

Introduction

1. This report is submitted to the 4th cycle of the Universal Periodic Review by the coalition of partners for Sexual and Reproductive Health and Rights (SRHR) Ghana¹. The report highlights human rights records in Ghana with a specific focus on comprehensive sexuality education (CSE), comprehensive abortion care (CAC) and discrimination based on sexual orientation and gender identity (SOGI). The report has been prepared using information from consultative meetings with partner CSOs and desk reviews. The findings were further validated by national-level stakeholders on 5th July 2022.

Ghana's International commitments

2. Ghana has ratified all major international human rights conventions. Despite having a good ratification record, Ghana's reporting status and alignment of national law and policies with treaty bodies' developments can be improved, particularly in the field of Economic, Social and Cultural Rights.
3. Ghana has also expressed commitment to the Programme of Action of the International Conference on Population and Development (ICPD), the Beijing Platform for Action and the Sustainable Development Goals (SDG). The country has also been active in giving and receiving recommendations during the Universal Periodic Review cycles. Yet, the country still faces major challenges for implementing international commitments related to Sexual and Reproductive Health and Rights (SRHR), particularly concerning women and girls, young people and those belonging to vulnerable groups such as LGBT+ persons.
4. Since the 3rd UPR cycle the government of Ghana has made some welcome progress in relation to safe abortions, including revising the comprehensive abortion care standards and protocol. However, since the last UPR cycle both CSE and protection from discrimination based on SOGI have experienced a severe backlash in Ghana and the recommendations from previous cycles have not been honoured. In light of this the 4th UPR cycle provides an important opportunity for the government of Ghana to recommit and take action towards protecting sexual and reproductive health and rights including CSE and CAC as well as the respect, protection and fulfilment of human rights of LGBT-persons.

Comprehensive Sexuality Education (CSE)

5. For the purpose of this report, CSE is defined as a rights-based approach that seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality—physically and emotionally, individually and in relationships.²

¹ The Center for Popular Education and Human Rights Ghana (CEPEHRG); Curious Minds; LGBT+ Rights Ghana; Planned Parenthood Association Ghana (PPAG); and Youth Harvest Foundation Ghana

² [Guttmatcher definition of CSE](#)

Legal Provisions and Policies on CSE

6. The curricula of Ghanaian schools presently have no CSE. Ghana however has signed several policies, conventions and treaties that mandate the provision of CSE. These include the Sexual and Reproductive Health Policy for Young People in Ghana³, National Strategic Framework on Ending Child Marriage⁴, the Five-year Strategic Plan to Address Adolescent Pregnancy in Ghana⁵, FP2030 Commitments⁶, the Maputo Plan of Action⁷ as well as the government's commitment to the SDGs and ICPD+25 agenda⁸.

Implementation since 3rd Cycle

7. At the 3rd UPR cycle, Ghana received and accepted 13 recommendations on the rights of citizens to health including access to sexual and reproductive health (A/HRC/37/7: 146.176: Iceland), to implement measures that strengthen the protection of the rights of children and protect them from sexual exploitation (A/HRC/37/7: 146.177: Mexico). Ghana also noted recommendation (A/HRC/37/7: 147.39: Canada) to 'Scale-up and expand youth-friendly and gender-sensitive programmes on comprehensive sexuality education and sexual reproductive health and rights'. Following recommendation 147.39 in the third cycle, Ghana took steps to expand adolescents and young people's access to sexual and reproductive health education.
8. In 2018, the Ministry of Education (MoE) in collaboration with the National Population Council (NPC) with support from UNFPA Ghana, developed age-appropriate Guidelines for CSE. The guidelines aimed to help teachers and Community-Based Organizations provide age-appropriate, evidence-based education on sexual and reproductive health and rights to both in and out of school adolescents and young adults. A national Technical Working Group was constituted to develop a CSE programme content for basic and high schools. The National Youth Authority (NYA) was also tasked with leading the processes of programme development for out-of-school young people.
9. However, the CSE guidelines and all processes towards its implementation were truncated in 2019 following a public outcry⁹. Anti-SRHR actors criticised the guidelines as an attempt by the government to indoctrinate Ghanaian children with a 'LGBTQIA+ agenda'.¹⁰ In response to this criticism Ghana Education Service (GES) with support from UNESCO conducted nationwide stakeholder consultations in 2020 to review the guidelines. Following the review, authors of this report have been

