidence to support program interventions to deal with the practice.
25. Regrettably, data for the age group 20-24 years in Ghana are currently not big enough to provide statistical evidence for regional breakdowns, therefore the need to only rely on the 15-49 age group for regional-level prevalence breakdowns.
26. Though there are series of existing policies in addressing issues relevant to ending Child Marriage such as the Child and Family Welfare Policy and the Justice for Children Policy. The aim of these policies was to implement a Child Protection System that is fit for Ghana, to prevent and protect children from all forms of abuse and to strengthen family and community engagement in child protection more effectively. Similarly, the National Gender Policy, which was approved by Cabinet in 2015, also prohibits Child Marriage. The major issue in Ghana, therefore, is not an absence of relevant laws and policies but is the weak enforcement of such laws and its implementation of these relevant policies. Some of the challenges in enforcement and implementation include: Reluctance by affected children and families to report child marriage cases due to social pressure and culture., lack of evidence to prosecute cases when families withdraw cases, limited access to services in the justice sector e.g. Police, family and Juvenile Courts, legal aid, because of factors such as distances and lack of knowledge or financing and finally, inadequate training of law enforcement officials in child protection and handling cases of child marriage in particular.

Sexual and Gender-based Violence (SGBV)

27. SGBV is a deeply entrenched phenomenon fueled by socio-cultural practices and beliefs, including menstrual taboos, child marriage, child fostering, religious and traditional concepts of a woman/girl that expects women to be humble, submissive, obedient, and submissive, and it manifests at different levels and in varied forms. These may take the shape of domestic violence, harmful practices, rape and sexual harassment, emotional violence, among others. Ghana has established the domestic Violence Act 732, adapted by Parliament in 2007, which outlines a comprehensive legal framework for the prevention of and protection against sexual and gender-based violence and criminalizes various acts of physical and sexual violence, economic and psychological abuse, and intimidation in domestic relations. Despite this innovative legislative work, there is still evidence that more work needs to be done to ensure that the laws are enacted and understood by the broader population of the country.
28. Government inability in resourcing of security institutions and dedicated mechanisms for security personnel to address violence against women. This has undermined the rights of survivors to access basic protections and perpetuates a political and social environment where such violence is tolerated. Domestic Violence Act, 2007 (Act 732) development partners have supported both state and non-state actors in the implementation of the Act. The Domestic Violence and Victims Support Unit (DOVVSU) of the Ghana Police Service continues to receive thousands of reports of sexual and gender-based violence nationwide. According to DOVVSU, only 10.3% of reported cases of gender-based violence have resulted in successful convictions of perpetrators.
29. Ghana has made significant strides in the implementation of SGBV services through various legislation and the establishment of a legal framework to ensure that these services are made available, accessible, and acceptable to those who need them, and that the requisite punishment is meted out to perpetrators of SGBV. Unfortunately, certain socio-cultural and religious factors and myths surrounding such practices and enforcement of these pieces of legislation present obstacles, and financial allocations to address these violations are lacking.
30. Though Ghana has received recommendations from previous cycle^{vi}s to fully implement the Domestic Violence Act 2007 (Act 732) and ensure that the Domestic Violence and Victim Support Unit (DOVVSU), a special unit of the Ghana Police Service is equipped to function effectively in addressing domestic violence issues. The act has not been effectively implemented due to inadequate financial and logistical resources to ensure its effective implementation.
31. Since the passage of the Domestic Violence Act, 2007 (Act 732) and a National Policy and Plan of Action (NPPOA) in 2008, the Ministry of Gender, Children and Social Protection (MoGSCP) set up a Secretariat for the DV Management Board, a Fund to support victims as mandated. A Legislative Instrument (LI) to the DV Act, 2007 (Act 732), was passed in 2016 after a long delay. However, there has been inadequate allocation of funds to the DV Fund and lack of shelters in all regions in Ghana to provide support services to victims.

Absence of Reproductive Health Education (RHE) Guideline

32. In Ghana, sex is not a topic that is easily discussed in the open. The socio-cultural dynamics between parents and their children make it difficult for children to discuss their sexuality freely with older members of the family. Aggravated by the ubiquity of social media and peer learning, most adolescents learn about sex from their peers, internet sources and experimentation. Some parents in Ghana also have challenges discussing adolescent sexuality topics; hence equipping parents to effectively discuss such sensitive topics will improve adolescent reproductive health and sexual behavior among the youth. When parents discuss sexuality with

their adolescents, it helps in reducing the risk of adolescent sexual behaviour and delays in initiation of sexual intercourse. Most traditional homes it is believed that SRHR information exposes young people to unprotected sex and subsequently teenage pregnancies which further lead to child marriages, unsafe abortions, Sexually Transmitted Infections including HIV/AIDS. Religious leaders encourage and promote abstinence to avoid teenage pregnancy ignoring the reality that young people are currently having sex and need to be educated on the right way without the knowledge and skills to have consensual and safe sex

