



SUBMISSION FOR THE UNIVERSAL PERIODIC REVIEW FOR PLANNED PARENTHOOD ASSOCIATION OF GHANA (PPAG)

The Planned Parenthood Association of Ghana (PPAG) is a leading, volunteer-supported, grass-root-based, non-partisan and rights-based CSO working in the field of Sexual and Reproductive Health and Rights (SRHR) in Ghana. PPAG is a member of the International Planned Parenthood Federation (IPPF) and was established on 4th March 1967. The Association works to complement the government's efforts in the provision of SRHR information and services to the general population, particularly for adolescents and young people (male and female) aged 10-24 years, marginalized, vulnerable groups (including persons with disabilities and key populations) and men in underserved communities.

As a leading CSOs in the SRHR sector, PPAG has for more than 53 years been at the forefront in championing family planning programmes in Ghana. The Association has 10 clinics dotted around the country that provide youth-friendly SRHR services. The Association partners with other clinics to provide these services where they have no clinics. PPAG is also noted for using advocacy as one of its main strategies for ensuring that, Government commitment to implement Global, Regional and National policies, protocols and commitments in respect of SRHR.

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1. Introduction

In Ghana, access to SRH services is a fundamental human right enshrined in the 1992 Constitution. Since the early 1990s, Ghana has taken steps to ensure that it is a high priority by implementing interventions, policies, laws and programmes aimed at expanding access to SRH services. Nearly one in three Ghanaians are between the ages of 10 and 24. Many of these young people are at risk or already struggling with the consequences of an unplanned pregnancy or a sexually transmitted infection (STI), including HIV/AIDS. The country has received and accepted various recommendations from previous UPR cycles, including taking the necessary measures to eliminate or modify customs and harmful traditional practices that discriminate against women and other vulnerable groups.

However, these practices still persist due to the absence of a standardised and comprehensive content for sexuality education within the school curricula, together with traditional views on sexuality as a taboo. Consequently, young people still face serious challenges, including teenage pregnancy, school drop-out due to pregnancy, teen marriages, unsafe abortion, maternal mortality and harmful customary practices¹ that prevent them from reaching their full developmental potential.

This report is submitted for the fourth cycle of the UPR by, the Planned Parenthood Association of Ghana². The submission highlights developments and follow-up measures by Ghana in relation to comprehensive sexuality education following the 3rd UPR Cycle in 2017.

¹ Ghana Statistical Service. Demographic and health survey. 2014. Chapters 4-10.

² Planned Parenthood Association of Ghana focuses on providing comprehensive Sexual and Reproductive Health and Rights (SRHR) information and services to all people in Ghana especially the young and vulnerable towards enhancing their quality of life.



The purpose of this submission is to direct the UPR Committee's attention to the challenges adolescents and young people face regarding their sexual and reproductive health due to a lack of standardized sexuality education programmes.

2. Ghana's International commitments

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.

The country has 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 in 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. In light of this, the 4th UPR cycle provides an important opportunity for the government of Ghana to recommit and take action toward protecting sexual and reproductive health and rights.

3. Comprehensive Sexuality Education (CSE)

CSE according to UNESCO, is a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes, and values that will empower them to: realize their health, well-being, and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others and understand and ensure the protection of their rights throughout their lives³.

3.1. Legal Provisions and Policies on Comprehensive Sexuality Education

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 Ghana⁴, National Strategic Framework on Ending Child Marriage⁵, the Five-year Strategic Plan to Address Adolescent Pregnancy in Ghana⁶, FP2030⁷ Commitments, and the Maputo Plan of Action⁸ as well as the government's commitment to the SDGs and ICPD+25 agenda⁹.

3.2. Information about implementation level since the 3rd Cycle

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 the 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

³ UNESCO (2018) "International Technical Guidance on Sexuality Education: An Evidence-Informed Approach." <http://unesdoc.unesco.org/images/0026/002607/260770e.pdf>

⁴ [Sexual and Reproductive Health Policy for Young People in Ghana](#)

⁵ Ministry of Gender, Children and Social Protection (2016). National Strategic Framework on ending Child Marriage in Ghana 2017-2026

⁶ Ministry of Gender, Children and Social Protection (2017). Five-year Strategic Plan to Address Adolescent Pregnancy in Ghana 2018-2022

⁷ [Family Planning 2020](#)

⁸ [Maputo Plan of Action](#)

⁹ [ICPD+25 Nairobi Summit](#)



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. 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.

However, the CSE guidelines and all processes towards its implementation were truncated in 2019 following a public outcry¹⁰. Anti-SRHR actors criticised the guidelines as an attempt by the government to indoctrinate Ghanaian children with an ‘LGBTQIA+ agenda’¹¹. 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, the authors of this report have been 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.

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. 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 health¹².

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 successfully¹³. 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 active¹⁴. 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 pregnancies¹⁵. 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 the target of 3.7 under SDG 3¹⁶.

3.3. Recommendations

¹⁰ Graphic Online, Ghanaians divided over new sexuality education, 1 October 2019

¹¹ Ghana Web, CSE: We won’t teach pupils homosexuality – GES, 30 September 2019

¹² ‘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

¹³ [UNESCO \(2018\) “International Technical Guidance on Sexuality Education: An Evidence-Informed Approach.”](#)

¹⁴ Ghana Statistical Service, Ghana Health Service, ICF. Ghana Maternal Health Survey 2017. Accra, Ghana: GSS, GHS, ICF, 2018.

¹⁵ [GNA, COVID-19: rising cases of teenage pregnancy in Ghana, 16 October 2021](#)

¹⁶ <https://www.un.org/development/desa/pd/data/sdg-indicator-371-contraceptive-use>

- The Government through the Ministry of Education 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.
- The Government through the Ministry of Education must finalize the development of the reproductive health guidelines for out-of-school adolescents and young people.
- 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.

4.0. Comprehensive Abortion Care (CAC)

CAC can be defined as the provision of information, abortion management (including induced abortion and care related to pregnancy loss), and post-abortion care¹⁷.

4.1. Legal Provisions and Policies for CAC

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 58¹⁸. 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.

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 deaths¹⁹. 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 illegal²⁰.

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 abortion²¹. 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 advocacy²².

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 abortion²³. For women and girls 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.

4.2. Implementation since 3rd Cycle

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

¹⁷ <https://apps.who.int/iris/rest/bitstreams/1394380/retrieve>

¹⁸ [Criminal Code \(Amendment\) Law, 1985 \(PNDCL 102\)](#)

¹⁹ GHS, FHD Annual Report 2019

²⁰ Keogh SC et al., Estimating the incidence of abortion: a comparison of five approaches in Ghana, *BMJ Global Health*, 2020

²¹ 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>

²² James Akazili, Edmund Wedam Kanmiki, Dominic Anaseba, Veloshnee Govender, Georges Danhouno & 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](https://doi.org/10.1080/26410397.2020.1846247)

²³ [WHO Abortion Care Guidelines](#)

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 system²⁴.

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.

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.

4.3. Recommendations

- The Government through the Ministry of Health must intensify public education and sensitization on the law on abortion to reduce stigma.
- The Government through the Ministry of Health must further expand/revise the cadre of providers for medication abortion according to the new WHO guidelines
- 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.
- The Ministry of Health must include CAC in the pre-service curriculum for relevant healthcare providers.
- 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.
- The National Health Insurance Authority must include legal safe abortion care services in the services package of the National Health Insurance Scheme.

²⁴ Comprehensive Abortion Care Services Standards and Protocols 4th Edition (2021). Ministry of Health, Ghana Health Service