³ [Sexual and Reproductive Health Policy for Young People in Ghana](#)

⁴ Ministry of Gender, Children and Social Protection (2016). National Strategic Framework on ending Child Marriage in Ghana 2017-2026

⁵ Ministry of Gender, Children and Social Protection (2017). Five-year Strategic Plan to Address Adolescent Pregnancy in Ghana 2018-2022

⁶ [Family Planning 2020](#)

⁷ [Maputo Plan of Action](#)

⁸ [ICPD+25 Nairobi Summit](#)

⁹ [Graphic Online, Ghanaians divided over new sexuality education, 1 October 2019](#)

¹⁰ [Ghana Web, CSE: We won't teach pupils homosexuality – GES, 30 September 2019](#)

made aware that the revised guidelines have been renamed the 'Reproductive Health Education (RHE) Guidelines' and have been submitted to the cabinet for adoption. To date the guidelines have not been adopted.

10. In 2021, the NYA with support from PPAG organized consultative meetings with stakeholders across the country to build a national consensus on ensuring access to Sexual and Reproductive Health for in and out of school young people. The outcomes of these consultative meetings are to be used by the NYA to develop context-specific and age-appropriate guidelines for out-of-school Reproductive Health Education in Ghana.
11. The absence of standardised national RHE guidelines has created a situation where several non-Governmental actors are implementing heterogeneous interventions to address the challenges faced by adolescents regarding their sexual and reproductive health¹¹.
12. The absence of CSE (or RHE) in the curriculum coupled with negative traditional views on sexuality has resulted in many young people being ill-prepared to navigate SRHR challenges associated with transitioning to adulthood successfully¹². As a result, most sexually active young people are subjected to adverse reproductive health outcomes. In 2017, an estimated 40% of 15–19-year-olds and 88% of 20–24-year-old women were sexually active.¹³ In 2020, a total of 109,888 teen pregnancies were recorded among girls between 10-19 years old in Ghana. Girls between the ages of 10 and 14 accounted for 2,865 pregnancies while those 15-19 accounted for 107,023 pregnancies.¹⁴
13. Standardized and harmonized national reproductive health education guidelines and programmes will ensure that young people receive the right information to make informed decisions regarding their sexual and reproductive health. It will also contribute to the country achieving target 3.7 under the SDG 3¹⁵.

Recommendations

14. The Government must adopt the new reproductive health education guidelines and take administrative steps to integrate reproductive health education into the national school curricula for primary and high schools.
15. The Government must finalise the development of the reproductive health guidelines for out-of-school adolescents and young people.
16. The Government must take all administrative and financial measures to guarantee universal access to reproductive health education and include RHE in the teacher training curriculum.

¹¹ Young Wise and Healthy' the Reproductive Health Education and Services for young people (RHESY) by the YHFG and PPAG; SHE+ Helpline and the YENKASA, digital platforms which provide a right-based Reproductive Health and Rights (RHR) information are examples of ongoing interventions

¹² [UNESCO \(2018\) "International Technical Guidance on Sexuality Education: An Evidence-Informed Approach."](#)

¹³ Ghana Statistical Service, Ghana Health Service, ICF. Ghana Maternal Health Survey 2017. Accra, Ghana: GSS, GHS, ICF, 2018.