33. Ghana currently implements the integration approach as opposed to a standalone sexuality education program which does not provide thorough sexuality education to young people. The process to provide standard Comprehensive Sexuality Education (CSE) was received with mixed reactions partly because of misconception that anything related to sexuality will encourage young people to have sex and explore different sexual orientations. Furthermore, these social constructions around sexuality mostly by some religious and traditional leaders have further derailed efforts to provide standardized sexuality education to young people in and out of schools. The end result is that adolescents are misguided and rely on misleading information which often leads to unintended pregnancies, STDs and unsafe abortions.
34. The impact of the pandemic goes beyond to reflect the current state of sexual and reproductive health, which was evident in the high rates of teenage pregnancies and school dropouts after schools resumed. Most programs in Ghana are not providing the full range of information that adolescents and young people need to be able to achieve their sexual and reproductive health and rights. The government is still silent on RHE, and this has also stalled the finalization of RHE guidelines for delivery in schools exposing young people to the effects of not having adequate information on RHE. The lack of comprehensive reproductive health education contributes heavily to negative outcomes such as teenage pregnancy, unsafe abortions, SGBV, child marriage and sexually transmitted infections including HIV/AIDS. The situation has led to appalling SRH outcomes among adolescents. There is also inadequate funding, non-inclusion of some reproductive health services including family planning and abortion/post-abortion services within the health benefits package and hidden charges for maternal services. Other issues are poor supervision, maldistribution of logistics and health personnel, fragmentation of support services for GBV victims across agencies, and socio-cultural and religious beliefs and practices affecting service delivery and utilization.
35. Like many countries in Africa, however, public debate about sex and sex education and sexuality has always been labeled taboo subjects. This has resulted in extremely limited parent–child communication and education about sex, sexuality and sexual and reproductive health. However, things are starting to change in part because Ghana ratified a number of international agreements (such as the Abuja and Maputo Declarations) that have guided national policies on sexual and reproductive health (SRH), including specific adjustments aimed at enhancing adolescent access to services and information. At the national level, there is currently a legislative framework and a supportive policy climate for the creation and implementation of SRH education in Ghana, despite the fact that the country has not yet developed and/or implemented a complete sexuality education policy.
36. For instance, the first Adolescent Reproductive Health Policy (ARHP), which utilized a multi-sectoral approach to addressing adolescent reproductive health issues, was released by the government in 2000. A sexual and reproductive health education component has been added to the primary, junior high, and senior high school curricula as a result of the ARHP, which specifically urged its inclusion. Ghana's National HIV/AIDS and STI Policy, which also includes teachings on other STIs, further promoted the integration of age appropriate SRH education into the school curriculum in 2013.
37. In order to provide sex, sexuality, and reproductive health education in schools, the Ministry of Education and the Ghana Education Service have partnered with important organizations, such as the Ministry of Health and

the Ghana Health Service. Although a variety of subjects are included in the curricula, a recent study found that the topics are frequently narrow in scope, with a strong emphasis on abstinence and, occasionally, a fear-based or unfavorable view of sexuality. Additionally, only youths between the ages of 8 and 19 are eligible for this in-school sexual and reproductive health education. In addition, it is unclear how well attempts to teach young girls and women in urban slums about sexual and reproductive health are reaching those who may be out of school or have never received an education.

Recommendations for action

38. Support the establishment and sustenance of adolescents' groups, which offer safe spaces for girls and boys to talk about sensitive issues. Review and strengthen existing formal/informal education programmes to ensure that married girls are properly targeted and can continue their education.
39. Increase access of schoolgirls and married or teenage mothers to vocational learning and training opportunities to improve their livelihoods through the strengthening/expansion of the national vocational skills development programmes.
40. The Ministry of Gender, Children and Social Protection, CHRAJ should streamline the legal age of marriage and consent and increase the sentences on child marriage.
41. The government should strengthen systematic data collection and analysis on harmful practices affecting children for policy analysis and development of evidence-based interventions.
42. The Ministry of Gender, Children and Social Protection should take immediate steps to set up shelters for victims as stipulated by the DV Act.
43. The Government of Ghana should strengthen implementation of legislation and policies aimed at ending SGBV and other harmful traditional practices in particular child, early and forced marriage.
44. Ensure that complete and impartial investigation into allegations of all forms of violence against women are conducted, that perpetrators are brought to justice and that victims receive adequate support.
45. The Government and National Population Council revises and launches the RHE National guidelines for use.
46. The National Population Council collaborates with the Ghana Health Service, National Information Services and the NCCE to sensitize communities on RHE and its benefits to young people to minimize misconceptions.
47. The National Population Council engages traditional and religious authorities to demystify misconceptions around RHE and collaborate with them to sensitize religious groups.

i <https://citinewsroom.com/2021/06/teenage-pregnancies-in-ghana-hit-55575-in-five-years/#:~:text=Between%202016%20and%202020%2C%20about,112%2C800%20teenagers%20get%20pregnant%20annually.>

ii <https://www.unicef.org/ghana/ending-child-marriage>

iii <https://www.unfpa.org/data/world-population-dashboards>

iv Ahonsi, B., Fuseini, K., Nai, D. et al. Child marriage in Ghana: evidence from a multi-method study. *BMC Women's Health* 19, 126 (2019).

<https://doi.org/10.1186/s12905-019-0823-1>

v Asante, E. A., & Premo-Minkah, S. (2016). Domestic violence in Ghana: incidence, attitudes, determinants and consequences.

vi In reference to UPR recommendations 125.10, 125.27, 125.40, 125.44

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