¹⁴ [GNA, COVID-19: rising cases of teenage pregnancy in Ghana, 16 October 2021](#)

¹⁵ <https://www.un.org/development/desa/pd/data/sdg-indicator-371-contraceptive-use>

Comprehensive Abortion Care Legal Provisions and Policies for CAC

17. In Ghana Safe abortion is permitted by law (Criminal Code Amendment, PNDC Law 102, 1985) under a number of situations/conditions, now incorporated into the consolidated Criminal Code, 1960, Act 29, Section 58. These include: where pregnancy is the result of rape or defilement of a female idiot or incest; where the continuance of the pregnancy would involve risk to the life of the pregnant woman or injury to her physical or mental health; Where there is a substantial risk that if the child were born it may suffer from or later develop a serious physical abnormality or disease.
18. That said, unsafe abortion is still a major cause of maternal deaths and disability in Ghana. In 2019, complications of abortion accounted for 9.2% of direct maternal deaths.¹⁶ A recent study on the incidence of abortion in Ghana showed that an estimated 71% of all abortions done in Ghana were illegal. Even though the legal framework in Ghana on abortion services prescribes conditions under which a woman can have access to safe abortion services, the majority of the population still view abortion as illegal.¹⁷
19. This, coupled with the fact that most religious bodies disapprove of abortion, makes the environment for the provision of abortion services relatively hostile. Further, many health service providers, as well as the public, are unaware of the law permitting safe abortion¹⁸. Consequently, many health facilities either do not provide safe abortion services or do not capture service data in official records, making it challenging to obtain accurate information for program planning and advocacy¹⁹.
20. In its recent publication on Abortion guidelines, the WHO states that when abortion services are unavailable or legally restricted, women and girls' resort to the risk of unsafe abortion.²⁰ For every woman and girl that died of unsafe abortion complications, there are many who live with the short and long-term consequences such as infertility and chronic pelvic inflammatory disease.

Implementation since 3rd Cycle

¹⁶ GHS, FHD Annual Report 2019

¹⁷ Keogh SC et al., Estimating the incidence of abortion: a comparison of five approaches in Ghana, *BMJ Global Health*, 2020

¹⁸ Atakro, C.A., Addo, S.B., Aboagye, J.S. et al. Contributing factors to unsafe abortion practices among women of reproductive age at selected district hospitals in the Ashanti region of Ghana. *BMC Women's Health* 19, 60 (2019). <https://doi.org/10.1186/s12905-019-0759-5>

¹⁹ James Akazili, Edmund Wedam Kanmiki, Dominic Anaseba, Veloshnee Govender, Georges Danhoundo & Augustina Koduah (2020) Challenges and facilitators to the provision of sexual, reproductive health and rights services in Ghana, *Sexual and Reproductive Health Matters*, 28:2, DOI: 10.1080/26410397.2020.1846247

²⁰ [WHO Abortion Care Guidelines](#)

21. Since the 3rd Cycle, Ghana has made progress in improving access to safe and affordable services. A secretariat has been established, under the office of the Director General, to oversee a 3-year program to integrate comprehensive abortion care (CAC) services into routine service provisions in both public and private health facilities. The Comprehensive Abortion Care standards and protocols have been revised (June 2021) to reflect current evidence, best practices and operational realities in the national health system.²¹
22. The revised CAC standards and protocols have expanded the list of healthcare cadres permitted to provide medical abortion services. It also includes protocols for the provision of medical abortion self-care through telemedicine and guidelines for abortion care for persons with disability. After the publication of the new CAC standards and protocols, the Ghana Health Service has led the development and rollout of a national CAC training curriculum and training resources. A core team of CAC trainers has been trained in all 16 administrative regions and guidelines have been established for the downstream training of CAC service providers in public and private health facilities.
23. Nevertheless, there is still some resistance to the CAC institutionalisation process by managers at some health facilities, particularly at the lower facility levels. Challenges to integration between maternal health, family planning, and comprehensive abortion care services at the facility level due to stigma and resistance still exist.

Recommendations

24. The Government through the Ministry of Health must intensify public education and sensitization on the law on abortion to reduce stigma.
25. The Government through the Supreme Court must decriminalize Safe Abortion Services in line with WHO guidelines.
26. The Government through the Ministry of Health must further expand/revise the cadre of providers for medication abortion according to the new WHO guidelines
27. The Government through the Ministry of Health must reclassify medical abortion drugs from class A, prescription-only medicine to class B, and pharmacist-initiated products.
28. The Ministry of Health must include CAC in the pre-service curriculum for relevant healthcare providers.
29. The Ministry of Health must sustain efforts to integrate safe abortion care services into routine reproductive health services at the different levels across the health care system and service delivery.
30. The National Health Insurance Authority must include legal safe abortion care services in the services package of the National Health Insurance Scheme.

Sexual Orientation and Gender Identity

Legal Provisions on sexual orientation and gender identity

²¹ Comprehensive Abortion Care Services Standards and Protocols 4th Edition (2021). Ministry of Health, Ghana Health Service

- 31.** Chapter 5 of Ghana’s constitution safeguards the fundamental human rights of every person in Ghana. However, the interpretation of section 104 (1) (b) and (2) in Ghana’s Criminal Offence Act, has been used to essentially criminalize same sex relations between consenting individuals and to discriminate against the LGBTQIA+ community in Ghana. These sections states:

“(1) Whoever has unnatural carnal knowledge–

(b) of any person of sixteen years or over with his consent is guilty of a misdemeanour

(2) Unnatural carnal knowledge is sexual intercourse with a person in an unnatural manner or with an animal.”²²

Implementation since the 3rd cycle

- 32.** During the 3rd cycle of the UPR the government of Ghana supported a recommendation by Greece to eliminate the type of crime of “unnatural carnal knowledge” /.../ (A/HRC/37/7: 147.10: Greece) but the interpretation of the law still prevails.
- 33.** From all previous cycles, Ghana accepted a total of six recommendations that address human rights issues on SOGI. During the second cycle, Ghana committed to complete impartial investigations into allegations of attacks and threats (A/HRC/22/6: 124.9 Belgium), as well as to take steps to prevent and ensure accountability for violence perpetrated against individuals based on their SOGIE (A/HRC/22/6: 124.8 Canada). Following that review process, the Ghana Commission for Human Rights and Administrative Justice included ‘sexual orientation’ in their discrimination reporting system²³
- 34.** During the third cycle Ghana supported recommendations to take measures to fight against violence **and** discrimination (A/HRC/37/7: 146.59: Ireland & 146.61: Italy) and to strengthen the discrimination reporting system (A/HRC/37/7 147.2: Colombia), and that to ensure that victims of discrimination and violence based on SOGI have access to rehabilitation and remedy and that all perpetrators are punished (A/HRC/37/7: 146.60: Czechia).
- 35.** Rather than honouring these commitments made in previous cycles the government of Ghana reneged on them. Homophobia, and a crackdown on sexual rights are being normalised in Ghana.
- 36.** In 2019, the World Congress of Families worked in collaboration with an anti-LGBTQIA+ group in Ghana to hold a conference to ‘protect the family.’²⁴ The conference was followed by media firestorm in response to a public discussion on the inclusion of Comprehensive Sexuality Education (CSE) in the curriculum²⁵. The

²² CRIMINAL CODE Act 29, Ch. (6), § 104 (Ghana)

²³ Paragraph 27: Government of Ghana’s National Report to the Third Cycle of the UPR.

²⁴ [African Regional Conference of World Congress of Families to Be Held in Accra, Modern Ghana \(Sept. 25, 2019\).](#)

²⁵ [Ghana government must have single stance on CSE – Foh-Amoaning, News Ghana \(Oct. 10, 2019\).](#)

anti-LGBTIQ group took advantage of the media uproar and argued that including CSE in the curriculum will indoctrinate Ghanaian children into LGBTIQ agenda.

- 37.** A similar but specifically homophobic media firestorm erupted after a queer rights activists movement publicly opened their community centre in January 2021²⁶. A month later the centre was forcefully closed down.²⁷
- 38.** In 2021 some members of Ghana’s parliament introduced a private members’ bill titled “Promotion of Proper Human Sexual Rights and Ghanaian Family Values Bill, 2021”²⁸ (hereinafter referred to as the bill).
- 39.** Clause 6 of the bill seeks to explicitly criminalise same sex intercourse but also aim to criminalise persons who holds outs as LGBTQIA+ meaning that the bill, as it is stated now, intends to criminalise identity and not only conduct. This bill seeks to explicitly and legally discriminate against the LGBTQIA+ community and if passed into law it will pose a major threat to the broader advancement of Sexual and Reproductive Health and Rights in Ghana. UN Human Rights experts have described the draft legislation as “a recipe for violence”²⁹.
- 40.** In addition, clauses 12-16 of the proposed bill seeks to penalise advocates and allies to the LGBTQIA community³⁰ as they exercise their rights and freedom of choice and their freedom to associate as guaranteed under Chapter 5 of the 1992 Constitution of Ghana³¹. Clauses 12-16 of the bill also seek to penalize the promotion of educational, health and legal services that are meant to address the negative health and social outcomes linked to the stigma, discrimination, and violence toward LGBTIQ+ persons.
- 41.** At present, the Ghana Health Service and the Ghana AIDS Commission work with various NGOs to bridge the gap in service provision for all persons regardless of SOGIESC. Clause 20 of the bill will undermine these efforts leading to negative epidemiological outcomes for the LGBTQI+ community and the Ghanaian society. The bill, if passed into law, will also require medical practitioners to report LGBTQIA+ persons seeking medical treatment, violating their human rights and forcing the already marginalised community to find other ways of treatment that can be harmful to their health. It will set back years of work done in the area of HIV and AIDS and other sexual and reproductive health interventions in Ghana.
- 42.** Even though the bill has not yet been passed into law the LGBTQIA+ community has already felt its impact through an increase in vigilante actions and violence against persons based on their perceived and lived SOGIESC.³² This goes against Ghana’s commitment from previous UPR cycles to address violence and discrimination based on SOGI and to provide victims rehabilitation and remedy.

²⁶ [LGBT group opens administrative office in Accra, GhanaWeb \(Feb. 13, 2021\).](#)

²⁷ [LGBT office in Accra closed down, Pulse Ghana \(Feb 24, 2021\).](#)

²⁸ [Promotion of Proper Human Sexual Rights and Ghanaian Family Values Bill](#)

²⁹ OHCHR: [Ghana: Anti-LGBTI draft bill a “recipe for violence” – UN experts](#)

³⁰ Sexual Orientation Gender Identity and Expression, and Sexual Characteristics

³¹ Constitution of the Republic of Ghana Chapter 5 (1992)

³² [LGBT+ Rights Ghana Annual report:](#)

- 43.** In addition, the anti-LGBTQIA+ group partnered with health professionals to hold a series of workshops for nurses on conversion therapy in May of 2022³³. These workshops use pseudoscience to justify conversion therapy, and train nurses to carry it out, whenever contacted by LGBTQIA+ persons for medical services.

Recommendations

- 44.** The Parliament must take steps to repeal Section 104(1)(b) of the criminal offences Act
- 45.** The Parliament must reject the proposed “Promotion of Proper Human Sexual Rights and Ghanaian Family Values Bill, 2021”
- 46.** The Government through the Ministry of Gender, Children and Social protection and in consultation with LGBTQIA+ community-based organisations, must take steps to create and implement social protection policies to protect the rights of LGBTQIA+ persons
- 47.** Government should in consultation with the UN Independent Expert on SOGI and the Ghana Medical Association develop a nationwide advocacy policy to raise public awareness on the harm of homophobia and conversion therapy.
- 48.** The Government should enforce Section 208(1) of Ghana’s Criminal Code to discourage discriminatory statements that cause fear and panic towards people based on SOGI.
- 49.** The Government should take steps to implement the recommendations as sighted in the 3rd cycle. This includes to propose comprehensive legislation, in consultation with civil societies and other relevant stakeholders such as CHRAJ, to protect LGBTQIA+ persons against all forms of discrimination, intimidation and violence.

³³ [Centre for Democratic Development Ghana - Press statement](#)